

RAO BULLETIN

1 November 2020

PDF Edition



THIS RETIREE ACTIVITIES OFFICE BULLETIN CONTAINS THE FOLLOWING ARTICLES

Pg	Article	Subject
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*** DOD ***

- 03 == National Park Pass Program [02] ---- (Free Lifetime Entry for All Vets/Gold Star Families)
- 04 == DoD Suicide Policy [15] ---- (Pentagon Releases Latest Numbers for Suicide Deaths In 2020)
- 05 == Electromagnetic Spectrum ---- (New Strategy Details DoD Goals for EMS Superiority)
- 06 == Memorial ---- (The Pledge | Arlington National Cemetery)
- 07 == Gold Star Families [04] ---- (Pentagon Display Dedicated)
- 08 == POW/MIA Recoveries & Burials ---- (Reported 16 thru 31 OCT 2020 | Ten)

*** VA ***

- 10 == VA 2021 COLA ---- (Same as SSA, SBP & Military Retiree Recipients)
- 11 == VA Presumptive AO Diseases [35] ---- (The \$8 Billion Question)
- 12 == VA Claim Exams [02] ---- (All VA In-House C&P Exams to be Outsourced)
- 13 == VA AI [02] ---- (Pilot AI Tool Program for Prognosis of Covid-19 Cases)
- 13 == VA Blue Water Claims [84] ---- (48% of Claims Received Since 1 JAN Completed)
- 14 == VA EHR [27] ---- (Implementation of New System Started 24 OCT)
- 15 == VA Health Care [02] ---- (VA Declines Participation in Short Notice Mission Act Hearing)
- 16 == VA COVID-19 Cases [08] ---- (Active Cases among Patients up More Than 70% in 30 Days)
- 17 == Alcohol Abuse [03] ---- (Pilot Study | Fecal Transplant Helps Alcohol Cravings)
- 18 == Domestic Violence ---- (VA Intimate Partner Violence Assistance)
- 19 == VA FMP [02] ---- (Manila VARO & OPC New Local Fax Number)
- 20 == VA Manila OPC ---- (Veteran Orthopedic Appointments No Longer Provided)
- 21 == VA Fraud, Waste & Abuse ---- (Reported 16 thru 31 OCT 2020)

*** VETS ***

- 26 == Wigs For Vets ---- (Support for Breast Cancer Fighters & Survivors)
- 27 == Vet Jobs [268] ---- (VA Police is hiring!)
- 28 == Korean War Vets ---- (Ronald Rosser | Military Legend)
- 29 == Vietnam Vets [45] ---- (Jedh C. Barker | Saved Lives through His Heroic Actions)
- 30 == Vietnam Vets [46] ---- (Col. Merlyn Dethlefsen | Thai Nguyen Steel Plant Mission)
- 31 == Veterans Day ---- (2020 Discounts & Freebies)
- 32 == Military Retirees & Veterans Events Schedule ---- (As of 31 OCT 2020)
- 32 == Vet Hiring Fairs ---- (Scheduled as of 31 OCT)
- 33 == Veteran State Benefits ---- (Texas 2020)

*** VET LEGISLATION ***

- 34 == DIC [12] ---- (H.R.8559 | S. 4594 Surviving Families Benefit Expansion Act)
- 35 == Vet Suicide [51] ---- (S.785 | The John Scott Hannon Act Signed Into Law)
- 36 == Military Child Caregivers [01] ---- (S.4842 | Military Family Au Pairs Admission to U.S)

*** MILITARY ***

- 37 == Military Low-Income Stipend ---- (Advocates Renew Push to Feed Military Families)
- 39 == Military Tattoo Criteria [13] ---- (Nellis AFB Opens First Shop)
- 40 == Army Emergency Relief [04] ---- (2020 Loans Converted to Grants for 1,000 Families)
- 41 == Navy Terminology, Jargon & Slang ---- ('Pilot' thru 'Pitch')

*** MILITARY HISTORY ***

- 41 == WWI Red Baron Death ---- (Manfred Albrecht Freiherr von Richthofen's Career)
- 43 == Battle of Manila Bay ---- (One of Navy's Most Stunning Victories Had a Breakfast Break)
- 45 == First Asian Marine Corps Officer ---- (Chew-Een Lee's Korean Exploits)
- 46 == WWII Bomber Nose Art [62] ---- (Nightie Mission)
- 46 == Every Picture Tells A Story ---- (Hidden German Hanger)
- 47 == Medal of Honor Citations ---- (David D. Porter | Philippine Insurrection)
- 49 == Military History Anniversaries ---- (01 thru 15 NOV)

*** HEALTH CARE ***

- 49 == Common Colds ---- (Usually Quite Harmless and Go Away on Their Own)
- 51 == Honey [01] ---- (More Reasons to Eat It)
- 52 == Wrist Injuries ---- (Symptoms, Outlook, Causes, Diagnosis & Treatment)
- 54 == Alzheimer Disease [20] ---- (Brain stimulation on the horizon?)
- 55 == Cholesterol [06] ---- (Too Much Can Be a Problem)
- 57 == TRICARE Young Adult Plan [01] ---- (Up to 22% Monthly Costs Increase Next Year)
- 57 == Coronavirus SITREP 14 ---- (10 Things we've learned About COVID-19 So Far)
- 58 == Coronavirus SITREP 15 ---- (Coming Months Could be the Roughest Yet)
- 60 == Coronavirus Vaccine [15] ---- (Nearly All Americans Will Not Have to Pay Any Costs)
- 60 == Covid-19 Headgear [11] ---- (What Next?)
- 61 == Covid-19 Misinformation [02] --- (Hospitals Fail to Tell Uninsured their Bills are Covered)
- 62 == Covid-19 Fake Cures [05] ---- (Ozone, Hydrogen Peroxide, & Other Oxygenation Treatments)
- 63 == Covid-19 Testing [05] ---- (Cold? Flu? COVID? Here's How to Tell)

*** FINANCES ***

- 65 == Prescription Savings Card ---- (Trump's Election-Eve Drug Discounts for Seniors Get Snagged)
- 66 == Mortgage [14] ---- (Refinance Window Could End Soon)
- 67 == FICO Credit Score [18] ---- (Surprising Things that Damage Your Score)
- 67 == Medicare Out vs. In-Patient ---- (Not Asking about This in Hospital Can Cost you Thousands)
- 69 == Vet Retirement Earnings ---- (Vietnam Era Earn Nearly as Much as Their Civilian Counterparts)
- 70 == GI Bill 48 Month Rule ---- (Carr vs. Wilke Decision Additional Payment Entitlement)
- 71 == Medicare Help Scams ---- (Claims to "Help" with Medicare Enrollment)
- 72 == Influencer Scam ---- (Gets a Charity Twist)
- 73 == Money Flipping Scams [03] ---- (Watch Out for These Cons)
- 74 == TRICARE Select [08] ---- (New Enrollment Fee Grace Period Proposed)
- 75 == Tax Burden for Indian Retired Vets ---- (As of OCT 2020)

*** GENERAL INTEREST ***

- 78 == Notes of Interest ---- (16 thru 31 October 2020)
- 79 == USPS Mail Delivery [04] ---- (Suggested Deadlines to Get Holiday Goodies to Overseas Troops)
- 80 == Trump Border Wall [16] ---- (Supreme Court to Hear DoD Money Diversion Appeal)
- 81 == Vinegar Don'ts ---- (9 Things You Should NOT Clean with It)
- 83 == Divorce [06] ---- (10 More Common but False Beliefs about Divorce and Money)
- 84 == China U.S. Relations [02] ---- (Enhanced Response U.S. Cutters Being Based in Western Pacific)
- 85 == Iran Nuclear Threat [01] ---- (Satellite Images Reveal Construction Ongoing)
- 86 == Addiction Treatment [01] ---- (Contingency Management Works. Why is It So Underused?)
- 89 == Chicago Eight Trial ---- (7 Reasons why It Was Such a Big Deal)
- 91 == Classic Chile ---- (How to Prepare It)
- 92 == Cars That Never Made It ---- (Lincoln Indianapolis, 195? Mercury D524, and Chrysler D'Elegance)
- 92 == Have You Heard or Seen? ---- (Military Maxims | Husbands & Wives (3) | Latest Satirical Cartoons)

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 'or' raoemo77@gmail.com
3. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

*** ATTACHMENTS ***

- Attachment – Texas Veteran State Benefits
- Attachment - Military History Anniversaries 01 thru 15 NOV (Updated)
- Attachment – Veterans Day 2020 Discounts



National Park Pass Program

Update 02: Free Lifetime Entry for All Vets/Gold Star Families

Veterans and Gold Star families will be given free lifetime entry into national parks, wildlife refuges and other federal lands starting on Veterans Day, 11 NOV. Current rules state that only active-duty service members and their

dependents, as well as veterans with 100% disability ratings through the Department of Veterans Affairs, are eligible for free entrance into all national parks. The change provides free entry to millions more veterans and families. Secretary of the Interior David Bernhardt announced the initiative 28 OCT during an event at the Iowa Gold Star Military Museum in Des Moines. "With the utmost respect and gratitude, we are granting veterans and Gold Star Families free access to the iconic and treasured lands they fought to protect starting this Veterans Day and every single day thereafter," Bernhardt said.

While not all of the system's 2,000 public recreation areas charge entrance fees, many of the more popular destinations do, such as Yellowstone National Park and Grand Canyon National Park. The fees vary by location. Instead of paying individual entry fees, visitors can purchase an annual "America the Beautiful" pass for \$80. Seniors over age 65 can purchase a lifetime pass for \$80. Disabled veterans qualify for the Access Pass, which gives free admission and a 50% discount on some costs such as camping or boat launch fees. Other passholders pay out of pocket for those costs.

According to the Interior Department and for purposes of their directive SO 3387, veterans of the United States Armed Forces are those individuals who have served in the United States Armed Forces, including the National Guard and Reserves. They must present some form of identification reflecting their veteran status to get free entry into national parks. This includes a Defense Department identification card, Veteran Health identification card (VHIC), VA identification card, or a U.S. driver's license that has a veteran designation. The new free-access rule for veterans does not extend to their immediate family members. That means that at parks where entrance fees are paid per vehicle, veterans and their families will be able to enter free using the veteran pass. At parks where admission is paid per person, however, only the veteran will be able to enter free.

The department is defining Gold Star families as the next of kin of a service member who lost his or her life in war, an international terrorist attack or a military operation outside of the United States. Ben Goldey, Interior Department press secretary, said Gold Star family members will not be required to produce proof of qualification -- at least for now. "For the time being, we will be using an honor system," Ben Goldey, a spokesman for Interior told Military.com in an email. "An individual who identifies themselves as a Gold Star family member at an entrance facility will be thanked for their service and sacrifice and admitted free of charge."

For years, veterans and experts have praised experiences in nature as therapy for those suffering from post-traumatic stress disorder. "Exposure to outdoor recreation can provide a wide range of mental health benefits, and given our nation's ongoing veteran suicide crisis, this is a welcome step forward using a whole of government approach to improve the lives of veterans," said Jeremy Butler, CEO of Iraq and Afghanistan Veterans of America. [Source: Stars & Stripes | Nikki Wentling | October 29, 2020 ++]

DoD Suicide Policy

Update 15: Pentagon Releases Latest Numbers for Suicide Deaths In 2020

A total of 306 service members died by suicide in the first half of 2020, according to the most recent Pentagon report released on 15 OCT, which covers suicide deaths up to June 30. For the first half of this year, 170 active-duty service members, 90 reservists, and 46 National Guardsmen died by suicide, the report said. During the same period in 2019, 302 service members died by suicide, including 163 active-duty service members, 88 reservists, and 51 National Guardsmen.

The report shows that active-duty and reserve suicide deaths increased for the months of April, May, and June, coinciding with the novel coronavirus (COVID-19) pandemic that began sweeping through most of the country. "We've got work ahead, I'll just be honest with you," Gen. Charles "CQ" Brown, Air Force chief of staff, told reporters in September. "The challenge I've seen here is, the stressors that we have this year are much different than the stressors

we had last year." Between April 1 and June 30, a total of 82 active-duty service members had died by suicide, compared to 72 deaths during the second quarter of 2019, the report says.

Most of the active-duty services reported an increase in suicide deaths from April through June, according to the report: 43 soldiers died, an increase of six deaths compared with the same time period last year; 10 Marines, an increase of four deaths; 11 sailors died, a reduction of three deaths; and 18 airmen died, an increase of three deaths. Reserve forces also reported 26 deaths, up from 16 during the second quarter of 2019. That breaks down to 16 deaths in the Army Reserve, double the suicide deaths compared to last year; two deaths in the Marine Reserve, compared with one death last year; three deaths in the Navy Reserve, compared with two deaths last year; and five deaths in the Air Force Reserve, the same as during the same time period in 2019, the report says.

The National Guard reported a decrease in suicide deaths: 23, compared with 27 deaths during the same time period in 2019, according to the report. Seventeen Army National Guard and six Air National Guard service members died by suicide in the second quarter of 2020, compared with 24 Army National Guard and three Air National Guard deaths in the second quarter of 2019. The report says it is too early to determine whether the number of service members who die by suicide will be higher in 2020 than it was last year. But on Sept. 27, the Associated Press revealed that military deaths by suicide had increased by roughly 20% so far in 2020, citing more recent data.

In the Army, a total of 114 active-duty soldiers had died by suicide by the end of August, a roughly 30% increase in deaths compared to the same time period in 2019, Army officials confirmed. The Army National Guard also saw a roughly 10% increase in suicide deaths and the Army Reserve reported a 41% increase in deaths compared with 2019. Army Chief of Staff Gen. James McConville recently said that COVID-19 is likely a factor in the increase in deaths. "Some of the scientists have said they've not been able to show causation between [COVID-19] and suicides, but I would argue — at least my sense is — it is having an effect because it disconnects people," McConville told reporters during an Oct. 13 news conference.

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline network is available 24/7 across the United States. Call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) to reach a trained counselor. Use that same number and press "1" to reach the Veterans Crisis Line. [Source: Task & Purpose | Jeff Schogol | October 15, 2020 ++]

Electromagnetic Spectrum (EMS)

New Strategy Details DOD Goals for EMS Superiority



The Defense Department today released the "[2020 Department of Defense Electromagnetic Spectrum Superiority Strategy](#)," a road map for how the U.S. military can maintain freedom of action in the electromagnetic spectrum at the time, place, and parameters of its choosing. The electromagnetic spectrum is the range of radiation frequencies used to transmit information wirelessly. While frequencies above 300GHz make up infrared light, visible light, ultraviolet light and x-rays, frequencies at 300GHz and below are used to transmit information for cell phones, television, radio, satellite communications, GPS and hand-held, two-way radios.

The Defense Department is one of the largest users of the EMS. For many years, the U.S. military remained uncontested in its use of the spectrum, meaning either domestically or abroad, wherever the military went, it was able to use whatever portion of the spectrum it wanted to facilitate its own communications. It is no longer the case that the U.S. military has uncontested use of the EMS. Speaking on background during a conference call on 29 OCT, two defense officials explained how the strategy will be instrumental in helping the department maintain mastery of the EMS against near-peer adversaries, who are developing their own expertise in the EMS. The strategy, one official said, aligns the department's spectrum-dependent activities with the National Defense Strategy's focus on lethality, alliances and partnerships, and reform with the goal of achieving operational superiority in the electromagnetic spectrum. The strategy includes five goals to help the department attain that superiority:

- Develop superior EMS capabilities.
- Evolve to an agile, fully integrated EMS architecture.
- Pursue total force EMS readiness.
- Secure enduring partnerships for EMS advantage.
- Establish effective EMS governance.

In the coming months, another official said, the strategy will be followed by an implementation plan that will operationalize and institutionalize the strategy. Development of the implementation plan has already started, the official said, through work with the department's chief information officer and other stakeholders in the department.

"The rise of mobile systems and digital technology across the globe has placed enormous strain on the available spectrum for DOD's command, control, and communication needs," said Dana Deasy, the DOD chief information officer. "This strategy will help set the conditions needed to ensure our warfighters have freedom of action within the electromagnetic spectrum to successfully conduct operations and training in congested, contested and constrained multidomain environments across the globe." [Source: DOD News | October 29, 2020 ++]

Memorial

The Pledge | Arlington National Cemetery



Servicewomen and military working dogs were honored with a new sculpture that was unveiled at Arlington National Cemetery in Virginia on 17 OCT. Titled "The Pledge," the sculpture is part of the Women In Military Service For America Memorial located at the cemetery's entrance. Created by sculptor Susan Bahary, the life-size bronze statue shows a female dog handler kneeling alongside her working dog and was commissioned by the U.S. War Dogs Association National Headquarters, reported the Associated Press. The unveiling took place during a closed ceremony, due to health concerns stemming from the ongoing novel coronavirus COVID-19 pandemic, but it was live-streamed on Facebook by The Women's Memorial. According to the Associated Press, one side of the statue includes a quote

from Anne Sosh Brehm, who served in the Army as a nurse during World War II. It reads: "Let the generations know that women in uniform also guaranteed their freedom. That our resolve was just as great as the brave men who stand among us. And with victory, our hearts were just as full and beat just as fast — that the tears fell just as hard for those we left behind." [Source: Task & Purpose | James Clark | October 17, 2020 ++]

Gold Star Families

Update 04: Pentagon Display Dedicated



The Gold Star Families Pentagon display was dedicated at its permanent home at the Pentagon's Hall of Heroes in a ceremony 29 OCT. "The gold star is a symbol of your loved one, a symbol of the one that you lost — and they were children, fathers, mothers, brothers and sisters; and they were friends, and coaches, and mentors, and so much more. But most of all, they're American heroes," Army Gen. Mark A. Milley, chairman of the Joint Chiefs of Staff, told Gold Star families. Milley was the keynote speaker at the ribbon-cutting event.

Defense Department officials said the history of Gold Star families dates back to World War I when military families put service flags in their window featuring a blue star for every immediate family member serving in the war. If their loved one was killed in action, the star's color would be changed to gold. In 1918, the gold star tradition grew as President Woodrow Wilson approved a recommendation by the Women's Committee of National Defenses to wear a black armband with a gold star. Milley said the nation must remember the casualties of war — and their service, their sacrifices, and their stories. "Every soldier, sailor, airman, Marine and Coast Guardsman — every one of us in uniform — has written a blank check payable to the American people, which says each of us is willing to give our all [in] that we are willing to make the ultimate sacrifice to protect and defend the Constitution of the United States of America against all enemies, foreign and domestic," the chairman said.

And behind every soldier, sailor, airman, Marine and Coast Guardsman willing to give their all are the loved ones who support them in service and sacrifice, he added. Each Gold Star family member is also a hero, filled with compassion, resilience and patriotism, and words can do no justice to the loss of their loved ones, Milley said. "I ask that each of us remember why we joined and why we fought — we in uniform and those of us who came before us — [and] why we are willing to lay it on the altar of freedom? So that Americans of this generation and every generation to come remain forever free," the chairman said. "As taps is played, it not only signals a tremendous loss, but it also signals the reaffirmation of our resolve to ensure that their memory never dies. So, honor them, tell their story."

Milley encouraged Gold Star families who watched virtually to visit the memorial in the Pentagon and tell a loved one's story because their loved ones provided the liberties all Americans enjoy. "Tell their story far and wide. Tell the story that this country, these United States, our values, our flag, this idea, this experiment of liberty so conceived of the people, by the people, and for the people, the idea of freedom and equality for all, that idea is still worth fighting

for," the chairman said. "And each of you, as a Gold Star family member, is living proof of the sacrifice required for that idea to continue. So, let us never forget," Milley said. "Let us never forget your sons and daughters and why they gave their lives that they were willing to sacrifice, the promise of their tomorrow for the brightness and the freedoms of our today."

Matthew P. Donovan, undersecretary of defense for personnel and readiness hosted the unveiling ceremony of the Gold Star Memorial; Gold Star wife Jane Horton created the display. For a video of the dedication refer to https://cdn.dvidshub.net/media/video/2010/DOD_108041908/DOD_108041908-1280x720-2765k.mp4. [Source: DOD News | Terri Moon Cronk | October 29, 2020 ++]

POW/MIA Recoveries & Burials

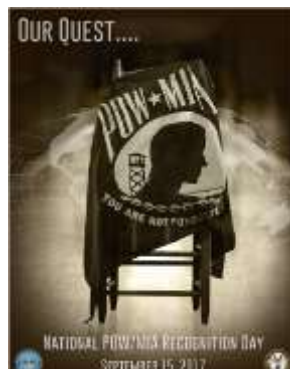
Reported 16 thru 31 OCT 2020 | Ten

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

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

== Mail: Public Affairs Office, 2300 Defense Pentagon, Washington, D. C. 20301-2300, Attn: External Affairs
Call: Phone: (703) 699-1420

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



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

- <https://www.vfw.org/actioncorpsweekly>
- <http://www.dpaa.mil/News-Stories/News-Releases>

- <http://www.thepatriotspage.com/Recovered.htm>
- <http://www.pow-miafamilies.org>
- <https://www.pownetwork.org/bios/b/b012.htm>
- <http://www.vvmf.org/Wall-of-Faces>

LOOK FOR

-- **Army Air Forces 2nd Lt. Earl W. Smith**, 22, of Oakland, California, was a pilot assigned to the 80th Fighter Squadron, 8th Fighter Group, 5th Air Force. On Aug. 20, 1943, Smith was piloting a P-38 Lightning fighter on a test flight near Port Moresby, Australian Territory of Papua (current day Papua New Guinea), when he crashed into the harbor off Paga Point. Smith did not bail out and his body was not recovered. Smith will be buried Aug. 20, 2021, at a location yet to be determined. [Read about Smith.](#)

-- **Navy Fireman 1st Class Edward D. Johnson**, 24, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Johnson. Interment services are pending. [Read about Johnson.](#)

-- **Navy Fireman 1st Class Howard D. Hodges**, 20, was assigned to the battleship USS West Virginia, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS West Virginia sustained multiple torpedo hits, but timely counter-flooding measures taken by the crew prevented it from capsizing, and it came to rest on the shallow harbor floor. The attack on the ship resulted in the deaths of 106 crewmen, including Hodges. Interment services are pending. [Read about Hodges.](#)

-- **Navy Fireman 2nd Class Martin D. Young**, 21, of Hawesville, Kentucky, 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 Young. Young will be buried on May 15, 2021, in Lewisport, Kentucky. [Read about Young.](#)

-- **Navy Fireman 3rd Class William L. Barnett**, 21, was assigned to the battleship USS West Virginia, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS West Virginia sustained multiple torpedo hits, but timely counter-flooding measures taken by the crew prevented it from capsizing, and it came to rest on the shallow harbor floor. The attack on the ship resulted in the deaths of 106 crewmen, including Barnett. Interment services are pending. [Read about Barnett.](#)

-- **Navy Seaman 1st Class Maurice V. Spangler**, 20, of Defiance, Ohio, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Spangler. Spangler will be buried Sept. 12, 2021, at The National Memorial Cemetery of the Pacific. [Read about Spangler.](#)

-- **Navy Seaman 2nd Class D.T. Kyser**, 18, of Muskogee, Oklahoma, 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 Kyser. The date and location for Kyser's burial have yet to be decided by the family. [Read about Kyser.](#)

-- **Navy Seaman 2nd Class James M. Flanagan**, 22, of Jacksonville, Florida, 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 Flanagan. Flanagan will be buried on Nov. 6, 2020, at the National Memorial Cemetery of the Pacific. [Read about Flanagan.](#)

-- **Navy Ship's Cook 1st Class Rodger C. Butts**, 47, 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 Butts. Interment services are pending. [Read about Butts.](#)

-- **Navy Shipfitter 1st Class Charles F. Perdue**, 32, 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 Perdue. Interment services are pending. [Read about Perdue.](#)

[Source: <http://www.dpaa.mil> | October 2020 ++]

* VA *



VA 2021 COLA

Same as SSA, SBP & Military Retiree Recipients

Military retirees, those who receive disability or other benefits from the Department of Veterans Affairs, federal retirees and Social Security recipients will see a 1.3% increase in their monthly checks for 2021. The annual Cost Of Living Allowance (COLA) is slightly less than the 1.6% increase from last year but in line with the historical increases seen over the last 10 years. Each year, military retirement pay, Survivor Benefit Plan Annuities, VA Compensation and Pensions, and Social Security benefits are adjusted for the rate of inflation. Military retirement pay is one of the top three benefits of military service, along with medical and other benefits. Understanding how to calculate military retirement pay involves understanding the final pay and high 36-month average methods.

Retirement Pay Increase

As a result of the increase, retired military members will see a \$13 increase for each \$1,000 in military retirement pension they receive each month. Retirees who entered military service on or after Aug. 1, 1986, and opted for the Career Status Bonus (CSB/Redux retirement plan) have any COLA increases reduced by 1%, so they will see a smaller increase in 2021. They should see a monthly increase of only \$3 per \$1,000. Survivors receiving Survivor Benefit Plan payments will see the same increase of \$13 per \$1,000 in their monthly payments.

VA Disability Increase

Disabled veterans will also get a bump. The average VA disability check will go up about \$1.85 per month for those with a 10% rating, and \$19.68 for those rated at 100%. Military retirees and VA beneficiaries aren't the only ones who benefit from the COLA increase. Civil Service retirees and Social Security recipients will also see the 1.3% jump in their monthly checks. For Social Security recipients, the monthly increase will mean an extra \$18.07 per month for the average beneficiary.

How the COLA Is Determined

The Department of Labor determines the annual COLA by measuring the Consumer Price Index (CPI), which is a measurement of a broad sampling of the cost of consumer goods and expenses. The CPI is compared to the previous year; if there is an increase, there is a COLA. If there is no increase, there is no COLA. The COLA affects about one

in every five Americans, including Social Security recipients, disabled veterans, federal retirees and retired military members. In 2020, the COLA increase was 1.6%; in 2019, retirees saw a 2.8% increase. Military pay benefits are constantly changing.

[Source: Military.com | Jim Absher| October 13, 2020 ++]

VA Presumptive AO Diseases

Update 35: The \$8 Billion Question



House and Senate conferees are negotiating contentious provisions in the FY 2021 National Defense Authorization Act (NDAA), which should be completed just after the election. One key provision sought by MOAA – the addition of three ailments to [the list of Agent Orange presumptive conditions](#) – has received added attention because of the significant price tag attached. The Senate version of the NDAA would raise direct spending by an additional \$8 billion from 2021 to 2030, according to a [Congressional Budget Office \(CBO\) estimate](#). Of that amount, \$7.9 billion comes from the addition of bladder cancer, Parkinson's-like symptoms, and hypothyroidism to the list of Agent Orange presumptives. While high, the figure is \$2 billion less than previous estimates.

The Military Officers Association of America (MOAA) does not feel this price tag should serve as a barrier to providing the earned benefits, long-delayed, to these Vietnam veterans. Their sacrifice should not be discarded as a budgetary matter, nor should financial needs in other areas be used as an excuse to continue ignoring the science behind these much-needed additions. The [House's version](#) of the NDAA scored a insignificant budgetary impact, according to the CBO estimate. The Senate showed broad bipartisan support for this initiative by passing the measure by a [94-6 vote](#), then following with a [conferee letter](#) signed by 46 senators.

Given the broad level of support in the Senate, attention turns to the House to see if representatives will agree to include this measure in the final NDAA. The related [stand-alone bill](#) introduced by Reps. Josh Harder (D-CA) and Pete Stauber (R-MN) gained nearly 40 cosponsors but was not considered by the House Veterans' Affairs Committee. When Harder attempted to include a provision for the House NDAA matching what was added to the Senate version by Sen. Jon Tester (D-Mont.), his amendment did not pass the House Rules Committee. One promising development: A House conference committee letter of support is being drafted and gaining significant support from representatives. The letter, when released, will send a strong message to House members on the committee of the importance of caring for 34,000 veterans ill from these Agent Orange-related diseases.

Veterans service organizations, including MOAA, have been [urging the VA](#) to add these presumptives for nearly a year, but the VA has delayed doing so, citing the necessity of further study. Congress is close to adding these three presumptives, but a final push from constituents is needed to ensure these ill veterans are taken care of in the NDAA. [Call](#) or [write](#) your lawmakers today. [Source: MOAA Newsletter | Cory Titus | October 27, 2020 ++]

VA Claim Exams

Update 02: All VA In-House C&P Exams to be Outsourced

The Department of Veterans Affairs is eliminating its in-house compensation and pension exam program and will outsource all of the exams, which are crucial to determining whether veterans are eligible for VA benefits. In a letter to VA Secretary Robert Wilkie on Tuesday, Rep. Elaine Luria (D-VA) said the plan was developed with no notice to Congress. She's concerned the move could slow work to reduce a backlog of compensation and pension exams, commonly referred to as C&P exams, and she's worried about the VA's ability to oversee the contractors. Luria also criticized the department for cutting federal jobs during a pandemic. "For many veterans, thorough and accurate C&P examinations are crucial to securing service-connected benefits," Luria wrote. "VA's quiet decision to carry out a major reorganization of its C&P program without a plan to make key improvements, reduce backlog, or retain employees is unlikely to deliver the high-quality results we expect."

Luria leads the Subcommittee on Disability Assistance and Memorial Affairs, part of the House Committee on Veterans' Affairs. During a hearing she led last year, the VA said it would contract with more outside medical providers to perform C&P exams. Lawmakers were led to believe the contracted examiners merely supplemented the existing program, primarily to help rural veterans and those veterans facing long wait times, Luria said. Recently, however, VA staff told Luria's office about the department's plan to shutter the C&P program at the VA and contract with the private sector for 100% of the exams.

"VA privately advised my staff of the decision after it was made, without a press release or communication to the affected veterans, advocates, or labor representatives," Luria said. "Such a consequential decision should have been communicated directly to the chair and ranking member of this subcommittee and should not have moved forward during the turbulence of the pandemic." The VA did not immediately respond to a request for comment.

The change comes as the VA is working through a backlog of requests for exams. The department suspended the exams in April, as coronavirus cases grew across the United States. During that time, the backlog grew to about 350,000 requests. The VA resumed in-person exams in some locations May 28. As of mid-October, exams were being scheduled in all areas of the U.S. In all the new instructions about the resumed exams, the VA notes that a "VA contract medical examiner" would be in touch to schedule them. During a C&P exam, a health care provider examines a veteran to help determine whether his or her disabilities are connected to military service. The information gathered during the exam is used by the VA to make a decision on a veteran's claim and to issue a disability rating. The rating determines how much monthly compensation the veteran is due.

The VA has increasingly relied on contractors to perform the exams – spending nearly \$6.8 billion on exam contracts in 2016. Recently, contractors were performing about 60% of exams, Luria's letter states. The Government Accountability Office reported in 2018 that the department doesn't track whether contractors are meeting quality and timeliness standards. The VA has not yet implemented the recommendations the GAO made in that report, Luria said. She's worried that as the VA expands its use of contractors, the department lacks the ability to oversee them. "More than two years later, [the VA] has not fully implemented these recommendations it agreed were necessary for proper oversight," Luria wrote to Wilkie. The "failure to implement these recommendations raises concerns about its ability to oversee contractors as they increase their workload from 60% of C&P examinations to nearly 100%."

Luria sent a list of questions to Wilkie, including how many C&P examiner jobs the VA would eliminate and whether those employees would be able to remain at the agency in some capacity. Luria also wants to know whether the VA has considered maintaining in-house exams for veterans suffering from Gulf War Illness, military sexual trauma and traumatic brain injury – all conditions unique to veterans and that often call for specialists. She asked for responses by 16 NOV. [Source: Stars & Stripes | Nikki Wentling | October 21, 2020 ++]

VA AI

Update 02: Pilot AI Tool Program for Prognosis of Covid-19 Cases

As the COVID-19 pandemic continues to wreak havoc across the U.S., the Veterans Affairs Department is piloting a new artificial intelligence tool to quickly predict a patient’s prognosis and recommend next steps. During tense medical crises, as hospital beds fill up and minutes and seconds mean the difference between life and death, doctors, nurses and other care providers need to assess new patients quickly to determine the right course of action with the resources available. “The problem is, given a positive detection of COVID viral test—if someone has a positive test—what is the prognosis? Will the patient need hospitalization? Are they at risk of death, etc.? What will be their needs?”

Gil Alterovitz, director of AI at the VA and with the National Artificial Intelligence Institute there, said 22 OCT at the Genius Machines 2020 Virtual Summit hosted by Nextgov and Defense One. “The approach was to develop an applied AI model for that using both clinical and nonclinical information.” VA officials started working on the tool shortly after the outbreak in early spring. Working with clinicians at the Washington DC VA Medical Center, the team pulled data from more than 11,000 patients from across the VA to analyze how more than 30 features—such as heart rate, blood pressure, preexisting health issues, etc.—affected recovery and mortality rates.

A VA official offered an example of how it works: A patient with a preexisting kidney disorder comes to a VA clinic and is diagnosed with COVID-19. A standard prognosis might give that person a high mortality rating due to the underlying conditions. However, the algorithm gave that person a low mortality risk score, discovering other factors that showed the patient was likely to recover. Alterovitz noted the tool features explainable AI so users can deconstruct how it arrived at its conclusions, helping clinicians to trust the results and spot recurring trends in this novel outbreak.

The tool is still in the pilot phase and has yet to be used to treat a patient directly, according to the VA. If the pilot is successful, the tool could be rolled out across the department quickly, as it has already been coded into a dashboard that can be accessed with a link or added to existing diagnostic tools as a module. “It’s being used already operationally,” Alterovitz said. “And we’re going to be now working with other medical sites to see how this can be used across the country in different settings, as well.” [Source: Nextgov | Aaron Boyd | October 23, 2020 ++]

VA Blue Water Claims

Update 84: 48% of Claims Received Since 1 JAN Completed

The U.S. Department of Veterans Affairs (VA) announced today, it has decided more than 34,000 Blue Water Navy disability claims, under the [Blue Water Navy Vietnam Veterans Act of 2019](#), effective Jan. 1, 2020 — which extends the presumption of exposure to herbicides such as [Agent Orange](#) to Veterans who served in the offshore waters of the Republic of Vietnam during the Vietnam War. As of 30 SEP, VA has processed 34,415 (48%) of 69,570 claims received, of which 24,328 (71%) have been granted — awarding more than \$664 million in retroactive benefits to eligible Veterans and families. “It’s important we ensure Blue Water Navy Veterans and their families receive the benefits they’ve earned,” said VA Secretary Robert Wilkie. “As a result, VA will continue to get the word out via our social media channels, public service announcements and Veterans Service Organizations (VSO) — to ensure every Veteran who is eligible applies as soon as possible.”

VA also collaborated with the [National Archives and Records Administraton](#) to digitize all Navy and Coast Guard deck logs for ships with known Vietnam service. Digitization of the Navy deck logs was completed in December 2019 and Coast Guard deck logs were completed in September. As part of the agreement, VA provided digital images of the deck logs to NARA to make digitally available in the [National Archives Catalog](#). Veterans may contact

inquire@nara.gov if the deck log they are seeking is not available in the National Archives Catalog. If your claim was denied, click here on how to [appeal a VA claim decision](#). For assistance in filling a claim, Veterans may contact approved [VSOs](#). Learn more about [Agent Orange exposure and VA disability compensation](#) or call 800-827-1000 for more information. [Source: VA News Release | October 26, 2020 ++]

VA EHR

Update 26: Implementation of New System Started 24 OCT



VA is implementing its new electronic health record ([EHR](#)) system on 24 OCT at initial sites in the Pacific Northwest. The implementation improves how clinicians store and manage patient information, including visits, test results, prescriptions and more. This will also mean some changes to how Veterans access their own health data online if their VA facility has changed to the new EHR.

Veterans who receive care at Mann-Grandstaff VA Medical Center (VAMC) in Spokane, Washington, and its community-based outpatient clinics in Coeur d'Alene and Sandpoint, Idaho; Libby, Montana; and Wenatchee, Washington, will be the first in the nation to use VA's new electronic health record and patient portal, [My VA Health](#). As a complementary tool to VA's existing [My HealtheVet](#) patient portal, My VA Health will allow Veterans to manage their appointments, prescription refills, medical records and communication with health care providers online.

Since full implementation of VA's new EHR is expected to occur over a 10-year period ending in 2028, most Veterans will not see immediate changes to how they view their medical records online. VA will continue to support its current EHR systems, including My HealtheVet, throughout the transition period to ensure there is no interruption to the accessibility and delivery of care. Veterans can expect to learn more as their local facilities prepare to migrate to the new EHR. In the meantime, here are three key things Veterans should know about VA's Electronic Health Record Modernization (EHRM) program and My VA Health.

What is VA's Electronic Health Record Modernization program, and how does it impact Veterans?

- EHRM is an effort to unite VA, the Department of Defense (DOD), the U.S. Coast Guard and community care providers on a single interoperable health information platform. This modernized system will allow VA to continue providing a world-class health care experience for Veterans across all VA facilities.
- The new system will replace the department's current electronic health record, known as the Veterans Health Information Systems and Technology Architecture (VistA), with a commercial, off-the-shelf solution developed by Cerner Corp.
- The new EHR will create a paperless transition from receiving care as a service member through DOD to receiving care as a Veteran through VA. It will also support providers' clinical decision-making by increasing their ability to make connections between a Veteran's time on active duty and potential health issues later in life.

When will Veterans start using My VA Health?

- Veterans will begin using the new My VA Health capabilities, accessible via [VA.gov](https://va.gov) or [My HealtheVet](https://myhealthvet.com), when their local VA medical center or clinic transitions to the new EHR. Until then, Veterans will use only the existing My HealtheVet portal, which is also accessible via VA.gov. Mann-Grandstaff VAMC and its clinics are the first facilities introducing My VA Health to their patients.
- Once My VA Health launches at a site, Veterans will be able use their current credentials to sign in to either My VA Health or My HealtheVet. This will ensure Veterans who have received care at more than one VA site have access to all of their records. For example, Veterans who receive care at Mann-Grandstaff VAMC and its four clinics will use My VA Health to manage their care from those sites and My HealtheVet to manage their health care from other VA and community sites. Historical records, including prior secure messages, will remain available on My HealtheVet.
- Meanwhile, VA is working to make VA.gov the single place where Veterans can go for their health needs, so navigation between the two portals is not necessary. VA will provide resources to walk Veterans through these changes as EHRM deployment reaches their facilities.

How will Veterans at Mann-Grandstaff and its associated clinics access the patient portal?

Veterans will sign in as they do today, either through My HealtheVet or VA.gov, using any of the following accounts:

- Premium DS Logon account
- Premium My HealtheVet account
- Verifiedme account

Once logged in, Veterans will be directed to My VA Health regarding care received at Mann-Grandstaff and its clinics and to My HealtheVet regarding care received at other VA locations. Veterans with basic or advanced My HealtheVet accounts can upgrade to a premium account using [this guide](#).

[Source: Vantage Point | Dr. Laura Kroupa | October 22, 2020 ++]

VA Health Care

Update 02: VA Declines Participation in Short Notice Mission Act Hearing

Officials for the Department of Veterans Affairs declined to participate 21 OCT in a Senate hearing about the progress in implementing the Mission Act, a law passed two years ago to help improve health care for veterans. “I scheduled this hearing because of my dissatisfaction with the pace of Mission implementation,” Sen. Jerry Moran (R-KS), chairman of the Senate Committee on Veterans’ Affairs, said at the hearing. “While VA officials were invited to participate in today’s hearing...the department chose to decline.” Under the VA Mission Act of 2018, standards were dramatically loosened to allow veterans to seek mental health services, urgent care and primary care outside the federal system. The landmark effort was spurred by controversies surrounding excessive wait times for care at VA facilities and long distances some veterans had to travel to federal hospitals, especially patients from rural areas.

However, the shift to more care outside the government umbrella has raised concerns from some Democrats and progressive activists about creeping privatization in the VA and how that could take precedence over investing in federal facilities and employees. Congress provided about \$15 billion for community care in the VA’s latest budget. Richard Stone, executive in charge of the Veterans Health Administration, told Congress in February that outside care costs about \$1 billion each month, which sets spending within funding levels. However, the full impact of the coronavirus pandemic on community care remains unclear.

President Donald Trump has touted the Mission Act as one of the key accomplishments of his presidency, using it as a tool to demonstrate his support for service members and veterans. But in a letter Monday to Moran, VA Secretary Robert Wilkie said the Senate committee did not give the agency enough notice of the Mission Act hearing. The letter

states the VA was notified of the hearing on Oct. 15. “This short time span did not offer the traditional two weeks your committee normally gives us to develop and submit testimony and prepare requested witnesses,” Wilkie wrote in the letter. The hearing was still held Wednesday, mostly with witnesses from the Elizabeth Dole Foundation, an advocacy group for the estimated 5.5. Million spouses, parents, family members and friends who take care of injured veterans at home.

“I’m very disappointed the administration chose not to participate. I do not know why something as important as implementation as the Mission Act doesn’t rise to that important to the VA. Hopefully it’s not because they’re campaigning across the country,” said Sen. Jon Tester of Montana, the ranking Democrat on the veterans’ affairs committee. “The legislative branch isn’t here as a nuisance. We actually do things and have expectations.” Last week, Tester and Rep. Mark Takano (D-CA), chairman of the House Committee on Veterans’ Affairs, accused Wilkie of using taxpayer-funded travel to boost Trump and other Republican candidates.

The two Democrats alleged Wilkie helped elevate the reelection campaign of Sen. Thom Tillis (RNC) during trips that he took to North Carolina in his role as VA secretary. They also accused Wilkie of aiding the reelection campaigns of Sens. Susan Collins (R-ME) and Steve Daines (R-MT) during recent trips to Maine and Montana. Further, Tester and Takano expressed concerns about Wilkie’s travel schedule being filled with visits to key battleground states in the presidential election. [Source: Stars & Stripes | Steve Beynon | October 21, 2020 ++]

VA COVID-19 Cases

Update 08: Active Cases among Patients up More Than 70% in 30 Days



A medical worker wearing a single protective glove and a face mask walks past a line of workers and visitors waiting to be tested for COVID-19 at the main entrance to a Department of Veterans Affairs Medical Center on March 23, 2020, in New York

Active coronavirus cases among Veterans Affairs patients are up more than 70 percent in the last month and now sit at their highest level since early August, according to data released by the department this week. As of 20 OCT, more than 4,700 patients were dealing with active cases of the virus, which has sickened at least 69,000 department patients and 8.2 million Americans since the start of March. Of the VA group, 445 individuals are current inpatients at department health centers, receiving supervised medical care for complications related to the illness. That inpatient number is up by almost one-third in the last month. VA officials said they are not concerned about the recent rise in COVID cases, saying that the hospitalization rate among those patients is “at their lowest point of the pandemic.”

VA leadership has repeatedly dismissed concerns about the rising number of active cases, insisting that the hospitalization rate among those patients remains at a low percentage of individuals. The increases in VA numbers come amid a nationwide rise in coronavirus cases. On 16 OCT, the total number of new cases of the illness reached nearly 70,000 as multiple states reported three-month highs in their case counts. At least 3,746 VA patients have died from issues related to coronavirus since mid-March, an average of more than 120 deaths per week. VA has reported 310 new deaths in October alone, although officials noted that some of those death reports may lag and could have occurred earlier. More than 5 percent of VA patients who contract coronavirus eventually die from complications

related to the illness. That's significantly above the roughly 3 percent death rate among all Americans infected by the pandemic.

However, VA officials have discouraged comparing their patient population to the rest of the country, noting the increased dangers the virus presents to individuals who are elderly and infirm, two descriptors that encompass many of the department's patients. In addition to the patient deaths, at least 58 VA employees have also died of complications related to the virus. Department medical staff have administered more than 820,000 virus tests since the start of the pandemic, with about 8.5 percent of all tests resulting in a confirmed diagnosis. Department officials continue to encourage any veterans with a fever, cough, or shortness of breath to immediately contact their local VA facility for advice on the proper medical response. [Source: MilitaryTimes | Leo Shane III | October 21, 2020 ++]

Alcohol Abuse

Update 03: Pilot Study: Fecal Transplant Helps Alcohol Cravings

Fecal transplant therapy is safe and can reduce alcohol craving and use in patients with alcohol use disorder, found a VA study. The preliminary study by Central Virginia Veterans Healthcare System and Virginia Commonwealth University researchers showed that fecal microbiota transplant could be safe and potentially effective towards reducing alcohol misuse, pending further research. "This study is a proof of concept that the way to the brain is through the gut," said Dr. Jasmohan Bajaj, first author on the study. "This, if confirmed in larger studies, may have implications for alcohol misuse and potentially other substance abuse disorders that are based on addictive behavior and are very common in our Veterans." The [results](#) appeared in the journal *Hepatology* on Aug. 4, 2020.

Cirrhosis, scarring of the liver, can result from heavy drinking. Continued alcohol misuse after cirrhosis can hasten the disease's progression. Previous research has shown that alcohol use disorder is associated with changes in the bacteria in the gut. These changes in gut microbiota—the collection of microorganisms within the body—can make cirrhosis worse. Alcohol use disorder, with or without cirrhosis, is also linked to major changes in the gut-brain axis, the communication between the central nervous system and the gastrointestinal tract. Research has shown that gut microbiota can influence brain signaling, affecting cognition. Some research has even suggested that the bacterial make-up of the digestive system is involved in addictive behavior and could be linked to alcohol intake.

Fecal transplant versus placebo

To explore this connection, the research team performed a randomized clinical trial of fecal microbiota transplant versus placebo on 20 patients at the Hunter Holmes VA Medical Center. In the transplant, processed fecal matter from a donor is enriched with beneficial bacteria and introduced into the patients. The patients in the study were then monitored for six months. All patients had cirrhosis and alcohol use disorder, and had failed or were unwilling to participate in usual therapies. In addition, many also had depression and PTSD. These co-occurring conditions made the patients unable to stop drinking even though they had already damaged their livers, explains Bajaj.

Fifteen days into the study, nine transplant patients had reduced alcohol cravings, compared with only three in the placebo group. This was accompanied by lower urinary Etg/creatinine levels, a measure of actual alcohol intake. This is the first human study to test fecal microbiota transplant to potentially reduce alcohol addiction, according to Bajaj. Prior animal studies have shown a linkage between the microbiota and alcohol intake. The transplant group also had reduced levels of markers associated with systemic inflammation. These positive changes were not seen in the placebo group.

Treatment improved microbe diversity, mental function

Tests showed that fecal transplant led to increased microbial diversity in the gut. Microbe diversity did not change in the placebo group. Patients who received the transplant had a greater abundance of beneficial bacteria and products such as short-chain fatty acids, which can affect the brain. Some of these bacteria are usually decreased in alcohol-

related cirrhosis and liver disease. More of this type of bacteria is associated with protection from alcohol-induced intestinal and liver injury.

The transplant group also showed signs of improved mental function, as well as improvement in psychosocial but not physical quality of life. This likely indicates that both brain function and the patients' assessment of their cognitive abilities had improved, says Bajaj. The fecal transplant group also improved on several measures at six months. They showed a trend toward abstinence from alcohol, although this result was not statistically significant. Most in the placebo group showed evidence of continued alcohol misuse.

Results considered 'encouraging'

Furthermore, the results show that fecal transplant is safe. Only two of the transplant group had serious adverse events after the procedure, compared with eight in the placebo group. A safety board concluded that neither of the adverse events in the transplant group was related to the procedure. Seven of the eight adverse events in the placebo group were tied to alcohol use disorder, which varied from alcohol relapse, alcohol withdrawal, motor vehicle accidents and falls requiring urgent medical attention.

The researchers call the results "encouraging." Microbial manipulation could potentially lead to improvements in cirrhosis and alcohol use disorder, they say. The linkage between decrease cravings and bacteria is also interesting, according to the researchers. It could be evidence of how the microbiota regulates the gut-brain axis. But they caution that larger studies are needed to explore this connection. On the whole, say the researchers, the study shows that fecal microbiota transplant has real potential as a safe and effective treatment for future study in reducing alcohol craving and consumption in patients with cirrhosis. [Source: VA Research Communications Tristan Horrom | September 10, 2020 ++]

Domestic Violence

VA Intimate Partner Violence Assistance



In the United States, about one in four women (27%) and one in seven men (11%) report experiencing intimate partner violence (IPV). Research shows IPV prevalence is even higher in the Veteran population. IPV is strongly associated with other public health issues. These issues include suicide, homicide and homelessness. IPV is a significant, preventable health concern for Veterans, their partners and VA staff. Unhealthy intimate relationships can negatively impact physical, mental and social wellbeing. Supportive and connected intimate relationships are important protective factors for physical and mental health.

VA's Intimate Partner Violence Assistance Program (IPVAP) recognizes and acknowledges the importance of reviewing intimate partner relationships for health and safety. The program provides comprehensive and integrated services using a person-first, Veteran-centric, recovery-oriented and trauma-informed approach. It provides and promotes services for all who are or may be impacted by the use and experience of IPV. A relationship check is an opportunity for education, prevention and early intervention.

Important steps to check safety of relationship

October is National Domestic Violence Awareness Month. The 2020 observance theme is “Check Up, Check In, Check Out Relationship Health and Safety.” It highlights three important steps to check the health and safety of an intimate partner relationship:

- CHECK UP with your VA health care team or IPVAP coordinator to assess your relationship. Learn to identify healthy and unhealthy behaviors and dangerous or unsafe factors.
- CHECK IN with your partner, friends, IPVAP Coordinator or VA health care team to set goals to optimize relationship health. Goals can include expressing appreciation, clear communication and conflict resolution. IPVAP can also provide information about planning opportunities to ensure safety during potentially dangerous situations.
- CHECK OUT the [IPVAP](#) website and community partner resources [National Domestic Violence Hotline](#), [Futures without Violence](#) and [National Coalition against Domestic Violence](#).

Importance of developing a self-care plan

Completing a relationship check up can help one recognize the importance of developing a self-care or time out plan for a stressful situation. The check up can provide early intervention and access to critical resources to promote recovery. The relationship health and safety screening can be a part of every Veteran’s annual appointment. Even healthy relationships can benefit from enhancing communication and connectedness. It is important to check in with others. Discuss your relationship health and safety with an IPVAP coordinator or your VA health care team. VA is a confidential place to discuss any questions or concerns a Veteran may have. Whether in a healthy or unhealthy relationship, VA is here to help with follow-up support and services. Contact local IPVAP coordinator to get “Check Up, Check In and Check Out Relationship Health And Safety” information and events for this month at <https://www.socialwork.va.gov/IPV/Coordinators.asp>.

[Source: Vantage Point | Tisha Petelo | October 5, 2020 ++]

VA FMP

Update 02: Manila VARO & OPC New Local Fax Number



Manila VA Regional Office and Outpatient Clinic

We are announcing a new local fax number for the Foreign Medical Program (FMP). You can now fax your FMP claim and supporting documents without international costs.

- If you are calling from inside the Metro Manila, dial 8-550-3943.
- If you are calling from outside of the Metro Manila, you have the following options:
 - 02-8550-3943 (with domestic long distance charges)
 - #MyVA (#6982) or 1-800-1888-5252 and dial 3943 once you hear the voice prompt (no domestic long distance charges)

Hours of Operation:

Monday to Friday 8:05 PM to 6:45AM (the next morning) Manila Time
Monday to Friday 6:05AM to 4:45 PM US Mountain Time (Denver, CO)

We encourage you to submit documents directly to our Centralized Claims Intake Center in Janesville WI to facilitate faster processing of your claim or requests. You can now fax your claims and documents without international costs.

For information on VA benefits and forms, you may visit the following:

- VA Website: <http://www.va.gov>
- VA Forms: <https://www.va.gov/vaforms/default.asp>
- Online VA Federal Benefits Handbook: https://www.va.gov/opa/publications/benefits_book.asp

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Manila Regional Office 011-632-85503882

FMP Website: <https://www.va.gov/communitycare>

FMP Mailing Address: VHA Office of Community Care, ATTN: Foreign Medical Program PO Box 469061, Denver CO 80246-9061, USA

FMP Phone Number: 001-303-331-7590 (Monday to Friday, 8:05AM to 6:45 PM EST)

[Source: Manila VA Regional Office and Outpatient Clinic | Constance Santos | October 1, 2020 ++]

VA Manila OPC

Veteran Orthopedic Appointments No Longer Provided

As of November 1, 2020, VA Manila will no longer provide orthopedic appointments to Veterans. All Veterans with scheduled orthopedic appointments will receive a separate notice advising them that their appointment has been cancelled, and how to access needed orthopedic services through the Foreign Medical Program (FMP). Clinic Manager Daniel Gutkoski knows many Veterans in the Philippines will look at this decision and be frustrated. Some may say this is one more in a long string of cuts. He wanted to take a moment to explain some of the reasons behind this decision, and why he believes it will ultimately result in better Veteran care. There are two primary reasons the Outpatient Clinic made the decision to stop providing orthopedic care:

1. VA Manila no longer provides Compensation and Pension (C&P) examinations to support Veteran's disability claims to the Manila Regional Office; and
2. VA Manila no longer coordinates needed surgical care for Veterans in the community with Letters of Authorization. It is the Veteran's responsibility to coordinate this care using the Foreign Medical Program.

As a bit of background, all of the specialty care clinics at VA Manila previously existed primarily to support the VA Manila Regional Office's operations and need for C&P exams. Since 2018, those exams were transitioned away from the Clinic and to a contract with Veterans Evaluation Services (VES). Since that change occurred, VA Manila has not been needed to provide this service for the Regional Office.

When VA Manila's community care program was transferred from the Non-VA Care program to the Foreign Medical Program, it no longer made sense for the clinic to offer consultations for conditions that it had no ability to treat or to manage. With the VA Manila Orthopedic Clinic no longer available, Veterans with service-connected orthopedic conditions can go directly to community providers where they can make treatment recommendations and provide continuity of care. VA Manila wants Veterans to avoid 'fragmented care' – where the Clinic diagnoses something, but it has no ability to manage or treat it. This is not sound medical practice, and Gutkoski's goal as the Clinic Manager is to ensure that Veterans get the best, safest, most effective health care services – even when that sometimes means making tough choices and eliminating a service.

Veterans with service-connected disabilities specific to an orthopedic condition will remain fully eligible to seek these services through the Foreign Medical Program. VA Manila continues to work with the VA Office of Community

Care, which has program oversight of FMP, to improve the timeliness of reimbursements and to enroll more hospitals and providers as participants and direct billers of FMP. If you have specific questions, please feel free to contact the VA Manila Veteran Advocate, Mr. Anthony Mendoza, at +63-02-8396-3716, or via Secure Messenger via the Patient Advocate mail group.

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United States Embassy, Seafront Compound
1501 Roxas Blvd., Pasay City, NCR 1302, Philippines
Direct: +63 (02) 8396-3735
PH Toll Free: #MyVA (#6982)

[Source: VA OPC Mgr | Daniel Gutkoski | October 15, 2020 ++]

VA Fraud, Waste & Abuse

Reported 16 thru 31 OCT 2020

Boston, Mass. -- A Tewksbury woman pleaded guilty 21 OCT to charges of diverting morphine while she employed as a nurse in the hospice unit at the Veterans Affairs (VA) Medical Center campus in Bedford. Kathleen Nofle, 55, pleaded guilty to one count of tampering with a consumer product and one count of obtaining a controlled substance by misrepresentation, fraud, deception and subterfuge. U.S. District Court Judge Nathaniel M. Gorton scheduled sentencing for Feb. 24, 2021. Nofle was arrested and charged in September 2019. On Jan. 13, 14 and 15, 2017, Nofle used her position as a nurse to obtain doses of morphine that were meant to be given to the veterans under her care in the hospice unit. Nofle admitted that she mixed water from the sink with a portion of the liquid morphine doses, and then administered the diluted medication to patients orally. Nofle then ingested a diluted amount of the remaining drug.

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The charge of tampering with a consumer product provides for a sentence of up to 10 years in prison, three years of supervised release and a fine of up to \$250,000. The charge of obtaining a controlled substance by misrepresentation, fraud, deception and subterfuge provides for a sentence of up to four years in prison, one year of supervised release and a fine of up to \$250,000. Sentences are imposed by a federal district court judge based upon the U.S. Sentencing Guidelines and other statutory factors. United States Attorney Andrew E. Lelling and Christopher Algieri, Special Agent in Charge of the U.S. Department of Veterans Affairs, Office of Inspector General, Northeast Field Office made the announcement. Assistant U.S. Attorney William B. Brady of Lelling's Health Care Fraud Unit is prosecuting the case. [Source: DoJ Dist. of Massachusetts | U.S. Attorney's Office | October 2, 2020 ++]

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Beckley, W. Virg. -- A doctor of osteopathic medicine who formerly worked at the Veterans Affairs (VA) Medical Center in Beckley, West Virginia, pleaded guilty 17 SEP to three counts of depriving veterans of their civil rights under color of law by sexually abusing them. **Jonathan Yates**, 51, of Bluefield, Virginia, was previously indicted on five counts of depriving veterans of their civil rights under color of law, in violation of Title 18, U.S. Code, Section 242, and two counts of abusive sexual contact, in violation of Title 18, U.S. Code, Section 2244(b).

At the change of plea hearing before U.S. District Judge Frank W. Volk, Yates admitted that he rubbed the genitals of two veterans, and digitally penetrated a third veteran's rectum under the guise of legitimate medicine, when in fact he acted without a legitimate medical purpose. This conduct, performed while Yates was acting under color of law in his capacity as a VA physician and a federal employee, deprived the veterans of their constitutional right to bodily integrity and caused them pain. According to the plea documents, the veterans had sought treatment from Yates to manage chronic pain through osteopathic manipulative therapy.

- “This doctor abused his position of trust by preying on veterans who came to him for medical treatment,” said Assistant Attorney General Eric Dreiband of the Civil Rights Division. “As this prosecution demonstrates, he will now be held accountable for using his position as a VA physician to deceive and molest his patients.”
- “By virtue of today’s plea agreement, Yates stands convicted of heinous criminal acts committed against military veterans who served our country honorably and with great sacrifice,” said U.S. Attorney Mike Stuart for the Southern District of West Virginia. “Throughout this matter, from the commencement of this investigation to today’s plea, our focus has been on seeking justice for these veterans by holding Yates accountable for these terrible acts.”
- “What occurred at the Beckley VA Medical Center is particularly despicable because this abuse was at the hands of a doctor who was entrusted with providing compassionate and supportive care to veterans,” said VA Inspector General Michael J. Missal. “The result today was due to the tireless and dedicated efforts of the VA OIG investigators and our law enforcement partners. This doctor will no longer be able to prey on the trust of those who have dedicated their lives in service to our nation.”

Yates is scheduled for sentencing on Jan. 4, 2021. He faces a statutory maximum sentence of 30 years in prison. Related court documents and information may be found on the website of the District Court for the Southern District of West Virginia at <http://www.wvsc.uscourts.gov/> or on <http://pacer.wvsc.uscourts.gov>. [Source: DoJ So. Dist of W. Virginia | U.S. Attorney’s Office | September 17, 2020 ++]

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San Diego, CA -- Two U.S. Navy service members caught in a sweeping corruption case involving false claims to the Traumatic Servicemembers Group Life Insurance Program were sentenced in federal court 23 OCT. **Ronald Olmsted** and **Anthony Coco**, who each entered guilty pleas earlier this year, were sentenced by U.S. District Judge Janis L. Sammartino. Olmsted was sentenced to four months in prison followed by four months of home detention to be served as part of three years of supervised release. Coco was sentenced to four months of home detention to be served as part of three years of probation.

The charges arise from a scheme led by co-defendant **Christopher Toups**, who according to plea agreements and an indictment, recruited Olmsted, Coco, and a number of other fellow service members he met through his work in the Navy. According to court documents, Toups helped these coworkers to create and file fraudulent claims to obtain unearned benefits from Traumatic Servicemembers Group Life Insurance Program, or TSGLI, an insurance program that compensates service members who suffer serious and debilitating injuries while on active duty. He had help from U.S. Navy Commander **Dr. Michael Villarroel**, the medical doctor for the unit where Toups worked, and from, a former nurse in the U.S. Navy who was married to Toups during the scheme.

According to the superseding indictment and other court records, including Olmsted’s and Coco’s plea agreements, the co-defendants were part of the Explosive Ordinance Disposal Expeditionary Support Unit One (“EOD ESU One”), based in Coronado, California. Christopher Toups, a former Chief Petty Officer Construction Mechanic, filed his own fraudulent claims, and collected kickbacks from the participants he recruited once their fraudulent TSGLI benefits were paid. Dr. Villarroel knowingly signed off on false and fraudulent TSGLI applications on behalf of multiple service members that were part of or connected to EOD ESU One. To support their applications, each defendant submitted fabricated applications that included forged signatures and altered hospital records, which Meyer helped to create.

Relevant to the hearings, Ronald Olmsted admitted in his plea agreement to submitting two separate fraudulent claims, for which he received a total payout from TSGLI of \$175,000. Olmsted’s claims falsely reported that he lost the ability to do basic tasks and care for himself for months after a rappelling accident in 2011 and a fall down a flight of stairs in 2012. Olmsted kicked back \$55,000 to Toups, some in cash and some in cashier’s check. Coco, for his part, admitted that he was paid \$100,000 after falsely reporting on medical forms that he suffered a fall from a piece

of equipment that broke both his ankles and left him confined to a wheelchair. After he received the unwarranted payout from TSGLI, Coco kicked back \$65,000 to Toups, paid all in cash.

To date, 11 individuals have been charged in connection with this scheme. Seven of those individuals – Richard Cote, Earnest Thompson, Kelene Meyer, Paul Craig, and Stephen Mulholland, as well as Olmsted and Coco – have pleaded guilty to fraud charges. According to court records, Toups, Villarroel, and Meyer were at the center of the scheme, and together the conspirators defrauded the TSGLI program of nearly \$2 million. Toups, Villarroel, and Meyer received kickbacks for creating and filing the fraudulent TSGLI applications for other U.S. Navy service members.

DEFENDANTS AND CHARGES	Case Number	Age	Hometown
Christopher Toups	18CR1674-JLS	43	Woodstock, GA
Kelene Meyer	18CR1674-JLS	44	Jacksonville, FL
Dr. Michael Villarroel	18CR1674-JLS	48	Coronado, CA
Paul Craig	18CR1674-JLS	47	Austin, TX
Richard Cote	18CR1674-JLS	45	Oceanside, CA
Earnest Thompson	18CR1674-JLS	46	Murrieta, CA
James Brown	18CR1674-JLS	46	San Diego, CA
David Hawley	18CR1674-JLS	51	San Diego, CA
Ronald Olmsted	20CR0659-JLS	48	Mobile, AL
Anthony Coco	20CR0197-JLS	43	San Diego, CA
Stephen Mulholland	20CR0052-JLS	51	Panama City Beach, FL

SUMMARY OF CHARGES

- 18 U.S.C. § 1349, Conspiracy to Commit Wire Fraud - Maximum Penalty: Twenty years in prison, \$250,000 fine, forfeiture and restitution
- 18 U.S.C. § 1343, Wire Fraud - Maximum Penalty: Twenty years in prison, \$250,000 fine, forfeiture and restitution
- 18 U.S.C. § 287, Making a False Claim - Maximum Penalty: Five years in prison, \$250,000 fine

AGENCIES

- Federal Bureau of Investigation
- Naval Criminal Investigative Service
- Department of Veterans Affairs - Office of Inspector General

*The charges and allegations contained in an indictment or complaint are merely accusations, and the defendants are considered innocent unless and until proven guilty. [Source: DoJ So. Dist. of CA | U.S. Attorney’s Office | October 23, 2020 ++]

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San Diego, CA -- Nimesh Shah age 35, owner of Blue Star Learning, a technical training school in San Diego, was sentenced in federal court 27 OCT to 45 months in custody as a result of a multi-year scheme that defrauded the Department of Veterans Affairs out of almost \$30 million in Post-9/11 G.I. Bill benefits. As a result of Shah’s fraud, the VA issued over \$11 million in tuition payments to Blue Star Learning, and over \$18 million in housing allowances and stipends. In total, as a result of Shah’s fraud, the VA lost \$29,350,999. **SUMMARY OF CHARGES**

- Nimesh Shah: Wire Fraud – Title 18, U.S.C., Section 1343 -- Maximum penalty: Twenty years in prison and \$250,000 fine
- Nidhi Shah: False Statement – Title 18 U.S.C., Section 1001 -- Maximum penalty: Five years in prison and \$250,000 fine

As laid out in Shah's plea agreement and court documents, Shah took extraordinary efforts to deceive regulators from the Department of Veterans Affairs (VA) to ensure the school continued to receive VA funds. Shah provided the VA with false documents, invented fake students and created fake student files. He provided spreadsheets with false employment information and fraudulent contact information for purported graduates of the school and their made up employers. He purchased cellular telephones so that he and his employees could field VA regulator calls to purported employers of school graduates, and hired individuals overseas to pretend to be satisfied Blue Star Learning students in response to VA regulator emails. As laid out in court records, Shah's scheme appears to be one of the largest Post-9/11 G.I. Bill fraud cases that has been prosecuted around the country.

Shah was also ordered to forfeit \$3,076,361.77 and to pay the VA \$29,350,999 in restitution. Shah's wife **Nidhi Shah** age 37, who was the vice president and director of education at the school, was sentenced to two years of probation as a result of lying to investigators in the course of the investigation into the school. The Post-9/11 G.I. Bill provides veterans and other eligible individuals educational assistance, including tuition, housing costs, and other educational costs and fees. The VA pays tuition and fees directly to the school where the veteran is enrolled, and if the veteran is enrolled on more than a half time basis, the VA additionally provides a monthly housing allowance directly to the veteran, as well as money for books, supplies, equipment and other educational expenses. In October 2011, the VA began paying Post-9/11 G.I. Bill benefits for individuals pursuing non-institute of higher learning, non-degree programs, including non-accredited, non-college degree schools like Blue Star Learning.

In order to receive funds from the VA under the Post-9/11 G.I. Bill, Blue Star Learning was required to have at least 15 percent non-veterans for each course for which the VA was paying educational benefits - a rule called the "85/15 Rule." As laid out in court records, the "85/15 Rule" is designed to minimize the risk that veterans' benefits are wasted on educational programs of little value and to ensure that the cost of a course is acceptable and paid on the open market by non-veterans. As part of its yearly accreditation process, Blue Star Learning was also required to provide vocational attainment data for graduates of the school to VA regulators that corroborated employment statistics posted on the Blue Star website. This data was requested to ensure that individuals attending the school were getting jobs in the fields in which they were receiving training, as a measure of quality.

As part of his multi-year fraud scheme, between March 2016 and June 2019, Shah lied to the VA about the percentage of non-veteran students at the school, and made up fake non-veteran students – when in fact nearly all of their business came from veteran students. He also created spreadsheets of fraudulent employment data, including false emails, phone numbers, jobs and employers to support made-up graduate employment data. And he falsely claimed that all of the students at the school were enrolled full-time. Shah's lies ensured that Blue Star Learning received millions of dollars in VA education benefits that the school was not entitled to.

Blue Star Learning, which charged up to \$20,560 per course, had close to 100% veteran students. Shah nonetheless repeatedly misrepresented to the California State Approving Agency for Veterans Education ("CSAAVE") and the VA that Blue Star Learning was in compliance with the "85/15 Rule." Shah took extraordinary efforts to deceive VA regulators regarding non-veteran students at the school, including creating fake enrollment agreements and student files for the purported non-veterans in each program. Shah emailed the VA 48 fraudulent enrollment agreements for fictitious people he represented were non-veteran students at Blue Star Learning, complete with fraudulent dates of birth, social security numbers, addresses, phone numbers and emails for each fraudulent non-veteran student.

Shah knew that the vast majority of Blue Star Learning graduates did not obtain jobs in the fields in which they were purportedly receiving training, and that the employment statistics on Blue Star Learning's website were false. Shah nonetheless submitted fraudulent spreadsheets to CSAAVE claiming that all of the Blue Star Learning students listed were employed in the informational technology field. On these spreadsheets, Shah provided fraudulent phone numbers, email addresses, employers, and employer contact information for each student. Shah then took his fraud a step further: Because he knew CSAAVE could contact the students/employers to verify the data submitted, Shah hired individuals to create the fraudulent email addresses for the Blue Star Learning students, and directed these individuals, who resided overseas, to answer emails received at the fraudulent email addresses pretending to be satisfied Blue Star

Learning graduates working in the information technology field. Shah additionally created 30 fictitious companies that he listed as the employers on the fraudulent spreadsheets, and hired individuals to create fraudulent email addresses and domain names for each fictitious company. Shah directed a Blue Star Learning employee to purchase 30 cellular telephones, one for each fictitious employer, and had employees of Blue Star Learning create voicemail greetings on each cellular telephone so that it would appear that the fraudulent businesses were legitimate if CSAAVE called to check.

“This was an extraordinary fraud in terms of the elaborate deception, the years-long duration and the amount of money involved,” said U.S. Attorney Robert Brewer. “This defendant knowingly violated the rules to enrich himself, and for that he will go to prison.” Brewer commended prosecutor Michelle Wasserman and agents from the Department of Veterans Affairs Office of Inspector General and Federal Bureau of Investigation for excellent work on this case. VA OIG urges anyone with knowledge of possible fraud against VA to contact the VA OIG Hotline Division at 1-800-488-8244.” [Source: DoJ So. Dist. of California | U.S. Attorney’s Office | October 7, 2020 ++]

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Pittsburgh, PA – A resident of New Kensington, Pennsylvania, has been indicted by a federal grand jury in Pittsburgh on a charge of misappropriation of U.S. Department of Veterans Affairs (“VA”) beneficiary funds, United States Attorney Scott W. Brady announced 27 OCT. The one-count Indictment charges **Andrew Ziacik**, 57, as the sole defendant. An indictment is an accusation. A defendant is presumed innocent unless and until proven guilty.

According to the Indictment, Ziacik was appointed as a Federal Fiduciary for a VA beneficiary and, as such, was responsible for receiving the beneficiary’s VA income and ensuring the beneficiary’s debts were paid. The Indictment further charges that Ziacik engaged in a pattern of conduct between July 2013 and late 2017 that violated his Fiduciary Agreement, including by making approximately \$25,000 in unauthorized ATM cash withdrawals from the beneficiary’s VA bank account and transferring approximately \$135,000 of the beneficiary’s VA benefits to Ziacik’s personal bank accounts. In addition, the Indictment alleges that the defendant misused the beneficiary’s VA benefits for his personal benefit including through financing payments made to Harley Davidson, the purchase of a diamond ring, and the purchase of a GMC truck, all in violation of Ziacik’s Fiduciary Agreement. Moreover, the Indictment also alleges that Ziacik failed to maintain accurate records and receipts related to the disposition of the beneficiary’s VA benefits, as required, and failed to provide complete and accurate records in response to a formal accounting initiated by the VA.

The law provides for a maximum total sentence of not more than five (5) years in prison, a fine of not more than \$250,000, or both. Under the Federal Sentencing Guidelines, the actual sentence imposed would be based upon the seriousness of the offense and the prior criminal history, if any, of the defendant. [Source: DoJ Western Dist. Of Pennsylvania | U.S. Attorney’s Office | October 27, 2020 ++]

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Enfield, CT -- Derrick Brewer, 35, of Enfield, was arrested 29 OCT on a criminal complaint charging him with offenses related to his submission of altered documents to the Department of Veterans Affairs (“VA”). As alleged in the criminal complaint, in March 2018, Brewer submitted paperwork to the VA offices in Hartford as part of an application for service-connected disability benefits. Specifically, Brewer submitted a form known as a “DD-214,” which indicated that his discharge from his former service in the U.S. Coast Guard was characterized as “Honorable.” The DD-214 had been altered prior to its submission, as official Coast Guard records show that Brewer’s discharge was characterized as “Other Than Honorable Conditions” following Brewer’s convictions under the Uniform Code of Military Justice. There is no record of the discharge characterization ever having been upgraded. As a result of this submission, Brewer collected approximately \$69,584.16 in VA benefits up until September 30, 2020.

The complaint charges Brewer with theft of government funds, which carries a maximum term of imprisonment of 10 years, and making false statements, which carries a maximum term of imprisonment of five years. Brewer appeared via videoconference before U.S. Magistrate Judge Robert A. Richardson and was released on a \$10,000

bond. U.S. Attorney Durham stressed that a complaint is only a charge and is not evidence of guilt. Charges are only allegations and a defendant is presumed innocent unless and until proven guilty beyond a reasonable doubt. [Source: DoJ District of Connecticut | U.S. Attorney’s Office | October 29, 2020 ++]

* Vets *



Wigs For Vets

Support for Breast Cancer Fighters & Survivors

VA’s Office of Small and Disadvantaged Business Utilization (OSDBU) interacts with businesses in all industries whose products or services support VA’s and Veterans’ needs. In honor of Breast Cancer Awareness Month, we’re shining a spotlight on a Woman-Owned Small Business (WOSB) that supports breast cancer fighters and survivors: Le’Host Hair & Wigs. After a close friend was diagnosed with breast cancer, owner Haith Johnson realized there was an underserved market for women struggling with severe illnesses who faced plummeting self-confidence when they lost their hair. Among women, hair loss before their chemotherapy began was patients’ primary fear, according to a 2001 study published in the Journal of Pain and Symptom Management.

“When you look better, you feel better,” Johnson said. “Which is why I developed the motto: ‘*Fight pretty with a wig.*’” Sadly, her friend lost her battle to breast cancer, but Johnson’s journey inspired her to help other women going through cancer treatment. What started out as selling bundles of hair online from a basement in 2002 has now blossomed into a community of #BeautyCuties throughout #WigNation. “We reached out to the American Cancer Society, and they designated our business as a wig bank. We were [able] to distribute these wigs free of charge, but we also took care of these women – they got a free wig and free services.” Le’Host Hair & Wigs also partnered with VA medical centers to provide wigs to those in need, **free of charge**. Even with many American Cancer Society wig banks closing down due to the COVID-19 pandemic, Le’Host Hair & Wigs has remained committed to their promise to continue providing free, custom cranial prosthesis wigs.

Johnson understands that choosing a wig is a very personal process. Le’Host Hair & Wigs’ “Wigs for Vets” program allows the company to provide products and services to all Veterans experiencing hair loss, and it specializes in custom-fitted hair prosthesis units for medical hair loss conditions, such as cancer, alopecia, burns, diabetes, lupus, thyroid conditions, and PTSD-related stress. When asked about her experience working with Veterans, Johnson said it’s been amazing. “We understand their needs, the dimensions, so it fits perfectly and naturally... which gives them confidence.”

Le’Host Hair & Wigs was recently recognized as the 2020 Great Lakes Women’s Business Council’s (GLWBC) Women’s Business Enterprise of the Year. GLWBC represents more than 1,400 woman business enterprises in Michigan. Johnson provides ongoing support and contact with her business’s clients. They hope this restores a sense of normalcy to those undergoing medical treatments, such as scalp injections, radiation and chemotherapy. Readers can learn more about Le’Host Hair & Wigs at www.lehosthair.com and if in need of their assistance make their request in a message at <https://www.lehosthair.com/store-q-a>. [Source: Vantage Point | October 20, 2020 ++]

Vet Jobs

Update 268: VA Police is hiring!

Did you know VA that has its own 4,000-member police force? To grow and maintain that workforce, we need to hire police officers, supervisory police officers, and detectives to work at VA medical facilities and national cemeteries around the country. According to the VHA Workforce Management and Consulting office, police officer ranks first on its list of nonclinical shortage occupations.

If you want to help Veterans but don't have health care experience, you may be interested in a VA law enforcement career. VA police have many, varied duties that benefit not only Veterans, but also the communities they live in. Here are some things you should know about the VA police force:

- Nearly 90% of VA police officers are Veterans.
- With special training to keep Veterans safe, VA police help prevent Veteran suicide, a serious national crisis.
- VA police keep Veterans' health top-of-mind by enforcing the use of masks and temperature screenings at VA facilities.
- The VA police force includes a K-9 unit.
- The origins of the VA police force date back more than 150 years, to President Abraham Lincoln's time.
- VA police officers help communities during acts of terrorism and hurricanes, as well as other natural disasters.

During Hurricane Harvey, VA police secured a large truck to safely deliver Dr. Christy Chai to the Michael E. DeBakey VA Medical Center (VAMC) to treat a Veteran with a ruptured appendix. The Veteran had been swimming to the VAMC for help. "I drive just a regular old SUV and I could not get out of my garage because of the water," said Chai, chief of general surgery and surgical oncology at the VAMC. "VA police were actually able to come to my residence."

Next-generation modern

We're helping officers perform even more efficiently and effectively through a "next generation" initiative to [initiative](#) to modernize operations and improve decision making, infrastructure, oversight and accountability. The ultimate goal is to increase the safety and security of Veterans, staff and visitors to VA facilities. In addition to sharing the mission of serving Veterans and the Veteran community, VA employees can also take advantage of great benefits. These include:

- **Generous vacation and sick time.** You'll begin to accumulate vacation time on your very first day and can earn 13-26 days off per year, plus 10 paid federal holidays and 13 sick days.
- **Robust health care package.** Your health care costs are covered through the [Federal Employees Health Benefits Program](#), which provides the widest choice of health plans in the country.
- **Excellent retirement plan.** [You can begin saving for retirement](#) through the Federal Employees Retirement System. This three-tier retirement plan includes Social Security benefits, a Thrift Savings Plan and a pension.
- **Workplace flexibility.** With many VA positions, you can flex your schedule to fit your needs or telework on a regular or occasional basis with a formal agreement.
- **Educational assistance.** VA also offers a [wide range of education support programs](#), including debt reduction and loan forgiveness, training incentive scholarships and programs for Veterans.

Work at VA

With a law enforcement career at VA, you can help Veterans, their family members and your fellow employees stay safe at VA facilities.

- SEARCH for a [police officer position](#).
- READ about the [top 10 reasons](#) to work at VA.

- EXPLORE the [benefits](#) we offer.
- VISIT us the [VA Careers website](#).

[Source: Vantage Point | October 16, 2020 ++]

Korean War Vets

Ronald Rosser | Military Legend



Medal of Honor Recipient Ronald Rosser passed away on Wednesday Aug 26, 2020 in Bumpus Mills, Tennessee at the age of 90 from issues related to non-Hodgkin's lymphoma. He was awarded the medal for his bravery during the Korean War. Rosser was born in Columbus, Ohio, in 1929. His father was a coal miner. When he turned 17, his mother gave birth to twins. He decided there wasn't enough room for him at home, so he followed his brother into the military in 1946. He served for three years and was a part of the occupations of Japan and Germany after World War II. When he left the Army, he returned home to work in the coal mines alongside his father. Rosser's younger brother, Richard, was killed in action during the Korean War. Rosser re-enlisted out of a sense of vengeance. "...I made up my mind that you can't kill my brother and get away with it," he said.

During the war, his platoon was charged with capturing a hill from the Chinese and North Koreans. Rosser led the final assault on the hill when the company commander was injured. His unit only consisted of 35 soldiers left from the 170 they started the battle with. Rosser charged up the hill through enemy gunfire with only his M2 carbine and a single grenade. He eventually realized that all his fellow soldiers had been injured, and he was standing alone about two feet from the enemy who were standing in a trench. With a war whoop, Rosser jumped into the trench and began close-quarters combat with the enemy until he ran out of ammunition.

He headed back down the hill, gathering ammo and grenades from his fallen comrades. Then he went back up the hill. When he ran out of ammunition again, he repeated the process, reaching the summit and throwing grenades into enemy positions until his unit received the command to withdraw. By his own account, Rosser killed at least 48 enemy soldiers during the fight. Since no one was up the hill to witness his actions, he was only credited with killing "at least 13 of the enemy." After the fighting, despite being injured himself, Rosser assisted in the evacuation of soldiers who were more seriously wounded than himself while still facing enemy fire.

For his actions, he received the Congressional Medal of Honor. The citation states that his "courageous and selfless devotion to duty is worthy of emulation by all men." He remained in the Army for another 16 years, retiring as a Sergeant First Class. He hadn't intended to leave quite yet, though. Another brother of his, Gary, was killed in action during the Vietnam War. Rosser tried to get assigned to the front lines but was rejected. His commanding officer explained that it would be hard to explain if something happened to him.

In 1999, Rosser donated his Medal of Honor to the Ohio Statehouse in Columbus. He said that the nation gave it to him out of gratitude and he wanted to give it back to them. Over time his anger faded. As he got older, he said that he remembered the people he saved more than the people he killed. Rosser is survived by his daughter Pamela Rosser

Lovell, as well as a number of other relatives. There are currently 68 Medal of Honor recipients still alive today. [Source: Together We Served | September 2020 ++]

Vietnam Vets [45]

Jedh C. Barker | Saved Lives through His Heroic Actions



Marine Corps Lance Cpl. Jedh Colby Barker left behind a promising college career to join the service during the Vietnam War. He never came home, but the lives he saved through his heroic actions earned him the Medal of Honor. Barker was born on June 20, 1945, in Franklin, New Hampshire, just as World War II was ending. When he was six, his parents moved him and his five siblings to Park Ridge, New Jersey. Barker was a natural-born athlete. He was the captain of Park Ridge High School's football and baseball teams. According to the New Jersey Vietnam Veterans' Memorial Foundation, he was also on the school's track and basketball teams and belonged to the choir.

After high school, Barker went to Fairleigh Dickinson University in New Jersey before transferring to Northeast Missouri State Teachers College (now called Truman State University) in Kirksville, Missouri, to play football. By the spring of 1966, the war in Vietnam was escalating, so on 20 JUN, Barker enlisted in the Marine Corps Reserve. Service ran in Barker's family — his father and older brother made careers out of the Marines. In fact, according to the Truman Review, Jedh Barker's first name was an acronym for four men with whom his father served in World War II — John, Ezekial, Donald and Herbert.

A few months after joining the reserve, Barker was discharged so he could join the active-duty Marines. He spent a few months in training before being sent to San Francisco to join Marine Air Base Squadron 21 and serve as a group guard. In June 1967, Pfc. Barker was sent to Vietnam and reassigned as a machine gunner with Company F, 2nd Battalion, 4th Marines, 3rd Marine Division. A few months later, the young Marine would be put to the ultimate test.

On Sept. 21, 1967, Barker's company was near an area called Con Thien carrying out Operation Kingfisher, a mission meant to block the entry of North Vietnamese soldiers into Quang Tri province. Barker's squad was doing reconnaissance when they were suddenly attacked by sniper fire. They quickly got into a combat formation and moved forward until they reached a strongly fortified enemy position. That's when heavy fire opened up on them, injuring several of the Marines. Barker was one of the many who had been hit, but despite his injuries, he stayed out in the open to fire back at the enemy soldiers, who had his squad outnumbered. Realizing he was a threat to their position, the enemy then directed most of their fire toward Barker. This time, the young Marine was shot in the hand — an injury that cut off his ability to continue operating his machine gun.

Before he could react to that, a grenade flew into view and landed among the Marines. Without hesitating, Barker jumped on top of it, absorbing the blast with his body. Barker didn't die right away, though. When he came to after the blast, he crawled to a wounded comrade to give him first aid before finally succumbing to his devastating injuries. He was 22. In his final moments, Barker used the last of his strength to help a comrade instead of himself. For that devotion

to duty, he was posthumously promoted to lance corporal, and his family was notified that he had earned the nation's highest award for valor.

On Oct. 31, 1969, more than two years after his death, Barker's family accepted the Medal of Honor on behalf of the young Marine during a White House ceremony held by Vice President Spiro Agnew. Barker is buried in George Washington Memorial Cemetery in Paramus, New Jersey. His sacrifice has not been forgotten. American Legion Post 153 and a street in Park Ridge, Barker's hometown, were renamed in his honor. At Marine Corps Base Quantico in Virginia, Baker Hall stands in memory of the fallen Marine. [Source: DOD News | Katie Lange | September 21, 2020 ++]

Vietnam Vets [46]

Col. Merlyn Dethlefsen | Thai Nguyen Steel Plant Mission



Most fighter-bomber missions meant to knock out enemy defense systems during the Vietnam War only involved one fly-by — the pilots knew there were few chances of escaping enemy aircraft if you executed more than one pass. Air Force Col. Merlyn Dethlefsen knew that when he took charge of a daring raid over a North Vietnamese steel plant in 1967, but he ignored the status quo to make sure the mission was a success. For that, he earned the Medal of Honor.

Dethlefsen was born in Greenville, Iowa, on June 29, 1934. As the son of a farmer and a schoolteacher, he did well at academics, graduating with honors from high school in 1951 when he was just 16. Dethlefsen went to Iowa State University for about two years before deciding to join the Air Force in 1953. He started aviation cadet training the following year and was commissioned as an officer by the time he was 20. During his first few years in the field, Dethlefsen served as a navigator on C-124 Globemaster transports before earning his pilot's wings in 1960. Next, he served as a fighter pilot in Germany for about five years before coming back to the U.S. At some point, he met his wife, Jorja, and they had two children — a daughter and a son. Dethlefsen also returned to college to earn a business degree from the University of Nebraska, Omaha.

In October 1966, Dethlefsen was deployed to a combat squadron in Thailand to be part of the aerial fight in the Vietnam War. He was 33 and on his 78th combat mission when he earned the Medal of Honor. On March 10, 1967, then-Capt. Dethlefsen was serving with the 354th Tactical Fighter Squadron based out of Takhli Royal Thai Air Force Base. He and three other F-105 Thunderchief fighter-bomber pilots were tasked with what was known as a "wild weasel" — a pre-bombing mission of sorts to help a later, larger mission attain success. Their target was the area around the Thai Nguyen Steel Plant, a heavily defended industrial complex about 50 miles north of Hanoi in North Vietnam. The plant was important to the North Vietnamese war effort and had just been approved as a U.S. target.

The goal of the four-plane team was to suppress the complex's anti-aircraft defenses — surface-to-air missiles, anti-aircraft artillery and automatic weapons — long enough for a second strike force to destroy the plant without coming under heavy fire. Unfortunately, the enemy was ready for them. When the four two-seater aircraft got to the area, the

North Vietnamese shot down the lead plane and knocked a second out of the fight. The only missile fired at their target missed. Dethlefsen, piloting the third aircraft in line, assumed leadership of the mission. Only he, his navigator, Capt. Mike Gilroy, and one other F-105 were left to carry out the plan.

On the duo's first pass at the target, they were hit with ground fire and then by a MiG-21, a Russian-designed fighter jet flown by the enemy. It was rare for pilots then to make more than one pass — if you wanted to live, you got out of the enemy's range quickly, but Dethlefsen knew the mission would fail if he didn't keep trying. So, he studied the pattern of the explosives, known as flak, launched by the enemy. "It wasn't a matter of being able to avoid the flak, but of finding the least-intense areas," Dethlefsen later said. At some point, another MiG hit Dethlefsen and Gilroy. It was common for pilots to drop all their ordnance when MiG's attacked, but Dethlefsen kept his, knowing he would need it. He then led the two planes on a few more close-range passes that damaged two surface-to-air missile sites. The strikes helped to protect the fighter bombers that were to follow them, as well as another sortie scheduled for the next day. Thanks to Dethlefsen's dedication, the mission succeeded in reducing the enemy's ability to provide essential war materials.

"All I did was the job I was sent to do," Dethlefsen later said. "It had been quite a while since we had been able to go into the Hanoi area, so while the weather held, we were able to do some pretty good work." Dethlefsen's plane was so badly damaged that it couldn't make the 500-mile trip back to their home base. Instead, he landed at Udorn Royal Thai Air Force Base, where the aircraft was patched up. Dethlefsen and Gilroy flew home the next day. Later in life, Gilroy described Dethlefsen as "taciturn, a born-again Christian, and not at all the typical fighter pilot," saying he wasn't exactly a fun guy. But none of that mattered — his serious demeanor was critical to the cause.

After his deployment, Dethlefsen returned to the U.S. and served as an instructor pilot at Vance Air Force Base in Oklahoma. Within months, he learned that he had earned the Medal of Honor for his courage during the steel plant mission. On Feb. 1, 1968, President Lyndon B. Johnson presented the medal to then-Maj. Dethlefsen during a ceremony at the White House. Dethlefsen got his Master's degree in psychology from Troy State University, Alabama, in 1972 but remained in the Air Force, serving in various positions until July 1977 when he retired as a colonel. According to the Enid News and Eagle, a newspaper out of Enid, Oklahoma, his family settled in Fort Worth, Texas, where he ran a small medical equipment business. Unfortunately, he only got to enjoy civilian life for about a decade. Dethlefsen died on Dec. 14, 1987, at the age of 53. He is buried in Arlington National Cemetery. [Source: DOD News | Katie Lange | October 5, 2020 ++]

Veterans Day

2020 Discounts & Freebies

Veterans Day 2020 is on Wednesday, Nov. 11th, 2020. This Veterans Day discounts list will continue to be updated as VA learns of more nationally available Veterans Day discounts, meals or other ways businesses and organizations want to give back to Veterans. These Veterans Day discounts, free meals and other programs are being shared so that Veterans, their families, caregivers, and survivors are aware of all resources available to them. Due to COVID-19, some organizations are now offering discounts to Veterans all the time instead of their regular Veterans Day discounts. These adjustments help Veterans take advantage of the discounts offered while avoiding the usual Veterans Day crowds. A new section at the bottom of this story will list all the year-round Veterans discounts. To view the list refer to the attachment to this Bulletin titled "Veterans Day 2020 Discounts". The list is subdivided into the following 3 sections:

- Veterans Day discounts and meals at restaurants
- Veterans Day Discounts on activities
- Year-round Veterans Discounts

Note: The sharing of any non-VA information does not constitute an endorsement of products and services on part of VA. Verify information with the organization offering. [Source: Vantage Point | Beth Lamb | October 27, 2020 ++]

Military Retirees & Veterans Events Schedule

As of 31 OCT 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\vetterans related websites and resources.

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

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

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

Vet Hiring Fairs

Scheduled As of 31 OCT 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. To participate, sign up for the workshop in addition to registering (if indicated) for the hiring fairs which are shown on the Hiring Our Heroes website <https://www.hiringourheroes.org> for the next month. For details of each you should click on the city next to the date 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 some 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 | October 31, 2020 ++]

Veteran State Benefits

Texas 2020

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

- Veteran Housing Programs
- Financial Assistance
- Employment
- Education
- Recreation
- Other

[Source: <https://www.tvc.texas.gov>, <http://www.military.com/benefits/veteran-state-benefits/texas-state-veterans-benefits.html> & <https://veterans.portal.texas.gov> | OCT 2020 ++]

*** Vet Legislation ***



DIC

Update 12: H.R.8559 | S. 4594 Surviving Families Benefit Expansion Act

Congresswoman Jahana Hayes (CT-05) introduced the **Surviving Families Benefit Expansion Act**, legislation to better support veteran families in Connecticut and across the country. This bill would expand monthly Dependency and Indemnity Compensation (DIC) benefits from the Veterans Administration (VA) to more surviving spouses and family members. Rep. Hayes was joined by Reps. T.J. Cox (D-CA), Rodney Davis (R-IL), Brian Fitzpatrick (R-PA), Derek Kilmer (D-WA), John Larson (D-CT), and Susan Wild (D-PA) as original cosponsors. The Senate companion to this bill, S. 4594, was introduced by Senator Jon Tester, Ranking Member of the Senate Veterans' Affairs Committee.

"The death of a service member should never lead a family to financial hardship," said Congresswoman Jahana Hayes. "This legislation will expand VA Dependency and Indemnity Compensation (DIC) benefits to more surviving spouses and family members by updating policies and broadening eligibility for benefits. Surviving families in Connecticut rely on Department of Veterans Affairs benefits. We owe it to the brave men and women in uniform who put their lives on the line for our country to take care of their families and ensure the benefits they have earned adequately support their families. This legislation will reinforce that need by improving and expanding these benefits."

The Surviving Families Benefit Expansion Act is cosponsored by American Legion, AMVETS, DAV, Gold Star Wives of America, Military Officers Association of America Paralyzed Veterans of America, Tragedy Assistance Program for Survivors, Veterans of Foreign Wars, and Wounded Warrior Project.

- "The Surviving Families Benefit Expansion Act would help fulfill this country's responsibility to care for the survivors of many totally disabled veterans," said Heather Ansley, Associate Executive Director for Government Relations at Paralyzed Veterans of America.
- "The rate of compensation paid to survivors is outdated and unfairly penalizes spouses who remarry," said AMVETS National Commander Jan Brown. "Our nation's policies should not stand in their way for a second chance at love and building a family. The Surviving Families Benefit Expansion Act, introduced by Representative Hayes, is a step in the right direction for those families who have paid the ultimate price."
- "The Military Officers Association of America supports this important incremental step to improve survivor's benefits by reducing the remarriage penalty from age 57 to 55, and easing the 10 year rule to 5 years for DIC eligibility for severely disabled veterans," said MOAA Director Mark Belinsky. "MOAA looks forward to continued progress on DIC improvement and remains committed to support our survivor community".
- "The Tragedy Assistance Program for Survivors (TAPS) thanks Congresswoman Jahana Hayes for introducing the "Surviving Families Benefit Expansion Act," which enables eligible surviving spouses to retain Dependency and Indemnity Compensation (DIC) upon remarriage at age 55, instead of the current age of 57. TAPS has consistently called on Congress to eliminate remarriage penalties on surviving spouses and we look forward to the passage of this important bill," said Bonnie Carroll, TAPS President and Founder.
- "The VFW supports this important legislation, which would permit surviving spouses to retain Dependency and Indemnity Compensation (DIC) upon remarriage at 55, and would make survivors eligible for DIC after a veteran has consistently held a total disability rating for five years," said Veterans of Foreign Wars (VFW) Deputy Director Matthew Doyle. "The VFW thanks Representative Hayes for her efforts to expand DIC benefits for survivors who remarry at a younger age and whose spouses were ill for a shorter period of time."
- "Representative Hayes has long been a champion for the Gold Star Wives," said Nancy Menagh, President of the Gold Star Wives of America, Inc. "At the beginning of the 116th Congress, Congresswoman Hayes introduced legislation that would increase benefits for surviving spouses; and with the introduction of this legislation, she is ensuring that the benefits that were earned through the sacrifices of our loved ones are

realized by the families left behind. Today’s legislation will continue this strong tradition of supporting Gold Star families. We are proud to support this legislative effort.”

- “The American Legion is proud to support legislation that will secure the well-earned benefits for surviving family members of veterans who lost their lives as a result of their service,” said National Commander for The American Legion James W. “Bill” Oxford. “The significant sacrifices that have been made by surviving family members should not be curtailed as a result of arbitrary limitations. The American Legion will continue to work on behalf of survivors and families and ensure proper care and benefits are extended.”
- “When disabled veterans sadly pass away, their surviving spouses depend on DIC payments to meet their basic needs.” said Jose Ramos, WWP Vice President for Government and Community Relations. “Wounded Warrior Project is proud to support this legislation which makes significant improvements to the DIC program, and we thank Representative Hayes for her commitment to the well-being of veterans’ survivors.”
- “One of the most important ways we honor our fallen service members is by providing appropriate support for their survivors,” said DAV National Commander Stephen “Butch” Whitehead. “We are pleased to support this legislation that would help their loved ones gain and retain the benefits their veteran earned in service. We thank Rep. Hayes for her dedication to honoring America’s veterans, and to caring for their families.”

The Surviving Families Benefit Expansion Act would expand the distribution of DIC benefits to military surviving families through the following provisions:

- Enabling eligible surviving spouses to retain DIC upon remarriage at age 55, instead of the current age of 57; and
- Reducing the time frame a veteran needs to be rated totally disabled from 10 to 5 years, allowing more survivors to become eligible for DIC benefits.

This legislation builds upon Rep. Hayes’ H.R. 3221, the Dependency and Indemnity Compensation Improvement Act, which would increase the benefit DIC recipients receive from 43% to 55% of a single 100% disabled veteran’s compensation. This increase would amount to an approximate monthly increase of \$300 per recipient. [Source: Press Release | Jahana Hayes | October 8, 2020 ++]

Vet Suicide

Update 51: S.785 | The John Scott Hannon Act Signed Into Law

President Donald Trump signed a bill into law 17 OCT that contains dozens of methods to prevent suicide among veterans, including measures to boost mental health research and staffing at the Department of Veterans Affairs and establish a multimillion-dollar grant program for state and local groups. Sens. Jerry Moran (R-KS) and Jon Tester (D-MT), leaders of the Senate Veterans’ Affairs Committee, said the bipartisan bill had the potential to reform mental health care at the VA and improve veterans’ access to lifesaving mental health services. “This new law combines the best ideas from veterans, veteran’s service organizations, the VA, and mental health care advocates to deliver innovative solutions that’ll help heal invisible wounds of war through increased access to care, alternate therapies and local treatment options,” Tester said in a statement.

Most notably, the bill will offer up to \$174 million during the next five years to state and local groups that provide suicide-prevention services to veterans and their families. Lawmakers believe the program will create better collaboration between the organizations and the VA. They think the partnership will result in earlier identification of veterans who are at risk of suicide, giving mental health providers more time to intervene. The bill is called the **Commander John Scott Hannon Veterans Mental Health Care Improvement Act (S.785)**, named for a retired Navy commander who died by suicide in 2018 at age 46.

The legislation comes at a particularly dire time, as experts speculate the ongoing coronavirus pandemic is worsening mental health problems across the country. Last week, Gen. James C. McConville, the Army's chief of staff, said the pandemic was taking a toll on the mental health of soldiers and could be a factor in this year's increase in suicides in the service. Suicide among veterans is disproportionately higher than the rest of the U.S. population, with an estimated 20 veterans dying by suicide each day, according to VA data. "Many of our veterans are suffering from daunting, sometimes overwhelming mental health challenges, that have only been made worse by this pandemic," Moran said in a statement. They lack "access to modern, effective and compassionate mental health care and suicide prevention services." Moran said the new law would improve suicide prevention research, services and programs. "This is a significant day for veterans," he said.

The new law requires the VA to establish a plan for boosting its mental health staff and creates a scholarship program to increase staff at Vet Centers. It mandates the VA to research hyperbaric oxygen therapy as a possible treatment for mental illness, as well as the possibility that living at high altitudes increases suicide risk. The law also orders the Government Accountability Office and the VA Office of Inspector General to initiate investigations into a host of issues, including one on the VA mental health workforce and others on VA Vet Centers and the effectiveness of the agency's suicide-prevention outreach.

After months of negotiations, the legislation passed through Congress with the support of Democrats and Republicans. During negotiations, a measure was omitted that would have addressed firearm safety as a method of suicide prevention. The provision would've directed the VA to train health care workers to talk with suicidal patients about the dangers of having easy access to guns and how to safely store them. According to the latest VA data, firearms are used in nearly 70 percent of veteran suicides.

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In addition to the Commander John Scott Hannon Act, Trump on Saturday signed into law the **National Suicide Hotline Designation Act of 2020 (S.2661)**. The new law designates 9-8-8 as the universal phone number for mental health emergencies. Multiple suicide prevention hotlines will be united under the 9-8-8 number within the next two years. Until then, veterans can still reach the Veterans Crisis Line at 800-273-8255, and then press 1, or via text at 838255. Rep. Seth Moulton (D-MA), a Marine Corps veteran, was one of the lawmakers to lead the legislation through Congress. "It is a national step forward out of the shadows of stigma that prevent too many people from getting help and into a new era when mental health care is easy to get and normal to talk about," Moulton said in a statement. "This is a win for every American who has been affected by mental illness." [Source: Stars & Stripes | Nikki Wentling | October 19, 2020 ++]

Military Child Caregivers

Update 01: S.4842 | Military Family Au Pairs Admission to U.S

Sen. Tammy Duckworth (D-IL) **introduced S.4842** aimed at helping military families with childcare by providing certain visa exemptions for au pairs (i.e. a young foreign person who cares for children and does domestic work for a family in return for room and board and the opportunity to learn the family's language) providing care to military kids during the pandemic. The legislation would specifically expand J-1 visa exemptions for the au pairs. Before the pandemic gripped the world, the Pentagon released a report that showed the Defense Department couldn't meet the demand for military family childcare -- able to accommodate about 78% of demand overall. Duckworth characterized it as a "childcare accessibility crisis" for military families.

Duckworth accused President Donald Trump of "exacerbating the problem" with a proclamation in June that barred entry into the United States for au pair cultural exchange visitors through 2020. About 10% of au pairs currently serve military families, according to a news release from the senator's office. "For most military families, accessible childcare

isn't a luxury – it's a necessity," Duckworth said in a statement on 21 OCT. "I'm introducing this legislation today to help increase childcare accessibility because childcare decisions should not harm our nation's military readiness."

Duckworth's bill would prevent the U.S. government from suspending J-1 visas for au pairs working to provide childcare for military families during the pandemic, allow the Department of Homeland Security to deny admission for au pairs on a case-by-case basis to address any national security concerns and would require Homeland Security to provide written justifications for those denials. The National Military Family Association (NMFA), Blue Star Families, Military Child Education Coalition (MCEC), the Armed Services YMCA and the Military Officers Association (MOAA) all signed on in support of the bill, Duckworth said.

"Since the J-1 visa ban went into effect, the National Military Family Association (NMFA) has heard from military families all over the country worried about how their families can serve without the flexible, in-home child care they need," the organization said in a statement. "NMFA is grateful to Senator Duckworth for her support for our military families and we hope for a quick resolution so that our military can stay focused on their mission knowing their children are in good hands [Source: ConnctingVets.com | Abbie Bennett | October 21, 2020 ++]

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>.

*** Military ***



Military Low-Income Stipend

Advocates Renew Push to Feed Military Families



A provision in the House's fiscal 2021 defense policy bill would give some service members an additional allowance to cover the cost of food and other basic needs -- a stipend advocacy groups say is needed to relieve financial and psychological strain on young military families. But to become law, the measure must be agreed to by the Senate, where it faces the same challenges it endured last year before it was dropped, including a fiscally conservative Republican-led negotiating body and reluctant White House.

Still, advocates and House lawmakers from both sides of the aisle said 14 OCT they are more optimistic about passage of the measure, which would give an additional monthly allowance to service members whose gross household income does not exceed 130% of the federal poverty guidelines. Among the reasons for their hope: a tweak to the proposal that would take the application process out of the chain of command and make it incumbent on the Defense Finance and Accounting System to notify troops of their eligibility and require service members to furnish information on any spouse employment to receive the stipend. Service members also could opt out of the effort.

Advocacy groups concede there is little data on the extent of food insecurity among military families, but say they know troops often rely on food banks located near their duty stations. "The Pentagon says that, when you compare the pay and benefits counterparts in the private sector, it's more than fair. But the fact that we have food pantries that are serving military families across the country says otherwise," said Josh Protas, vice president for public policy at MAZON: A Jewish Response to Hunger. The proposed stipend would be equal to 130% of the federal poverty guidelines minus the service member's gross income (not counting any allowances) divided by 12. For an E-4 with several years in the military, a spouse and two children, this would equate to roughly \$250 extra a month.

For military wife Bianca Strzalkowski that funding would have gone far to help feed her family of five, including husband Ron, a now-retired Marine gunnery sergeant, and three boys. As newlyweds at Camp Lejeune, North Carolina, Bianca earned a substantial income, and the couple "built their lives on the budget of two incomes." But after receiving orders to Yuma, Arizona, she struggled to find a commensurate job that would cover the cost of child care. "We quickly spiraled into a sad, and what I would [call] shameful, time as he was a sergeant in the Marine Corps," she said.

They turned to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program and a food bank, where they received recently expired food from grocery stores. They occasionally ate military-issued Meals, Ready to Eat, she said. "While he was deployed to places like Iraq, Afghanistan and the Horn of Africa, we were unsure truly how we were going to make ends meet, pay our bills and feed our family on a continuous basis," Strzalkowski said. She added that she only just now is speaking about her experience because her husband retired in 2018. "The external message [in the military] is, you should seek help, but there is an unspoken code in the military to not talk out loud," she said.

Protas said that one in eight military families faces food insecurity, compared with one in 10 families in the general U.S. population. A 2016 Government Accountability Office report found that more than 23,000 active-duty troops used the Supplemental Nutrition Assistance Program (SNAP), once known as food stamps, in 2013. "One of the challenges has been that there is a lack of data on the issue. There hasn't been a lot of official data gathered by DoD," Protas said. "DoD has been reluctant to gather this data or has been asking the wrong questions. For example, in the Quadrennial Review of Military Compensation, they're just looking at how many military families actually participate in SNAP. But they're not asking how many struggle and can't get the help they need."

Last year, Office of Budget and Management officials objected to the measure when it was included in the House version of the defense bill, saying that service members "receive appropriate compensation" and "most junior enlisted members receive pay that is between the 95th and 99th percentiles relative to their private-sector peers." Rep. Susan Davis (D-CA) and Rep. Don Young (R-AK) said the issue is more important than ever, given the strain of the COVID-19 pandemic on military families. "This is something we have the power to change. We have already enacted many programs during COVID that have helped prevent Americans from going hungry," Davis said. "This is all about kids, and military kids should not have barriers to access food." Young agreed. "We have people serving in the military who are not getting fed," he said. "Our job is to make sure they have food on their tables so they can do their duty and their mission. As an ex-military person, I was never hungry because I was by myself. But these people with a family, the members of the family, they need the food."

The process for negotiating the House and Senate versions of the defense bill has yet to begin, with neither chamber naming the members who will serve on the conference committee. The measures are expected to come up after the

November election. The conference already is expected to be contentious, as both versions contain provisions to rename military bases that honor Confederate officers. President Donald Trump has said he would veto any bill that contained such a measure. [Source: Military.com | Patricia Kime | October 15, 2020 ++]

Military Tattoo Criteria

Update 13: Nellis AFB Opens First Shop

No matter if you've been in for two months, two years or you are two generations removed from the military, everyone knows that tattoos and the service go hand in hand. Ever since the first tattoo shop opened its doors in America in 1846, ink has had a well-deserved place in the hearts and on the skin of service members. Of course, tattooing didn't get its start in America. Warriors from Maori tribes in New Zealand, to ancient Greeks, marked themselves to show strength, courage and confidence. Viking raiders tapped magical symbols into their skin using the ink made from sacrificial animals.

Even service members in the Revolutionary War were getting new ink to reflect their units and identities (not to mention to prevent being illegally conscripted by the British). During the Civil War, pioneer tattooist Martin Hildebrandt traveled to battlefields and inked various patriotic designs into service members' skin. Records show that by 1925, as much as 90 percent of all US service members were tattooed; the Navy made up the bulk of those decorated. Apparently, sailors used new tattoos to showcase where they'd been, as a sort of secondary service record, and to showcase their achievements. For example, a shellback turtle meant they'd crossed the equator, a golden dragon meant they crossed the International Date Line, and a golden shellback turtle meant they'd crossed both at the same spot.

But for as much as there's always been ink in the military, there have also been regulations. It seems like every few years, some leadership gets it in mind that a new tattoo policy is in order. For years, there was a limit to the number of tattoos soldiers could have on their arms, but that's no longer the case. However, the Army still doesn't allow face, neck or hand tattoos, though a small ring tattoo can exist on each hand. As with all branches, there are always a few waivers that are granted by recruiters each year if it seems like a tattoo isn't too distracting. Just like the Army, the Air Force is revisiting some of its strict tattoo policies and lessening the regulations a bit. Before 2017, Airmen weren't allowed to have tattoos on the chest, back, arms and legs that were larger than 25 percent of the exposed body part. Now, they're allowed to have full sleeves or large back pieces, which is a big deal for anyone who's been stuck halfway through getting a tattoo only to have to stop because of regulations.

So it goes without saying that getting a tattoo is as much a rite of passage in the military as is getting that first haircut in basic training. Of course, barbershops have been embedded at installations worldwide for decades, but for new ink, service members have always had to go off base. That's led plenty of people to wonder why there isn't a place to get new ink and a fresh fade all at the same place. Now, that's no longer the case. Nellis Air Force Base, located just outside Las Vegas, now has its own tattoo shop, making it that much easier to get a new tattoo. Senior leadership at Nellis said in a press release that they're always looking for ways to improve the quality of life for Airmen and to lead from the front. So naturally, an on-base tattoo shop makes sense.

This is the first tattoo shop to be inside any Air Force or Army installation, making it incredibly unique. Now, we can't speak to the quality of work you might receive there, but it's still pretty cool that leadership is finally recognizing that there's a very real, inky culture within the military and are taking steps to provide that service. Maybe the decision to open the tattoo shop on base is a signal that leadership hopes artists and the Airmen can better handle the Air Force guidance on tattoo size and placement. Of course, that's not to say whether or not the tattoos will be any good, but at least they'll be within regs. [Source: We Are the Mighty | Jessica Evans | October 13, 2020 ++]

Army Emergency Relief

Update 04: 2020 Loans Converted to Grants for 1,000 Families

More than 1,000 soldiers and Army families who received loans this year from Army Emergency Relief are about to get a windfall, as the nonprofit forgives those debts, converting them instead to grants. AER, which provides no-interest loans and grants to qualifying families, early this year expanded its assistance categories to cover COVID-19-related money emergencies. It also expanded the number of people who qualify for the assistance to include an additional 28,000 Guard and reservists activated for COVID-19 response, and their families.

Typically, AER is available to active-duty soldiers and their families, as well as Army retirees; widows and orphans of soldiers who died on active duty or after retirement; medical retirees and their families; and members of the Guard and reserve who have been activated for more than 30 days. The expansion now covers Army National Guard and reservists for activations shorter than 30 days.

Now, officials with the program said they are individually reviewing all of the loans given this year -- about 13,000 loans worth about \$23 million -- and forgiving those made in response to the "unique challenges" of 2020, said retired Lt. Gen. Ray Mason, AER director in a statement. Officials estimate the process will forgive about \$1 million worth of debts. "Our goal is to identify loans issued in response to some of the unique challenges we've faced this year, and eliminate the requirement of payback on those loans," he said. "In doing so, we believe we will convert \$1 million in loans to grants and potentially change the financial future for more than 1,000 Soldiers and their families."

Like loans from the other military services' relief organizations, AER's are typically repaid through military paycheck allotments. The organization this year has already given out 4,000 grants worth about \$5 million, Mason said, and \$23 million in loans. The bulk of that money is raised through donations from other Army families through an annual giving campaign. Soldiers and Army families cannot apply for 2020 AER loan forgiveness, Mason said. Instead, those with approved debts will be contacted individually. [Source: Military.com | Amy Bushatz | October 3, 2020 ++]

Navy Terminology, Jargon & Slang

'Pilot' thru 'Pitch'

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

Pilot - (RN) The navigating officer.

Pinkers - (UK) Gin or gin and water/tonic to which has been added angostura bitters.

Pinkie - A landing occurring at first or last light which is generally counted as a night landing (night landings are logged separately).

Ping – (1) To transmit on active sonar, or the sound or signal made by same. (2) (RM) To recognize someone or something. (3) To bounce or wander around aimlessly.

Ping Jockey – Sonar operator.

Pintle – The pins upon which a ship's rudder hangs.

Pipe Down – Originally, a call on a boatswain's whistle sending the crew below. It has come to mean "be quiet."

Piping Aboard – A ceremony where the arrival of a senior officer is signified by the blowing of a BOSUN'S WHISTLE.

Piping Hot – Originally, meals were announced aboard ship by piping (blowing a call on the boatswain's pipe). If a meal is piping hot, it has just been served and is therefore hot.

Piping TAB - On submarines, a book that has all the systems drawn out. Used as a study guide. TAB stands for Training Aid Booklet, and actually there are two, one for piping systems and one for electrical systems. The systems bibles. Aka 'The Mickey Mouse Book'.

Piss – (RAN, RNZN) Beer.

Piss Ant – Yard worker. See also Sandcrab.

Pisscutter – Garrison cap.

Pissed – (1) (US) Angry. (2) (UK) Drunk.

Pissing Contest – A behavior similar to that displayed by two male dogs when they meet. A heated argument.

Pistol – (1) (Aviation) An aircraft gun, whether built-in or carried in a pod. (2) In older usage, refers to the exploder/detonator of a bomb or torpedo.

Pit – (1) (Aviation) The back seat of a two-seat aircraft. Where the GIB sits. (2) (RN/RCN/RAN) Rack (bed).

Pitch – Dynamic movement of a ship or aircraft about a transverse axis, i.e. when bow or nose moves up and down. See also TRIM.

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

*** Military History ***



WWI Red Baron Death

Manfred Albrecht Freiherr von Richthofen's Career

Manfred Albrecht Freiherr von Richthofen was born into an aristocratic Prussian family in Breslau in 1892. Son of Major Albrecht Philipp Karl Julius Freiherr von Richthofen, his education was in a succession of military schools and

academies. An excellent athlete and horseman, he was commissioned in the First Regiment of the Uhlans Kaiser Alexander III in 1911. After the war started in 1914 served on both the western and eastern fronts as a Cavalry Officer.

In 1915 he transferred to the Imperial German Army Air Service (Luftstreitkräfte). He studied aerial tactics under the master German strategist, Hauptman Oswald Boelcke, flying his first combat mission after less than thirty hours of flight instruction. In spite of an indifferent start as a fighter pilot, he nonetheless was invited to join Boelcke's Jagdstaffel 2 squadron and soon excelled in combat following the Boelcke Dicta, which included approaching his enemy from above with the sun behind him, firing only at close range, always keeping his eyes on his target, and attacking in a group of four to six planes. With the beginning of 1917, he had 16 confirmed kills, had been awarded Germany's highest military decoration, Pour le Merite, and was commander of a squadron, Jasta 11, of elite fighter pilots.



In April 1917 alone, he downed 22 British planes. Flying a series of Albatros aircraft, his vanity led him to have each painted red. As the German 'Freiherr' was translated into English as 'Baron,' it was but a short time until he was known to the world as 'The Red Baron.' His squadron was combined with three others to form Jagdgeschwader 1, which was widely feared as The Flying Circus. His younger brother, Lothar, was also a fighter pilot but far more daring than Manfred. Lothar had 40 confirmed kills and, ironically, survived the war.

In July 1917, The Red Baron crashed in Belgium after being attacked by Captain Donald Cunnell of The Royal Flying Corps, sustaining a severe head injury, likely a skull fracture. In spite of blurred consciousness and visual compromise, he had managed to land his plane. Over several months he flew occasionally and had several operations to remove bone splinters from his head wound. He suffered headaches and a distinct change in his personality, which persisted until his death. Against medical advice, he returned to regular flying with his group in October of 1917, downing 18 planes until his death six months later. At the time of his death, he had downed 80 planes in all. He was the leading air ace of WW-I, followed by Rene Fonck of France with 75 confirmed kills and Billy Bishop of Canada with 72. Both Fonck and Bishop lived on long after the war, each dying in the 1950s.

Von Richthofen met his end on April 21, 1918, in somewhat unusual circumstances. While pursuing a Canadian pilot with little experience and at a very low altitude (Lieutenant Wilfrid May), he was chased away by a seasoned Canadian pilot (Captain Arthur Brown) who dived steeply and fired at him before climbing to avoid crashing into the ground. The Baron resumed his pursuit of May but shortly, facing concentrated fire from Australian troops on the ground, he made a rough landing in a field near The Somme River. The soldiers, who had fired on his plane from the ground, got to his wrecked red Fokker triplane quickly and may or may not have heard his last words, which, allegedly, included the word kaput. Exact accounts of damage to his plane by gunfire - before it was dismantled by soldiers seeking souvenirs - are not to be found.

His body was taken to an Australian Flying Corps hangar at Poulainville, washed by a corpsman, and shortly examined by at least four medical officers. The body was not opened. An entrance wound and an exit wound were superficially identified and probed with a fence wire. Subsequent reports by two of these men - one a colonel and the other a captain - are not congruent. The most plausible conclusion of the several viewings of his body, immediately and a bit later, suggest that a single bullet entered von Richthofen's right lateral chest, passed through his right lung and heart, and exited through his left chest. Before the red Fokker airplane was scavenged, some thought that a single

bullet hole on the right side of the cockpit lined up with his chest entry and exit wounds. His body was buried on April 22 in a village churchyard near Amiens, France, after a military funeral conducted by Commonwealth forces.

The myths and mystique associated with Manfred von Richthofen and his death resulted in immediate and continuing fascination by the press and other media. Captain Arthur Brown received a bar to his Distinguished Flying Cross but not the Victoria Cross, earlier allegedly promised by Britain for the man who killed The Red Baron. In spite of many claimants, no Australian soldier received any decoration for causing von Richthofen's end. The best scenario for the death of von Richthofen gives credit to Sergeant Cedric Popkin of the 24th Machine Gun Company of the First Australian Imperial Force, who fired his Vickers machine gun at the red Fokker DR1 triplane as it banked to the left and fled to avoid fire from Lewis guns manned by Robert Buie and Snowy Evans. It can be assumed that the flying skills of The Red Baron were quite intact on April 21 for he had downed two enemy planes just the day before.

There was no glamour in trench warfare and precious few heroes. By contrast, aerial warfare was the stuff of gallant knights of the air dueling in single combat far above the mud, misery, and mortality of the trenches far below them. That Baron von Richthofen was almost surely brought to his death barely above these trenches by a plucky Australian machine gunner remains a great irony of The Great War. [Source: Together We Served | October 2020 ++]

Battle of Manila Bay

One of Navy's Most Stunning Victories Had a Breakfast Break



America's first great military debut on the international stage took place in 1898 when it launched a war against Spain. No longer was the U.S. military limited largely to the American continent. The new Navy, pushed forward by its new Assistant Secretary Theodore Roosevelt, would not only fight in both oceans, it would win decisively. And, at the point of its first and greatest victory in the Spanish-American War, a Navy commodore took a quick break for breakfast while slaughtering Spain. And we don't mean a few sailors were sent below decks at a time for food. We mean the entire fleet disengaged, everyone had breakfast, and then came back to finish the shellacking.

The buildup to war centered around control of Cuba, a Spanish colony that desired independence. Americans, meanwhile, were split on the issue. Some wanted Cuban independence, some hoped for a Cuban state, but almost everyone agreed that Spain should screw off. But there was tension between the hawks and the pacifists in the country. Not everyone thought it was a good idea to risk a war with Spain, a major European power. So, as a half measure, the USS Maine was sent to Havana Harbor to safeguard Americans and American interests during the struggles between

rebels and Spain. But on February 16, 1898, the Maine suddenly exploded in the harbor. Investigations in the 20th century would find that the explosion was most likely caused by a bad design. A coal bunker had exploded, an event which occurred spontaneously in other ships of similar design. But the conclusion of investigators at the time was that the explosion was caused by a mine, and the implication was that Spain planted it.

America, already primed for conflict, declared war. And Roosevelt got his man Dewey the orders to take two heavy cruisers, three light cruisers, and a gunboat to the Philippines to strike the first blow. The Spanish Admiral Patricio Montojo had a large fleet in the Philippines with 13 ships, but they were old and outdated. The armor was thin at key points, many of the guns were too small to do serious damage against newer battleships and cruisers like America's, and they were tough to conduct damage control on, so fires could easily rage once started. Montojo knew that the Americans would likely come for him, and he also knew that his fleet would struggle against the newer U.S. ships, so he decided to place his own vessels under the protection of shore batteries.

He sailed to Subic Bay where modern shore batteries were supposed to have been recently completed. But when he arrived, he found that not a gun was erected. Because of the constant fighting with Filipino rebels, the engineers had been unable to build the important defenses. Montojo sprinted to Manila Bay where his men could be more easily rescued and ships more easily salvaged if lost, but he deployed his ships far from the city and in a shallow part of the harbor where his men could easily swim to shore if sunk, but also putting most of his ships out of range of the shore guns' protection.

During the early hours of 1 MAY, Dewey sailed into the harbor with his six ships in a battle line. He initiated the attack, and American ship after American ship paraded past and launched shells into the ineffective Spanish ships. Dewey turned back for another pass, and the ships repeated their process. Dewey and the Asiatic fleet kept this up for hours. They were like a saw ripping into the Spanish fleet but with cruisers for teeth instead of shards of metal. But around 7:35, Commodore Dewey received a message that the 5" guns had only 15 rounds remaining per gun. Dewey knew that his gunners would need time to re-arm, and there was no point to doing it while under threat of the Spanish guns. So he took a look at the time, and ordered the fleet to withdraw. While this would later be reported as a withdrawal for breakfast, that wasn't the initial intent. As Dewey would later write:

It was a most anxious moment for me. So far as I could see, the Spanish squadron was as intact as ours. I had reason to believe that their supply of ammunition was as ample as ours was limited. Therefore, I decided to withdraw temporarily from action for a redistribution of ammunition if necessary. For I knew that fifteen rounds of 5-inch ammunition could be shot away in five minutes.

But during this withdrawal, Dewey learned two pieces of joyous news:

But even as we were steaming out of range the distress of the Spanish ships became evident. Some of them were perceived to be on fire and others were seeking protection behind Cavite Point... It was clear that we did not need a very large supply of ammunition to finish our morning's task; and happily it was found that the report about the Olympia's 5-inch ammunition had been incorrectly transmitted. It was that fifteen rounds had been fired per gun, not that only fifteen rounds remained.

So Dewey suddenly realized that, first, he had the upper hand in the fight and, second, his men didn't actually need to redistribute ammo. So, he ordered his men to take a break and get a bite to eat. Meanwhile, he called his captains together and learned that no ship had serious damage or fatalities to report. (One man would later die of either heatstroke or heart attack.) So, after his men ate, Dewey returned to the attack and hit the city of Manila, quickly forcing its surrender. But he would have to wait for Army forces to arrive to actually hold it. It was the opening days of America's first great overseas war, and the Spanish fleet was already in tatters, and the U.S. Navy was already a hero. [Source: We Are*The Mighty | Logan Nye | October 22, 2020 ++]

First Asian Marine Corps Officer

Chew-Een Lee's Korean Exploits



Lt. Kurt Chew Ee Lee (left) in Korea 1950, Marines (center) at the Battle of the Chosin Reservoir, and Lee (right) being honored in a parade later in life

There were few military officers that could shout a command like Chew-Een Lee. As the first Asian Marine Corps officer, he had an uncanny dedication to the Corps, its traditions and its combat effectiveness. As a former NCO, he could bark orders that would force everyone to follow. Lee, a native Chinese speaker, was only 15 years old when the Japanese attacked Pearl Harbor in 1941. As a Junior Reserve Officers Training Corps (JROTC) student, he was understandably eager to get to the fight. He would finish high school by 1944 and immediately enlist. Rather than be sent to the front, he was held stateside and instructed to learn Japanese but would not see action in that war.

He was promoted to Sergeant and, as World War II ended, sent to officer training. When he graduated from Marine Corps officer training, he was the first nonwhite Marine officer and the first USMC Officer of Asian descent. His language ability would prove useful in the next war. This time, the Marines were going to the Korean Peninsula -- and Chew-Een Lee was going with them. Throughout the Korean War, Lee would display his bravado and dedication to his men. Before he could even ship out, he told friends he didn't expect to come home and that he wanted his death to be "honorable" and "spectacular."

Lee's exploits with the 1st Battalion, 7th Marines are somewhat legendary, even among the many incredible stories of the Korean War. He and his unit landed at Inchon to turn the tide of the war in 1950 and expel the Communists from the South. They would soon be expelled from the North by an unexpected turn of events. In October 1950, China shocked the United Nations forces by crossing the Yalu River into Korea and intervening on the side of the North Koreans. The Chinese counterattack caught everyone by surprise, including Lee and his Marines. On Nov. 2, 1950, the Chinese hit Lee and the 1/7 Marines as they slept during the midnight hour. With his entire force pinned down and unable to move or shoot back, Lee made a daring one-man attack on the Chinese positions.

Running up to their guns identifying himself in Mandarin Chinese, he began lighting up enemy foxholes with grenades that revealed their positions. Once the Marines saw the muzzle flashes, they knew where to shoot and could hit the enemy back. As the Marines advanced on the attacking enemy, Lt. Lee began to bark orders to the enemy soldiers, who quickly became confused and disorganized in their retreat allowing the Marines to counterattack further and faster. Lee was wounded during the bold attack. The next day, he was shot by a sniper and the combination of injuries forced the Marines to send him to the rear for medical treatment. With his arm in a sling and unconscious, Lee was unable to fight the decision. Once he woke up, however, all bets were off.

Although he was about to be sent to Japan for further treatment, Lee decided his place was with his men. He "liberated" a jeep from the field hospital with another Marine and drove it to the front. It ran out of gas ten miles away from his unit, and the two men walked the rest of the way. He would get back to 1/7 Marines in time to fight off a huge Chinese counterattack at the Chosin Reservoir, with the Marines outnumbered 6-to-1. Though forced to retreat from North Korea, the Marines would inflict heavy casualties on the Chinese, knocking 12 infantry divisions out of the war. Chew-Een Lee fought that intense battle with a cast on his arm.

For his audacity in attacking the enemy with grenades and Mandarin Chinese, Lee was awarded the Navy Cross. For his actions at the Chosin Reservoir he earned the Silver Star. For his quick thinking in stealing that jeep, the Marine Corps looked the other way. [Source: Military.com | Blake Stilwell | October 23, 2020 ++]

WWII Bomber Nose Art

[62] Nightie Mission



Every Picture Tells A Story

Hidden German Hanger



Some efforts at camouflage were more elaborate than others. Here, at a captured German air base at Melsbroek, Belgium, Royal Air Force Hawker Typhoons of 124 Wing, Second Tactical Air Force undergo maintenance at a hangar facility disguised as a row of apartment and shops. The disguise included mansard roofs, windows and chimneys and likely looked pretty real from the air. One wonders if attacking pilots ever asked the question: “What is a row of houses and shops doing at an airfield?” In the foreground, a rocket-rail equipped 247 Squadron Tiffie gets some engine work done, while in the background, a 181 Squadron Typhoon is up on jacks. In the foreground are stacked auxiliary fuel tanks for the thirsty Typhoons.

Medal of Honor Citations

David D. Porter | Philippine Insurrection



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

Colonel David D. Porter

Organization: U.S. Marine Corps, Philippine Insurrection

Place and date: Cadacan & Sohoton rivers junction, Samar, Philippine Islands, Nov 17, 1901

Entered service: May 26, 1898 at age 21

Born: April 29, 1877, Washington D.C.

Citation

For extraordinary heroism and eminent and conspicuous conduct in battle at the junction of the Cadacan and Sohoton Rivers, Samar, Philippine Islands, 17 November 1901. In command of the columns upon their uniting ashore in the Sohoton Region, Col. Porter (then Capt.) made a surprise attack on the fortified cliffs and completely routed the enemy, killing 30 and capturing and destroying the powder magazine, 40 lantacas (guns), rice, food and cuartels. Due to his courage, intelligence, discrimination, and zeal, he successfully led his men up the cliffs by means of bamboo ladders to a height of 200 feet. The cliffs were of soft stone of volcanic origin, in the nature of pumice, and were honeycombed with caves. Tons of rocks were suspended in platforms held in position by vine cables (known as bejuco) in readiness to be precipitated upon people below. After driving the insurgents from their position, which was almost impregnable, being covered with numerous trails lined with poison spears, pits, etc., Col. Porter led his men across the river, scaled the cliffs on the opposite side, and destroyed the camps there. He and the men under his command overcame incredible difficulties and dangers in destroying positions which, according to reports from old prisoners, had taken three years to perfect, were held as a final rallying post, and had never before been penetrated by white troops. Col. Porter also rendered distinguished public service in the presence of the enemy at Quinapundan River, Samar, Philippine Islands, 26 October 1901.

-o-o-O-o-o-



Marine Corps Maj. Gen. David Dixon Porter rose to the top of the ranks throughout a lifetime of service. However, it took his entire career to receive the Medal of Honor for the courage he showed at the start of the Philippine Insurrection. Dixon was born on April 29, 1877, in Washington, D.C., to a family with a history of military service. Dixon's father was a colonel in the Marine Corps. His grandfather was famed Civil War Navy Adm. David Dixon Porter, for whom he was named. Earlier descendants also served in the War of 1812 and during the Revolution. Dixon was commissioned into the Marine Corps on May 26, 1898, to fight in the Spanish-American War, but the war ended soon afterward and he was discharged. In April 1899 he earned another commission and, within a few months, received orders to be part of a battalion forming in the Philippines. The U.S. had just annexed the islands thanks to the Treaty of Paris, which ended the Spanish-American War and allowed the U.S. to take possession of the Philippines from Spain.

As the Americans began their takeover of the islands, many of the natives weren't happy about the terms of the treaty. A revolutionary government declared war on the U.S. and started what became known as the Philippine Insurrection. The insurgents involved in the uprising resisted the U.S. presence. In response, U.S. Marines and soldiers worked to clear the area of those trying to impede their progress. By June 1900, Porter, now a captain, was part of a Marine attachment sent to China to help quell the Boxer Rebellion. He was there for about four months before being shipped back to the Philippines. After a brief assignment on sea duty, in October 1901, he returned to a battalion tasked with clearing insurgents from coastal villages on the island of Samar. In early November, Porter was ordered to lead a group of Marines inland over a mountainous jungle to search for a rumored insurgent camp that harbored those responsible for the slaughter of two-thirds of a company of soldiers from the 9th U.S. Infantry.

On Nov. 17, 1901, Porter's group met up with another group of Marines commanded by Capt. Hiram Bearss at the junction of the Sohoton and Cadacan rivers. Porter took charge of the combined group, and they attacked the enemy along the river. They surprised and killed 30 insurgents and cleared their entrenchments before the enemy was able to trigger the deadly traps they had set. Once the river was clear, Porter set his sights on the heart of the camp, which sat on top of a 200-foot, fortified volcanic cliff. Despite the pumice-like stone and steep climb, Porter led the attacks up the bluff using the bamboo ladders and makeshift handrails abandoned by the insurgents. They dodged traps set up to kill or injure the Marines, including rocks that were suspended by vines and were dropped onto those scaling the cliff.

Once they got to the top, the Marines dodged poison-tipped spears, sporadic gunfire and hidden pits to eventually drive the insurgents from the camp. Porter then led his men back down the cliff, where they crossed the river and proceeded to do the same thing on the cliffs on the other side. According to Porter's Medal of Honor citation, former prisoners said those camps had taken three years to set up and were held as a final rallying position. Porter's Marines did it under incredible odds and were able to capture and destroy a powder magazine and 40 small guns, as well as rice, food and enemy barracks. Despite their courage and perseverance, the battle on Samar was controversial at home, with many seeing the Marines' actions as harsh and atrocious. Possibly because of that, the Board of Awards in 1902 turned down recommendations for Porter and others to get an award. A 1904 appeal also failed. In the early 1900s, Marine Corps officers weren't entitled to receive the Medal of Honor, so that wouldn't have been on the table. But Porter had hoped for some other form of recognition.

His career moved forward anyway. In June 1902, Porter came home from the Philippines. He married Winifred Porter a few years later, and they had a daughter, Carrie, in 1918. Porter was a colonel by the time World War I ended. He then went on to work in recruiting for more than a decade. By 1915, the law changed, allowing for Marine Corps officers to be considered for the Medal of Honor. Porter kept trying to overturn the Board of Awards' 1902 decision, but attempts in 1919 and 1928 also failed. Finally, in 1934, the Marine Corps commandant helped Porter push the consideration petition through again, and this time, it was approved for him and Bearss to earn the recognition they had sought for so long. On April 25, 1934, Porter and Bearss received Medals of Honor from President Franklin D. Roosevelt. That same year, Porter was promoted to brigadier general, and his services were transferred to the Adjutant and Inspector's Office, where he finished out his career.

Porter was medically retired on March 1, 1937. A few years later, he was raised in rank to major general because of his distinguished service. Porter died on Feb. 25, 1944, in Philadelphia. He was buried in Arlington National Cemetery. His Medal of Honor is now at the National Museum of the U.S. Marine Corps in Quantico. Porter is one of several service members to eventually be recognized with the Medal of Honor for actions taken during the Philippine Insurrection. [Source: DOD News | Katie Lange | October 26, 2020 ++]

Military History Anniversaries

01 thru 15 NOV

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

* Health Care *



Common Colds

Usually Quite Harmless and Go Away on Their Own

Common colds, or simply “colds,” are usually quite harmless and go away again on their own. The symptoms of a cold such as a cough, sore throat and a runny nose can be really annoying. A severe cold can make you feel weak and ill, too. Colds usually go away on their own after about a week, but some symptoms may last longer. Although a sore throat or a stuffy nose may be gone after just a few days, it can sometimes take up to three weeks for a cough to disappear completely. Treatment with medication usually isn’t necessary. Some medications may, at best, help relieve the symptoms a bit. Because colds are typically caused by viruses, it also doesn't make sense to use antibiotics to treat an ordinary cold. Antibiotics only fight bacteria.

Symptoms & Causes

Colds usually take a few days to fully develop. Typical symptoms include a stuffy or runny nose, sneezing, coughing and a sore throat. Sometimes a cold is also accompanied by a mild fever, weakness, a headache and joint pain. Occasionally, colds are mistaken for the flu. But flu symptoms are usually much worse. Also, a flu doesn't develop gradually. Instead, it generally starts very suddenly with a high fever, chills, and aching muscles and joints. Colds can be caused by various viruses. They lead to inflammations in the lining of the nose and throat, but are otherwise harmless. This makes them different from true flu viruses or the new coronavirus (SARS-CoV-2), for instance. An infection with these viruses can also cause cold-like symptoms, and they may be mild. But it can also result in a severe infection of the airways, like pneumonia.

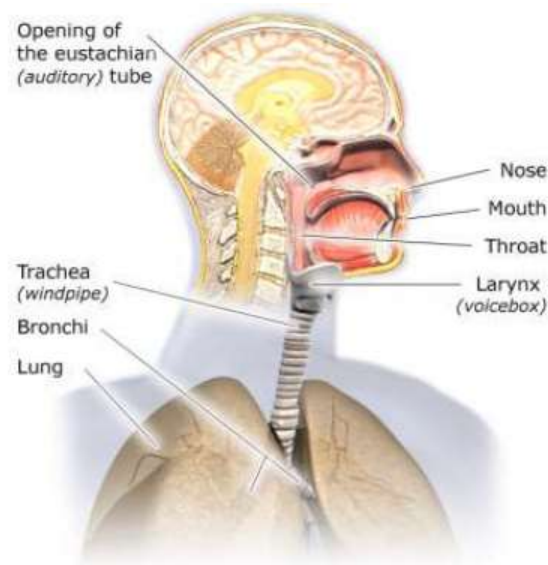
Prevalence & Outlook

Colds are very common, especially in children. It's quite normal for children to catch 6 to 10 colds per year – at school, daycare or kindergarten. Adults have 2 to 4 colds a year on average, mostly during the colder time of year. Colds often

start with a sore throat, usually soon followed by a runny or stuffy nose. Even though you might feel quite ill during a cold, it usually doesn't cause any harm. Your immune system can fight off the infection without any problems. The worst is typically over within a week. But it can take a little longer for the symptoms to go away completely. Coughs in particular can be stubborn. Adults need 18 days on average to completely recover from a cough, and it can take up to three weeks in children too.

Effects

Colds are usually harmless and clear up without any serious consequences. But bacteria can sometimes spread through the airways after a viral infection, and they may cause more severe problems in various places, such as in the sinuses. If the larynx (voice box) is inflamed, your voice becomes hoarse. Young children may develop croup too. Croup is caused by viruses. The typical symptoms are a "barking" cough, raspy sounds when you breathe in and mild breathing difficulties. In babies, infants and toddlers, colds sometimes spread to the ear and lead to a middle ear infection. Bacterial infections in the throat can cause tonsillitis. Infections of the upper airways (in the nose, mouth and throat area) only very rarely cause serious complications like pneumonia. It's a good idea to see a doctor if you have a high fever, severe or worsening symptoms, chest pain, shortness of breath or trouble breathing. This is especially important for people who have a chronic disease of the airways, such as chronic obstructive pulmonary disease (COPD).



Upper and Lower Airways

Diagnosis & Prevention

No special tests are needed for doctors to diagnose a cold. Because practically everyone knows the symptoms from childhood, most people don't go to see the doctor. Doctors usually just need to look into your throat and ask you what symptoms you have. Colds are very common, so it's much less likely that you have another illness with similar symptoms. But if your doctor thinks you may have the flu or another more serious infection, tests like nose or throat swabs can help to find out.

Because there are so many different cold viruses, having recovered from a cold doesn't stop you from catching another one. Your immune system needs to learn how to fight each new virus. This also means that it's not possible to vaccinate against colds. But there are some simple things you can do to avoid catching a cold, like keeping your distance from others and washing your hands. The viruses spread through droplets: When someone with a cold sneezes or coughs, a lot of tiny virus-containing drops are sprayed into the air, and they come to rest on objects like doorknobs, computer keyboards or handles and poles on the subway. If you touch these objects, the viruses may get on to your hands. Touching your face with your hands could then easily spread the viruses to your nose or mouth. So avoiding

touching your face with your hands is one way to reduce your risk of catching a cold. It's also important to wash your hands often with regular soap.

If you are already ill and have to sneeze and cough a lot, it's best to keep your distance from other people. That also means that you shouldn't go to work if you have the symptoms of a cold. Cold viruses are spread through objects that have touched the nose or mouth of a person with a cold. This includes cups or glasses that the person might have used to drink out of, and of course used tissues as well. So it's important to throw tissues away immediately after use, and avoid leaving them lying around. Vitamins or echinacea products are sometimes recommended for the prevention of colds. Some people already start taking these kinds of products a few weeks before the cold season starts. But they offer very limited protection.

Research summaries

Treatment

Because there are so many different cold viruses, there is currently no medicine that can fight cold viruses and noticeably shorten the length of colds. But various medications can relieve some of the symptoms a little. These include painkillers like ibuprofen and acetaminophen (paracetamol), as well as decongestant (anti-swelling) nasal sprays for temporary use. Antibiotics are not effective against cold viruses and should only be used if bacteria are also involved and complications have developed. The antibiotics often have side effects too.

Products that contain zinc, vitamin C, or echinacea extracts are also commonly recommended for the treatment of colds. It's not currently possible to reliably assess the advantages and disadvantages of these products because there has either been too little research or the studies that have been done have produced contradictory results. Honey or herbal products like extracts taken from Pelargonium (umckaloabo), primrose, thyme, eucalyptus and ivy leaves may possibly relieve a cough somewhat.

[Source: <https://www.informedhealth.org/common-colds.2642.en.html> | October 15, 2020 ++]

Honey

Update 01: More Reasons to Eat It

Honey has been used for thousands of years for its health benefits. Today, the use of honey is especially important, not only for health but for the conservation of the bee population. By using honey, there are many natural benefits to your body that promote healing, wellness, and enjoyment. Honey can vary in its benefits according to the types of flowers the bees pollinate. However, raw, local honey will have the maximum amount of benefits.

1. Gives You Antioxidants

Antioxidants clear out free radicals from your system. Free radicals cause damage and are one of the main components that cause aging. Antioxidants protect you from this, helping your body to live longer and healthier.

Several studies have shown that high-quality honey holds many important antioxidants, including phenolic compounds and organic acids like flavonoids. There is some speculation that pasteurization may reduce the number of antioxidants. Choosing raw honey can avoid this.

2. Boosts Brain Health

Honey has both an antioxidant and anti-inflammatory power to boost the health of your brain. Research has shown that honey consumption helped to protect the brain against chemical brain damage. Because of the high content of antioxidants, honey removes free radicals that may destroy brain cells. Honey also helps with inflammation in the brain. The hippocampus is an important part of the brain that aids in memory. With inflammation in the hippocampus, quick recollection may be more difficult. Raw honey reduces the amount of inflammation.

3. Keeps Your Heart Healthy

Honey can help your heart health in multiple ways. The antioxidants help to protect your heart and guard you against having a heart attack. It does this by reducing oxidative stress on your heart and preventing clots. Honey may also help your arteries to dilate, increasing your blood flow out of the heart. Honey has also been linked to lower blood pressure. Studies involving both humans and rats saw decent reductions in blood pressure from honey consumption.

4. Improve Cholesterol Levels

Another way that honey can improve heart health is by lowering bad cholesterol and boosting good cholesterol. High bad cholesterol levels are one of the key indicators that you are at high-risk for a heart attack. This type of cholesterol builds up fat in your arteries, leading to eventual strokes or heart attacks. Several studies have shown that honey both reduces bad cholesterol and raises good cholesterol to improve overall health. With the balancing of your cholesterol, you may even see a small amount of weight loss.

5. Promotes Wound Healing

One of the oldest natural benefits of honey is the promotion of wound healing. Since ancient Egypt, honey has been used in the treatment of wounds and burns. Known for its antimicrobial properties, honey helps to kill bacteria, reduce inflammation, and nourish the body's cells. Over 20 studies found honey beneficial to healing wounds, especially those infected after surgery. Some studies reported a 97% success rate of honey to heal diabetic ulcers. Honey is also helpful in healing other skin conditions, including herpes lesions and psoriasis.

6. Aid in Cough Suppression

One of the most well-known benefits is its ability to aid in cough suppression and soothe sore throats. Many singers and actors are known to eat honey when preparing for a large performance to aid their throat. A couple of studies have shown that honey is even more effective in suppressing coughs than common cough medications. This is especially important for children with upper respiratory infections who may not be able to sleep due to coughing. Honey should only be given to children a year or older.

7. Ease Pollen Allergies

Eating raw, local honey may help your seasonal pollen allergies. Some studies suggest that eating local honey may reduce congestion and ease some allergies. This may be due to the pollen that gets collected by the bees and mixed with honey in small amounts so that your body can train on how to deal with the allergen. The key here is making sure your honey is produced by bees getting nectar from your local plants.

8. Allows You to Eat Sweet and Healthy

The best benefit of honey is that it allows you to continue enjoying sweet food while also eating healthy. Some studies show that honey is a good alternative for diabetics avoiding sugar. You'll encourage brain health, heart health, and overall health while eating sweets. Eating honey is not only good for you but delicious.

[Source: Aging Healthy Today | August 31, 2020 ++]

Wrist Injuries

Symptoms, Outlook, Causes, Diagnosis & Treatment

If you trip and fall, it's natural to automatically put out your hands to break the fall. This can sometimes lead to a wrist injury. Although wrist injuries are painful, they often get better within a few weeks. Sometimes the wrist has to be kept still for a longer time. Wrist injuries are rarely so bad that surgery is needed. Wrist injuries are generally divided up into the following types:

- Sprains: This is where the wrist is stretched or bent so much that the ligaments are overstrained.
- Torn ligament: A ligament in the wrist tears partially or completely.
- Dislocation: This is where a bone slips out of a joint. Muscles, ligaments and the joint capsule may become damaged as a result.
- Bone fracture: Several bones in the wrist can break, including the radius, ulna, the carpal bones (e.g. the scaphoid and lunate bones) or the metacarpal bones. Depending on the type of fracture, it can also damage ligaments, nerves and certain parts of the joint.

The more the hand is overstretched or bent, the more likely it is to result in ligament injuries or a fracture.



Sprained wrist and Wrist fracture

Symptoms

Wrist injuries can be very painful. Fractures and dislocations can often clearly be seen from the outside and hurt more than sprains do. Swelling and bruising are common too. If nerves are injured, the feeling in your hand might be affected – for instance, your fingers might feel numb or tingle. It's important to see a doctor soon if you have abnormal sensations, severe pain and a visible deformity. If you can no longer move the hand at all, it's an emergency and you should go straight to a hospital.



Healthy Wrist (left), Dislocated wrist (center, and Torn ligament in the wrist (right)

Ligament injuries might not hurt that much at first, but longer-lasting symptoms may develop. Wrist joint instability caused by torn ligaments often only becomes noticeable after a few weeks. Your hand may then suddenly give way and fall to one side when you put pressure on it.

Causes

Wrist injuries often occur when people put out their hand to break a fall. If the wrist joint is overstretched or bent too far as a result, the joint capsule, ligaments and bones may become damaged. These injuries often happen during sports activities. Many older people are prone to falls in everyday life too. Sprains can occur as a result of sudden movements as well, for instance when throwing a ball or swinging a tennis racket. People who have osteoporosis are generally more likely to break bones, so they're also more likely to injure their wrist if they fall. These injuries are common in children too because their bones, ligaments and joints haven't stopped developing yet. But injuries usually heal well in children.

Outlook

Mild sprains get better within 2 to 3 weeks and don't have any long-term consequences. It can take up to six months for a torn ligament or fracture to heal completely, though. These more severe injuries can also result in chronic joint instability or osteoarthritis, or permanently affect your ability to move your wrist and hand.

Diagnosis & Treatment

The doctor examines the hand to find out how well you can move it, whether there is any swelling, and where exactly it hurts. This hand examination is often enough to diagnose mild sprains. But an x-ray may be needed as well. If it is thought that the wrist might be dislocated or fractured, or that a ligament is torn, further imaging techniques (e.g. CT or MRI scans) may be considered.

Right after injuring the wrist, it's important to stop moving the joint as soon as possible and then rest it. Keeping it raised (elevated) can help to limit the swelling. Depending on the type of injury, a firm elasticated bandage (tape), splint or plaster cast can be used. Pain can be treated with creams or tablets (such as acetaminophen, also known as paracetamol). If you take a non-steroidal anti-inflammatory (NSAID) painkiller over a long period of time, it can be a good idea to take medication to protect your stomach too. Whether you need to keep your hand still (immobilize it) – and for how long – will depend on the type of injury and the healing process. This can be determined by a doctor. Sometimes there's no need to keep it still at all. If the wrist is sprained, a few days is often enough. People who have torn a ligament or fractured a bone need to keep their hand still for several weeks, though, to allow the injury to heal

Surgery is considered if, for instance, bones need to be put back into the correct position after a fracture, if a ligament is completely torn, or if there is nerve damage. Depending on the type of surgery, the wrist joint is immobilized for a few weeks after the operation. But you don't always need to keep the wrist still afterwards, and it's generally best to start moving it again as soon as possible. Sometimes people are allowed to move their hand again immediately after wrist surgery. If the wrist is dislocated, the bones are moved back into the correct position under local or general anesthesia, depending on how severe the injury is.

Physical therapy and occupational therapy can help the healing process along after a wrist injury. Certain exercises can improve your ability to move the hand and strengthen the muscles. Sometimes the treatment for wrist injuries is different in children than in adults. So – depending on the type of injury – it can be a good idea for children to see a doctor who has specialized in pediatric surgery.

[Source: www.informedhealth.org/wrist-injuries.2664.en.html | October 15, 2020 ++]

Alzheimer Disease

Update 20: Brain stimulation on the horizon?



Dr. Prasad Padala simulates a repetitive transcranial magnetic stimulation treatment with Ashlyn Jendro, a research assistant. She's holding her thumb up to indicate the twitching caused by the pulses.

Veterans are at higher risk for Alzheimer's disease compared with the general population. Part of that has to do with military risk factors like PTSD or brain injury. High rates of diabetes among VA patients also play a role. That's why learning new ways to prevent or treat Alzheimer's disease is a priority for VA research. One recent study focused on apathy. Apathy is the most common behavioral problem in those with Alzheimer's, affecting 7 in 10 patients. Apathy involves loss of motivation and initiative, and social withdrawal. The small pilot study at the Central Arkansas Veterans

Healthcare System found that brain stimulation improved apathy. The results are [online](#) in the Journal of Alzheimer's Disease.

Twenty Veterans with Alzheimer's disease and apathy took part. Half received repetitive transcranial magnetic stimulation (rTMS), a type of brain stimulation. The others received sham stimulation, basically a placebo. Through patient and caregiver interviews, the VA team documented "significantly greater improvement" in apathy levels in those who received brain stimulation compared with the control group. The positive effects continued up to three months. Besides improvements in apathy, the researchers also noted "significantly greater improvement" in memory, attention, and cognition in the rTMS patients compared with the sham treatment group. In rTMS, doctors apply magnetic coils to the scalp at specific points. This creates an electric current in brain cells. The Food and Drug Administration has approved the therapy for depression that doesn't respond to other treatments. The technology is being studied widely for other brain disorders including Alzheimer's.

The research team concluded that repetitive transcranial magnetic stimulation "may be safely used in people with Alzheimer's disease and may improve apathy, function, and some aspects of cognition." Can the effect last longer than three months? "That's the million-dollar question," says lead researcher Dr. Prasad Padala. He is a geriatric psychiatrist with VA and University of Arkansas for Medical Sciences. "Unfortunately, no study has looked at that thus far. Ours is the first study to say that the effects persist until three months. I don't know about four months. I don't know about five months. The only thing I can say is at three months the effects were still there. "If I have to treat somebody clinically based on this result, I would be inclined to give them a maintenance treatment, a booster dose of sorts at three months, like we do now for treating depression."

The main side effects from the rTMS were discomfort in the area where the magnet sat on the patient's head, and headaches. Those issues occurred only during treatment and resolved soon afterward. Padala says those in the study who received the sham treatment were subsequently given access to the real treatment through a clinical program. "I'm so interested in this area because people with pre-dementia who lose their motivation and have a lot of apathy tend to convert into dementia at much higher rates than those who keep their motivation and interest levels. "So if you don't do anything in your daily life, you're not connecting the neurons in the brain and you're hastening the process of neuro-degeneration. To put it simply, if someone has pre-dementia and on top of that they have apathy, their brain shrinks faster." Based on his research to date, he believes "brain stimulation may slow down the shrinking of the brain." More study is needed, he emphasizes. [Source: Vantage Point | Mike Richman | October 20, 2020 ++]

Cholesterol

Update 06: Too Much Can Be a Problem

Cholesterol is a fat-like substance your body makes that aids the production of hormones, vitamin D, and cell tissue, in addition to providing protection for your nerves. All the cholesterol your body makes is by means of the food you consume, like meat, eggs, and dairy. While it serves an important purpose in your body, too much cholesterol can be a problem. If your high-density lipoprotein (HDL), also known as "good cholesterol," is high, it does not pose a health risk as it removes cholesterol from the bloodstream. However, having high levels of low-density lipoprotein (LDL), also known as "bad cholesterol," can put you at risk of heart disease or even a stroke.

When you eat more than your body uses up, the extra calories are converted into triglycerides, which is a type of fat that is present within your bloodstream. This is also not good for your health, so to keep yourself fit, you should adopt healthy lifestyle choices in the form of a good diet and exercise. This will keep LDL and triglyceride levels low in your body and raise HDL levels, thereby improving your cholesterol levels. As we've established, eating more food than your body is using will cause your cholesterol levels to increase; however, being overweight and inactive are also huge contributing factors. Having an inactive lifestyle will decrease the HDL levels in your body but increase the bad cholesterol and fats. This can also be a result of your genetics because high cholesterol generally runs in families. But

apart from your family history, one individual habit that also causes high cholesterol is smoking, which is harmful to you in many other ways too, not just high cholesterol.

Does High Cholesterol Come With Any Symptoms?

Perhaps the most dangerous part about having high cholesterol is the fact that there are no symptoms that point towards you having it. In fact, most people find out they suffer from high cholesterol after they go through either a stroke or a heart attack. But to avoid these life-threatening events, one should get regular checkups and blood tests to ensure everything is working as it should. When the cholesterol levels in your bloodstream are high, the extra cholesterol can get deposited in your arteries over time and harden. This is called plaque, and it basically makes your arteries narrower until it completely blocks them. This stops the blood flow in blocked arteries, which can cause heart attacks, and when it leads to the brain, it can cause strokes.

Since there are essentially no symptoms of high cholesterol, the only way it can be diagnosed is through blood tests. If your blood test results show that your cholesterol levels are high and you are an at-risk patient, know that there are several different ways you can improve your blood cholesterol and become healthier again. So, the only advice we can give you regarding its lack of symptoms is to get it checked out before it's too late. You can, however, get symptoms from the complications (heart attack, stroke) of high cholesterol in the form of angina and pain in the calves.

How to Treat/Prevent High Cholesterol

There are three basic things that you should immediately start or stop doing if you've already been diagnosed:

- You should start eating healthy
- You should start exercising regularly
- You should quit smoking (if you're a smoker)

When we say adopt a healthy diet, we mean a diet that is low in saturated fats and cholesterol. You should consume plenty of fruits, vegetables, nuts, seeds, and whole grains. Your diet pattern should also be healthy; for example, following the DASH diet pattern or the Portfolio diet has proven to be very effective when it comes to high cholesterol sufferers. Adopting a Mediterranean diet pattern is also great for reducing cholesterol levels in the body quickly. You should try to reach a healthy goal weight and then work towards maintaining that weight by eating right, as well as putting some physical activity in.

As for exercise, you should put in at least 2.5 hours of intense aerobic physical activity per week. While you're at it, you should also limit your alcohol consumption, just to be on the safe side. Once you quit smoking and start working on keeping your blood pressure down, you greatly reduce your risk of suffering from a stroke or a heart attack, or even angina. The kind of treatment that is suggested to you also depends on what your level of risk is. For example, for people who are at low to moderate risk, just these lifestyle changes can be enough. However, for high-risk individuals, medication becomes necessary.

Most of the medications that are used to treat high cholesterol patients are the ones that include "statins" in their names. These medicines work to prevent further clogging of the arteries, and they lower LDL levels in the patient's blood while simultaneously raising HDL levels. However, medicines alone cannot take care of you, and you must make the aforementioned lifestyle changes in addition to taking your medicines to make sure you stay healthy. Contrary to popular belief, it's not too late for people who have already been through strokes or heart attacks; in fact, they can benefit from these lifestyle changes too.

Of course, there are ways you can prevent this condition altogether. Yes, you guessed it, diet and exercise are the two most important things you need to factor into your life to stay healthy. Go for foods high in omega-3 fatty acids like salmon, almonds, and walnuts. Garlic, flaxseed, oat bran, and red yeast rice are also known as effective foods for preventing high cholesterol. And otherwise, just consuming a diet high in fiber and low in animal fats should do the trick. [Source: Aging Healthy Today | October 22, 2020 ++]

TRICARE Young Adult Plan

Update 01: Up to 22% Monthly Costs Increase Next Year

Military families whose children are enrolled in Tricare Young Adult will see their monthly costs increase next year by up to 22 percent, according to a military family advocate. Current monthly enrollment fees of \$376 for Tricare Young Adult Prime will increase by 22 percent, said Eileen Huck, deputy director for health care for the National Military Family Association. She said a senior defense health official informed military service organizations of the increases, which are set to go into effect in January. Families are currently paying more than \$4,500 a year in enrollment fees for that coverage, and the increase would add nearly \$1,000 more a year. Current monthly enrollment fees of \$228 for Tricare Young Adult Select will increase by 12 percent, she said.

More than 37,000 unmarried, adult children of military sponsors were enrolled in either the Tricare Young Adult Prime or Select programs, according to the Defense Department. As of a year ago, 10,509 adult children were enrolled in TYA Prime, and 26,830 were enrolled in Select. Those eligible are at least 21 years old, but not yet 26. Regular Tricare coverage through the military sponsor ends at age 21, or age 23 if enrolled in college. The young adult must not be eligible to enroll in an employer-sponsored health care plan based on his or her own employment.

Confirmation of the fee increase was not immediately available from the Defense Health Agency; a 2021 Tricare fee schedule has not yet been released. However, according to Military Times calculations, the fees would increase for TYA Prime to about \$459 a month; and for TYA Select to about \$255 a month. "A lot of families will find it financially impossible to keep their kids in Tricare Young Adult," Huck said. "Will that mean that some of these young adults will go without health care coverage? I think that's a concern, at a time when a lot of families are struggling financially because of the economic downturn and the pandemic. It seems like an awfully big financial burden to be placing on these families." The majority of those in Tricare Young Adult are children of retirees, she said, and retirees in Tricare Select are already being asked to pay enrollment fees for the first time next year. [Source: MilitaryTimes | Karen Jowers | October 16, 2020 ++]

Coronavirus SITREP 14

10 Things we've learned About COVID-19 So Far

Over the past seven months, COVID-19 has impacted nearly every aspect of our lives. As we continue to find safe and creative ways to navigate our new reality with this virus, it's worthwhile to reflect on what we've learned along the way. Here are 10 observations about COVID-19 that immediately come to mind:

- 1. The virus doesn't care who you are.**
A virus is a piece of genetic material (in this case RNA) surrounded by a protein capsule. If you breathe in enough particles of the virus, you're going to get COVID-19. It's that simple. Anyone can get it.
- 2. Testing isn't 100 percent.**
Medical testing isn't perfect and can sometimes lead to a false sense of security. There are false negatives (you have COVID but test negative) and false positives (you don't have COVID but test positive). In general, rapid tests have higher false negative rates. If you think someone might have COVID and a rapid test is negative, testing should be repeated with a more sensitive test.
- 3. Respiratory spread is the most common way for COVID to be transmitted.**
The virus is spread through the air. An infected person breathes it out; you breathe it in. The closer you are to someone who is infected (whether or not they have symptoms), the more likely you are to become infected. The better the ventilation and airflow around you, the less likely you are to become infected. Close proximity indoors means higher risk; being socially distanced outdoors lowers the risk.

4. **Masks work.**
Because the virus is predominantly spread through the air, masks can help to both protect you from inhaling the virus and also protect other people if you have the virus. Some masks are better than others. Properly fitted N95 masks offer optimal protection and have the best filtration. Surgical facemasks or medical ear-loop masks are also very good, but don't offer the same protection as an N95 mask. Cloth masks are not as good as medical masks, but still offer some protection. On another note, unless you wear the mask over your nose and mouth, it probably doesn't help very much. As always, be certain to practice good hand washing habits and stay home if you are sick.
5. **COVID-19 has many symptoms: some typical, some atypical.**
Most patients with COVID present with either a fever, cough or shortness of breath. However, many also have other symptoms including headache, fatigue, gastrointestinal complaints, rashes and more. In children, there can be an inflammatory syndrome that resembles Kawasaki disease. It's important to be alert for these other symptoms. Too often the diagnosis of COVID has been delayed because the symptoms weren't typical. Of importance, the sudden loss of taste or smell in an otherwise healthy person is very concerning for the diagnosis of COVID.
6. **Some people have symptoms for many months after infection.**
We call these cases "long haulers" and the cause is not completely understood. Most commonly, these individuals get over their acute symptoms but are left with disabling fatigue, marked exercise intolerance, and often a sense of heart racing with minimal activity. Some researchers think that the virus causes inflammation in the part of the nervous system that controls heart rate, blood pressure and temperature. Patients with such cases seem to be increasing in number and will likely further grow as the pandemic continues. It's important to note that despite the presence of these "long haul" symptoms, people like this are not infectious.
7. **We've made a lot of progress on therapies.**
It's hard to believe, but we've only known about COVID-19 for several months. However, in that short time medical researchers have identified treatments that work to limit the disease or shorten its duration (remdesivir, dexamethasone), treatments that probably work (monoclonal antibodies) and treatments that likely show minimal or no benefit (hydroxychloroquine). Medical researchers have a lot of experience conducting studies to determine which treatments are most likely to be beneficial. Listen to the scientists who are doing good peer-reviewed research. Be wary of those who promote cures without good science supporting them.
8. **The mortality rate from COVID-19 in October is a lot lower than it was in March and April.**
We've learned a lot about this disease over the past several months. In addition to the therapies described above, we've also learned a great deal about the critical care of patients with COVID-19. We've learned how to best use oxygen, how to best position patients for maximal ventilation ("proning"), when and how to use mechanical ventilators. We've begun to understand how the virus affects the heart and other organs. We've found that the virus increases blood clotting and are doing research to understand when and how to use blood thinners. In the Ascension system alone, which serves 4 million unique lives annually, we've seen a 50% reduction in hospital mortality over the past six months – remarkable progress in such a short period of time.
9. **COVID-19 isn't going away any time soon.**
The pandemic will end when we have "herd immunity" to the virus. This will happen when either enough people have become infected and develop immunity, or when enough people are treated with an effective and safe vaccine. Unfortunately, it looks like that according to our best information only 10% of the population has reportedly had the virus to date and is immune for an undetermined amount of time. We've got many more months to go.
10. **We still have a lot to learn.**
The good news is we're learning more all the time.

[Source: Becker's Hospital Review | Richard Fogel, MD | October 15, 2020 ++]

Coronavirus SITREP 15

Coming Months Could be the Roughest Yet

On NBC's Meet the Press program on 18 OCT Dr. Michael Osterholm, the director of the Center for Infectious Disease Research and Policy at the University of Minnesota and one of the foremost experts in the world on infectious diseases,

said “the next six to 12 weeks are going to be the darkest of the entire pandemic.” “We do have vaccines and therapeutics coming down the pike,” Osterholm said. “But when you actually look at the time period for that, the next six to 12 weeks are going to be the darkest of the entire pandemic.” Osterholm added that “vaccines will not become available in any meaningful way until early to third quarter of next year.” “And even then, half of the US population, at this point, is skeptical of even taking the vaccine,” Osterholm said. “So, what we have right now is a major problem in messaging.”

That is the bad news. The good news is that while Covid-19 continues to kill close to 1,000 Americans a day, advances in medical care and the growing experience of doctors are improving the chances of survival for those who develop dangerous cases of the infection, according to a report in Bloomberg News. The report added, “Since the first case arrived in the U.S. at the start of the year, medical professionals have gone from fumbling in the dark to better understanding which drugs work -- such as steroids and blood thinners, and the antiviral medicine remdesivir. Allocation of intensive medical resources have improved. And doctors have learned to hold off on the use of ventilators for some patients, unlike with many other severe respiratory illnesses.

“Doctors and experts say that improved medical tactics and earlier treatment are helping improve the outcomes for very sick patients, said Andrew Badley, head of Mayo Clinic’s Covid Research Task Force. “Health-care preparedness today is much better than it was in February and March,”” Badley said in an interview. ““We have better and more rapid access to diagnosis. We have more knowledge about what drugs to use and what drugs not to use. We have more experimental treatments available. All of those contribute to possible improvements in the mortality rate.””

In a separate report from Bloomberg News it stated that “Medicare seniors are skipping needed care and struggling emotionally as the Covid-19 pandemic alters their lifestyles. “New survey data from the Centers for Medicare & Medicaid Services found 21% of beneficiaries reported forgoing health care due to the pandemic, while 46% reported feeling more stressed and anxious. “Nearly half of beneficiaries said they avoided care because they didn’t want to risk being in a medical facility, while 35% said they didn’t want to leave their home. And 23% reported feeling more lonely or sad.” The report further stated that “Dental care was the most commonly postponed service, with 43% having delayed care. Thirty-six percent put off checkups and treatment for ongoing conditions, while 32% delayed diagnostic screenings. “Beneficiaries were increasingly able to use technology to bridge the care gap. Fifty-eight percent said their provider offers both phone and video appointments.

“More good news: More than 90% of beneficiaries reported following advice on hand washing, social distancing, mask wearing, and avoiding large groups and sick people.” We at TSCL urge you not to put off medical care if you need it. If you are worried about being infected with the virus call your doctor’s or dentist’s office and ask them what Covid-19 precautions they are following to protect their patients. Many doctors have taken extra special measures, including requiring that everyone wear a mask and keeping people out of waiting rooms until the actual time of their appointment. Many waiting rooms have far fewer chairs in them, and they are spaced far apart for those patients awaiting their appointments.

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Seniors and the Cost of a Coronavirus Vaccine When it is Available

Last month the Trump administration reported that a future COVID-19 vaccine would be free for nearly all Americans, except for seniors with traditional Medicare coverage. Then last week the Centers for Medicare and Medicaid Services (CMS) announced it will make sure that a COVID-19 vaccine will be made available to all seniors at no cost once a vaccine is approved. CMS Administrator Seema Verma also said that CMS is working to guarantee a free vaccine for Medicaid and private insurance members as well.

However, according to a message from Congresswoman Abigail Spanberger (D-VA), she has looked into this and discovered an error in the CARES (Coronavirus Aid, Relief, and Economic Security) Act that was passed in March and gave economic aid to individuals and companies in the U.S., that could result in Medicare beneficiaries having to pay out of pocket for a vaccine. Spanberger announced that she will be introducing a bipartisan bill this week to correct the error and make sure that senior Medicare beneficiaries will also be eligible for a free vaccine.

[Source: TSCL Weekly Update | October 19, 2020 ++]

Coronavirus Vaccine

Update 15: Nearly All Americans Will Not Have to Pay Any Costs

If a coronavirus vaccine is approved early, nearly all Americans — including those covered by Medicare, Medicaid or private health insurance — will not have to pay any costs when getting vaccinated, thanks to a recent rule change. The Centers for Medicare and Medicaid Services just announced a rule change that will allow full coverage for people who get any vaccine that is approved early, under what is known as an emergency-use authorization. That is an important change from standard rules, which typically only allow vaccines to be covered if they go through the standard approval process, CNBC reports. Because of the imminent and widespread danger posed by COVID-19, the process for vaccine approval is being fast-tracked.

As a result of the rule change, patients with Medicare or Medicaid can get the vaccine without having to pay any costs like coinsurance or deductibles. CNBC reports that if everyone on Medicare received a COVID-19 vaccine, the total cost would be about \$2.6 billion, according to figures from the federal Centers for Medicare & Medicaid Services, or CMS. AARP reports that the federal government also is requiring private health insurance plans to cover COVID-19 vaccines without cost sharing, even if the person is getting the vaccine from an out-of-network provider. AARP says medical professionals will be reimbursed when they vaccinate people who do not have health insurance.

In an interview with AARP, CMS Administrator Seema Verma said the rule change “sends a message to the American people that this is not something that they need to worry about.” Verma also told AARP that the federal government is taking steps to ensure that Americans will be quickly vaccinated in large numbers. Plans are underway to create a network of “mass immunizers” that will include pharmacies, schools, public health clinics and other nontraditional providers. Several vaccines are currently being developed, with hopes that at least one could receive fast-track approval late this year or early in 2021. [Source: MoneyTalksNews | Chris Kissell | October 29, 2020 ++]

Covid-19 Headgear

Update 11: What Next?



It was, perhaps, inevitable that food companies would see the masks that we're wearing these days and envision them as blank canvases onto which they could project their brands' advertising. To marketers, the inches of cotton stretched across our mouths and noses amount to a rare new frontier in the logo-littered landscape of T-shirts and ball caps. But here's the twist we didn't see coming: Now, some masks don't just bear the names or images of products, but also . . . their smell.

This week, fast food chain Jack in the Box is giving away masks that purport to be scented like chicken, so you can inhale eau de poultry as you comply with Centers for Disease Control and Prevention guidance and local masking requirements - a win-win-win, apparently, for safety-minded chicken superfans. But here's another odd thing (as if the

very premise isn't strange enough to begin with): According to the company's website, the mask giveaway is a promotion for Jack in the Box's new "Unchicken Sandwich." That's the brand's new plant-based faux-bird offering, which swaps a pea-protein patty for the traditional puck.

So, let's get this straight. To celebrate fake chicken, Jack in the Box is giving people the chance to go about their days in a cloud of real-chicken scent? Is this stunt merely proof that the chain can so successfully mimic chicken-like properties that its new sandwich must taste convincingly like the genuine article? And does anyone really want to constantly be enveloped in a chicken-perfumed cloud, anyway? Isn't that smell enjoyed more situationally? We have, as the saying goes, so many questions. But it turns out JITB's marketing wizards aren't alone. The meat company Hormel also recently announced it's giving away a mask that isn't just printed with lifelike images of the company's popular bacon. It's also imbued with the aroma of its "black label" premium strips. "Don't just eat bacon," the website promoting the giveaway reads. "Inhale it."

Barbara Kahn, a marketing professor at the University of Pennsylvania's Wharton School of Business, senses that the bacon- and chicken-scented accessories are something of a novelty, likening them to the "flame-grilled" cologne that Burger King offered in Japan. "It's a gimmick in my guess, but it's one that's clever and could go viral," she says. She notes that it wouldn't be such a bad idea for companies to offer masks with scents. After all, hotels and retail stores spend a lot of money developing and piping in just the right smells they hope customers wind up associating with them. "A well-engineered smell can add to value of the brand," Kahn says.

In our pandemic everyday, masks have emerged as opportunities for advertisers, and there are models emblazoned with presidential campaign slogans (you can buy official versions that read "MAGA" or "Unity," depending on your favored ticket), sports teams and bands. But part of the appeal of the scented mask, the companies offering them insist (with a possible wink), is to actually extend the enjoyment of their foods. Hormel boasts that it has employed "the latest in bacon-smell technology and irresistibly breathable, 2-ply fabric" to prolong the experience of consuming its product. "Finally, bacony-bliss can be with you always," it enthuses.

At the very least, it seems that for die-hard bacon or chicken lovers, such sensations would merely prove frustrating. They transform wearers into a modern-day version of the mythical Tantalus, punished by the gods for eternity by being made to stand in a pool of water and surrounded by fruit trees that remained just out of his reach. You might be able to smell that bacon while standing in line at the post office, but you can't eat it. For a slightly more recent analogy, perhaps we should look to the masks worn by doctors during the 17th century Black Plague. Their long, beaklike noses were typically stuffed with sweet-smelling herbs and botanicals, thought to have disease-fighting properties - with the added bonus of covering up the smell of death. When it comes to a pandemic, scent might be just the distraction we need. [Source: The Washington Post | Emily Heil | October 20, 2020 ++]

Covid-19 Misinformation

Update 02: Hospitals Fail to Tell Uninsured their Bills are Covered

Most major health systems participate in a program that covers hospital bills for uninsured COVID-19 patients; however, many of them are not telling their patients upfront, according to National Public Radio (NPR). The program is run by the Centers for Medicare & Medicaid Services (CMS) and was set up by the Coronavirus Aid, Relief and Economic Security Act this spring. According to Jennifer Tolbert of the Kaiser Family Foundation, who studies uninsured patients, there is no requirement for hospitals to tell uninsured COVID-19 patients upfront that the federal government would pay the bill in full. Ms. Tolbert also said that even physicians don't always know how the program works or that it exists. She says these are shortcomings of the program.

Ms. Tolbert's research finds that people without insurance often avoid care for financial reasons, even though they may qualify for a number of financial aid programs. "At the point when the patient shows up at the hospital or at another

provider site, it's at that point when those questions need to be answered," Ms. Tolbert told NPR. "And it's not always clear that that is happening." An investigation into the case of Darius Settles, a 30-year-old uninsured patient who died from COVID-19 in July, found he had never been told that cost shouldn't be a concern.

Mr. Settles took two separate trips to TriStar Southern Hills emergency room in Nashville, Tenn., as his symptoms worsened. He was sent home the first time with antibiotics and awaited COVID-19 test results. The second time, he knew he had COVID-19, but was not admitted to the hospital because after a few hours in the ER his oxygen levels improved and he was otherwise young and healthy, and the physician didn't note any other risk factors for complications. However, although he needed it, he never made a third trip to the hospital. Instead of calling 911, he called his father, pastor David Settles, and asked him to come pray for him. Shortly after his father arrived, Mr. Settles became unconscious. At that point his father and wife, Angela Settles, called 911. They were told to perform chest compressions. Even after help showed up, Mr. Settles never woke up.

According to Ms. Settles, TriStar never told her or her husband that the hospital bill would be covered under the program, according to the report. Even after failing to disclose its policy for uninsured COVID-19 patients, TriStar sent Ms. Settles a bill for part of her husband's care. A TriStar spokesperson said that the bill was sent in error. [Source: Beckers Healthcare Newsletter | Alia Paavola | October 22, 2020 ++]

Covid-19 Fake Cures

Update 05: Ozone, Hydrogen Peroxide, & Other Oxygenation Treatments

Ozone (a molecule consisting of 3 oxygen atoms) is a toxic gas that has been promoted by naturopaths and other non-science-based health hucksters as a therapy for chronic diseases, Lyme disease, viral infections, chronic fatigue syndrome, autoimmune diseases, "detoxification," and "boosting the immune system" despite the lack of substantiating evidence of safety and effectiveness. Practitioners of ozone treatment administer ozone through several different routes. It is most commonly administered by infusing it into blood drawn from a patient and then re-injecting the blood.

Various drinkable water products are deceptively promoted as being able to enhance health by increasing in the body oxygen in the form we need to breathe in (molecules consisting of two oxygen atoms). Hydrogen peroxide administered orally or intravenously is also deceptively promoted as a health enhancing oxygenation therapy. Hyperbaric oxygen therapy HBOT involves breathing oxygen in a pressurized chamber. The Food and Drug Administration (FDA) has cleared hyperbaric chambers for certain medical uses, such as treating decompression sickness suffered by divers, air or gas embolism (dangerous "bubbles" in the bloodstream that obstruct circulation), thermal burns (caused by heat or fire), and carbon monoxide poisoning. However, many promoters advertise the chambers with unproven claims for effectiveness in treating a wide variety of injuries and diseases including COVID-19. Risks of HBOT include sinus pain, ear pressure, painful joints, paralysis, and air embolism. The oxygen-rich environment of hyperbaric chambers pose a risk of fire.

The U.S. District Court for the Northern District of Texas has entered a permanent injunction halting [Purity Health and Wellness Centers](#) of Dallas, Texas, which fraudulently promoted "ozone therapy" as a COVID-19 treatment, from offering unproven treatments for the disease. The Federal Trade Commission has warned these businesses to stop making unsubstantiated claims for ozone, hydrogen peroxide, and/or other oxygen for treating or preventing COVID-19:

- [Active Lifestyle Clinic](#) (Phoenix, Arizona)
- [American Medical Aesthetics](#) (Los Angeles, California)
- [Brownstein's Holistic Medicine/The Center for Holistic Medicine](#) (West Bloomfield, Michigan)
- [Doll House MedSpa & Anti-Aging Clinic](#) (San Antonio, Texas)
- [Feelin 02 Good](#) (Riverhead, New York)

- [Forever Ozone](#) (San Diego, California)
- [Gonino Center for Healing](#) (Heath, Texas)
- [Gordon Medical](#) (San Rafael, California)
- [LotusRain Naturopathic Clinic](#) (San Diego, California)
- [North Isle Wellness Center](#) (Miller Place, New York)
- [RowenSu Clinic](#) (Santa Rosa, California)
- [San Francisco Dental Wellness](#) (San Francisco, California)
- [Silver Cancer Institute & Center for Chronic Disease](#) (Scottsdale, Arizona)
- [StuphCorp](#) (Las Vegas, Nevada)
- [The Grossgold Clinic](#) (Clearwater, Florida)
- [TRLYHEAL Pty. Ltd.](#) (Noosaville Queensland 4566, Australia)
- [Vidaful Medicine](#)(Bryn Mawr, Pennsylvania)

For more information:

- Hermes B. [Ozone therapy in naturopathic medicine](#). Naturopathic Diaries. May 22, 2016.
- [Ozone therapy for Lyme: a dangerous scam](#). LymeScience.
- Green S. [Oxygenation Therapy: Unproven Treatments for Cancer and AIDS](#). Quackwatch. June 17, 2001.
- Crislip M. [Blonde blood: hydrogen peroxide infusions](#). Science-Based Medicine. November 16, 2012.
- Gavura S. [Oxygen water? You can't breathe through your stomach](#). Science-Based Medicine. September 8, 2016.
- [Oxygenated water nonsense](#). Aquascams. Updated August 8, 2019.
- Hall H. [Oxygen myths that refuse to die](#). Science-Based Medicine. November 11, 2014.
- Hall H. [Oxygen is good even when it's not there](#). Science-Based Medicine. July 17, 2012.
- [Hyperbaric Oxygen Therapy: Don't Be Misled](#). FDA Consumer Update. Content current as of August 23, 2013.

[Source: Center for Inquiry | William M. London | August 20, 2020 ++]

Covid-19 Testing

Update 05: Cold? Flu? COVID? Here's How to Tell



How can you tell if you have a cold, the flu, or COVID-19? An expert offers advice for those worried sick about their symptoms. You wake up one morning feeling under the weather. While in previous years you may have chalked up a sore throat or body aches to a run-of-the-mill cold or flu, this year's COVID-19 pandemic adds a new element of concern to getting sick. "There is significant overlap between symptoms of influenza and COVID," says Laraine Washer, medical director of infection prevention and epidemiology at Michigan Medicine. "Both can present with

fevers, chills, cough, muscle/body aches, fatigue, and headache.” Here, Washer offers advice to follow during this unique cold and flu season.

Know the Symptoms

- Cold symptoms are mild and the common cold tends not to be associated with fever or headache.
- Congestion/runny nose is common for the common cold and would be uncommon to be the only symptom for influenza. Congestion/runny nose can be a symptom of a COVID infection and might be the only symptom in mild cases.
- Flu symptoms are often of rapid onset. COVID symptoms can be of rapid or more gradual onset.
- One symptom that is more unique to a COVID infection is the loss of taste or smell, Washer says.

Should you get a test?

Washer says that in many settings, the only way to tell the difference between COVID and influenza is by testing. “The differentiation can be very important as there are isolation requirements to prevent transmission of COVID and antivirals that can be used for influenza,” she explains. If you have fever/chills, new cough or new shortness of breath, you should stay home and arrange to be tested for COVID. If you have two or more of the following symptoms:

- Headache,
- New muscle aches,
- New upper respiratory symptoms (congestions, runny nose, sore throat),
- New loss of taste or smell, new nausea/vomiting/diarrhea,
- Or new rash,

you should consider COVID testing. If you have had a known close contact exposure to someone with COVID, you should be tested even if you have one mild symptom. There is a low threshold for COVID testing given risk of transmission to others. Once influenza season begins, your doctor may also wish to test you for flu.

Should you call the doctor?

If you have any chronic medical conditions or are over the age of 65, you are at higher risk of getting a severe COVID infection and should call your doctor. Call your doctor for a fever that does not go down with fever reducing medicine (do not use aspirin as it is contraindicated in influenza) or any severe symptoms or symptoms that get worse over time.

Should I go to the emergency room?

Go the emergency department if you have chest pain or pressure, confusion, difficulty breathing or blue discoloration to your lips or face.

-o-o-O-o-o-

Some good news is that social distancing and wearing masks may mean a milder flu season. “Flu and other respiratory illnesses were reduced in the Southern Hemisphere, whose flu season typically stretches from May to November,” says Washer. Getting a flu shot this year is particularly important to reduce the potential for a twin pandemic of influenza and COVID, which could further overwhelm the healthcare system. “Continue to social distance, avoid large gatherings, and wear your mask! And get and use a thermometer,” says Washer. [Source: Nextgov | University of Michigan, | October 26, 2020 ++]

*** Finances ***



Prescription Savings Card

Trump's Election-Eve Drug Discounts for Seniors Get Snagged

President Donald Trump's plan to mail millions of seniors a \$200 prescription savings card has hit legal and budget roadblocks, making it unlikely the government can carry it out before Election Day. Democratic lawmakers have raised questions about whether the administration has the authority to order on its own billions of dollars in Medicare spending for what the Democrats say are political reasons. Administration and congressional officials say such questions have bogged down review of the plan by agencies, including the Department of Health and Human Services, the Centers for Medicare and Medicaid Services and the White House Office of Management and Budget.

A White House official had no comment on the status of the prescription cards, which Trump announced with a flourish last month during a health care speech in Charlotte, N.C. The Medicare agency, or CMS, said in a statement: "We know that many seniors struggle to afford their medication and because of these high costs may forgo treatment. The administration is committed to lowering out-of-pocket costs for our nation's seniors. We will provide more information about the prescription drug cards soon." One administration official said the odds are 75-25 the plan will not happen. The official spoke on condition of anonymity to discuss back-and-forth internal deliberations.

Earlier this month, Reps. Frank Pallone (D-NJ) Richard Neal (D-MA) and Sen. Ron Wyden (D-OR) questioned the legality of Trump's plan, saying in a letter to HHS Secretary Alex Azar that "the president now appears to be attempting to buy votes just weeks before the election using taxpayer dollars." The lawmakers' objections appear to have hit a nerve in the administration. Among them:

- The White House asserted that Medicare could legally send out the discount cards under its authority to conduct "demonstration programs" testing new ideas. The \$200 would test if extra cash made seniors more likely to stay on their medications and avoid costly hospitalizations. But sending cards to nearly all Medicare recipients is not a test, the lawmakers said. For example, there wouldn't be a control group against which to measure any results. Therefore, such a mass mailing would not meet legal standards for a Medicare demonstration program testing new ideas.
- The cost to taxpayers has been estimated as high as \$7.8 billion, not counting administrative expenses. The money would come from Medicare's Supplemental Medical Insurance Trust Fund. But spending for the cards has not been authorized by Congress, which has the power of the purse. A congressional official said that if the Trump administration approves the plan, it in effect would create a budgetary "trap door" through which future administrations could try to spend billions of dollars without congressional oversight. The official spoke on condition of anonymity to discuss internal analysis.

When Trump announced the plan as part of a 24 SEP speech calling attention to his health care agenda, it seemed like the discount cards were about to go in the mail. People wondered if they would bear the presidents' name. The cards would allow seniors to save \$200 off their prescription copays. Trump initially said 33 million Medicare recipients would get the cards, but administration and congressional officials said the latest estimate is 39 million. "Nobody has seen this before," the president said, with trademark salesmanship. "These cards are incredible. The cards will be mailed out in coming weeks. "I will always take care of our wonderful senior citizens," Trump added. "Joe Biden won't be doing this."

The plan came as a surprise to rank-and-file officials at HHS and CMS who were expected to carry it out, said the administration official, adding that it was directed by the White House. The agencies are trying to move ahead on Trump's plan, but the official said it first has to pass the legal and procedural checks that would apply to any similar idea. Tricia Neuman, a Medicare expert with the nonpartisan Kaiser Family Foundation, said the cards would help a lot of people a little bit but that doesn't address the underlying problem of high prescription drug costs. "It would do relatively little for seniors with truly catastrophic prescription drug expenses," she said.

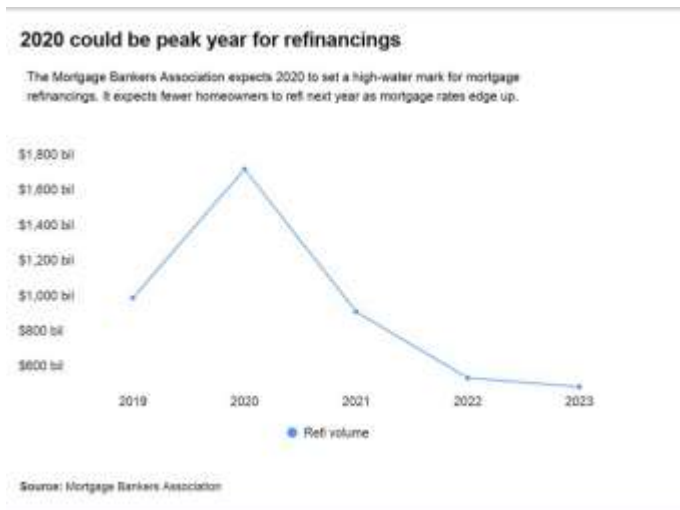
Trump long ago backed off his 2016 campaign idea for Medicare to negotiate drug prices, an approach his Democratic rival Biden is now pushing. But he supported a bipartisan Senate bill that would have capped out-of-pocket costs for Medicare recipients and required rebates if drugmakers raised prices above inflation. Senior Republican senators were cool to the legislation, though, and Democrats coalesced around House Speaker Nancy Pelosi's more ambitious bill empowering Medicare to negotiate prices. Ultimately, nothing passed Congress. [Source: Associated Press News | Chris Kissell & Karla Bowsher | October 13, 2020 ++]

Mortgage

Update 14: Refinance Window Could End Soon

American homeowners will refinance mortgages worth nearly \$1.8 trillion this year as they lock in historically low rates. However, the window of opportunity for refinancing into super-cheap loans could be closing. Many housing economists now expect mortgage rates to edge up gradually from recent record lows. Mike Fratantoni, chief economist at the Mortgage Bankers Association, said 21 OCT that he expects the average rate on a 30-year mortgage to rise to 3.5% by the end of 2021. If the scenario plays out as he predicts, refinancing will lose its appeal for many homeowners. The Mortgage Bankers Association expects refi volume to fall to \$946 billion in 2021 and to \$573 billion in 2022.

“Looking back on this years from now, you will remember 2020 as an absolute banner year for this industry,” Fratantoni said during the Mortgage Bankers Association’s annual conference. A 3.5% mortgage is still low by historical standards. However, it would be high enough that far fewer homeowners would be enticed into refinancing, given the time commitment and costs associated with swapping mortgages. The Mortgage Bankers Association’s forecast is a bit more optimistic than others’ outlooks, but not dramatically so. “While I do not think that rates will climb that high that fast, it is realistically possible — and refis will all but cease if rates hit 3.5%,” says Ken H. Johnson, a housing economist at Florida Atlantic University.



Economic recovery would push rates up

A key assumption in the Mortgage Bankers Association’s forecast is that the U.S. economy will continue its robust recovery. Unemployment soared to 14.7% in April but fell to 7.9% as of September. Fratantoni expects unemployment to continue to decline, hitting 7.5% this year and 6% next year. That’s still high, but well below the calamitous levels of joblessness early in the coronavirus crisis. Of course, the U.S. economy could take other paths. If a resurgence of COVID-19 cases causes new lockdowns, job growth would stall and mortgage rates would not rise so quickly,

Fratantoni says. His forecast calls for continued weakness in the leisure and hospitality sectors, but also for continued strength in white-collar industries that have shifted to remote work.

Government stimulus could pressure rates

A worldwide wave of stimulus packages also plays into the Mortgage Bankers Associations' calculus. The U.S. government has spent trillions of dollars on such stimulus initiatives as generous unemployment benefits and forgivable loans to employers. "This is an incredible amount of debt," Fratantoni says. "The Treasury has had to auction \$4.5 trillion dollars of debt this year." With developed nations around the world pumping out debt, governments will be forced to offer more generous yields to attract investors, he says. That matters to the mortgage market because the rate on 30-year mortgages is closely tied to the rate on 10-year Treasury debt. While yields on 10-year Treasuries remain low — 0.813% as of 21 OCT — they have ticked up in recent months as the economic outlook has brightened.

"Mortgage rates can be expected to rise as they tend to move with the yield on 10-year Treasury notes," says Lynn Reaser, chief economist at Point Loma Nazarene University in San Diego. "Although the Federal Reserve tightly controls short-term rates, it has much less influence on long-term rates. As the economy recovers, spurred by the expected arrival and implementation of a vaccine next year, long-term rates, including mortgage rates, will move higher." In another factor pressuring mortgage rates upward, Fratantoni sees mounting deficits spurring inflation. Mortgage rates are tightly correlated with inflation, so rising prices could also trigger higher mortgage rates.

What you can do

Early in the coronavirus recession, the smart move for homeowners looking to refinance was to wait. Patient homeowners were rewarded as rates fell to one record after another. The savvy play now might be to lock in a refi in case rates start to rise. The best strategies include:

- Shop around. There can be wide variances in rates and closing costs from lender to lender, so seek multiple proposals.
- Calculate your breakeven point. Closing costs add up quickly — they can be 2% to 5% of the total amount of the loan. So, make sure your monthly savings justify the steep upfront costs.
- Expect a wait. Lenders are inundated, and they're giving priority to purchase mortgages, so expect to wait about 60 days for a refi to be processed and closed.

[MoneyTalksNews | Bankrate.com | October 1, 2020 ++]

FICO Credit Score

Update 18: Surprising Things that Damage Your Score

The next time you check your credit score, you might discover it has taken a tumble because of a seemingly small mishap on your part. This happened to this writer because she misplaced a bill for a whopping \$12.70. Her nonpayment ended up being reported to credit bureaus, also known as credit-reporting agencies. The result was an 80-point decrease in her credit score and several months of regret. Her credit score rebounded, but this small oversight still haunts her. With this precautionary tale in mind, here are some other types of mishaps that can damage your credit score.

1. Car rental reservations

Planning to rent a car? If you use a debit card to make the reservation, the rental car company might require a credit screening. That can ding your credit score, as is detailed in "[9 Things You Should Never Pay For With a Debit Card](#)". Here's a better option: Confirm the reservation with your credit card to avoid the unnecessary credit inquiry. Then, settle the final bill with your debit card upon returning the vehicle.

2. Closing credit cards

Closing a credit card account sounds smart, but it actually can hurt your credit score. Closing an account affects what's known as your credit utilization ratio. That is the percentage of your available credit that you are using. This ratio affects both FICO credit scores and VantageScore credit scores. The lower your ratio — meaning the least of your available credit that you're using — the better your credit score will be. Closing a credit card account you're not using decreases your available credit, however. That increases your credit utilization ratio, hurting your credit score.

3. Past-due rent payments

Fail to pay the rent on time, and the landlord might report your delinquency to credit bureaus. If you're having trouble with the rent, meet with your landlord and propose an alternative payment plan until you're caught up. That way, you can salvage your good name and credit.

4. Defaulting on recurring bills

If you are even slightly past due on a bill from a cellphone or utility company or other provider of recurring services, chances are you'll receive several notices before services are terminated. But once the provider has had enough, expect to be turned over to debt collectors and subsequently reported to the three main nationwide credit-reporting companies — Equifax, Experian and TransUnion. Don't ignore correspondence or fail to settle outstanding obligations.

5. Breached gym membership contracts

Even if you are tired of forking over hard-earned cash each month for a gym membership you aren't using, don't just walk away. Properly close the account, or it could cost you in the form of early termination penalties and a damaged credit score.

6. Outstanding medical bills

If you're having trouble paying medical bills, make sure you tend to the matter promptly. Request a payment plan, for example. Ignoring collectors by muting the ringer on your phone or sending their calls to voicemail can eventually result in a blemish — in the form of a collection account — on your credit report. Due to credit industry changes announced several years ago, medical debts are reported only after a 180-day waiting period designed to allow enough time for insurance payments to be applied. And in general, credit-reporting agencies are placing less weight on outstanding medical debt. Still, tending to medical bills promptly can help you avoid a credit blemish in the first place.

7. Too many credit card applications

Ten percent of your FICO credit score is determined by how you shop for credit. According to Fair Isaac Corp., or FICO, the company behind FICO scores: "People tend to have more credit today and shop for new credit more frequently than ever. FICO Scores reflect this reality. However, research shows that opening several new credit accounts in a short period of time represents greater risk — especially for people who don't have a long credit history." So, remember this the next time you're offered a store credit card at the checkout counter as part of a deal that could save you some significant cash on the purchase. The price of that one-time savings might be a lower credit score.

[Source: MoneyTalksNews | Allison Martin | October 26, 2020++]

Medicare Out vs. In-Patient

Not Asking About This in Hospital Can Cost you Thousands

Medicare recipients who fail to clarify their hospital status can pay a high price. If you are a Medicare enrolleeask this question the next time you visit a hospital for care: "Am I admitted, or am I here for observation?" Failing to do so could potentially cost you thousands of out of pocket dollars. That's because if the hospital deems that you are at the facility "for observation" — also referred to as you being an "outpatient" — Medicare will not pick up the tab for certain hospital services. Nor would Medicare pay for care you receive in a skilled nursing facility if you need to go to such a facility after leaving the hospital. To get Medicare coverage for hospital services like X-rays and lab tests, or for

care in a skilled nursing facility, you first need to be “admitted” to a hospital. This is also referred to as you being an “inpatient.”

Margie Barrie, an insurance agent with ACSIA Partners, knows the potential danger of making the wrong move. She recently wrote a piece for [ThinkAdvisor](#) about the day her 98-year-old mother was taken to an emergency room with what turned out to be congestive heart failure. Eventually, Barrie’s mother was told she was being moved to a hospital room. Barrie recounted how a hospital employee approached Barrie’s mother with several papers to sign, saying the forms were routine: “The first paper is about authorizing Medicare to pay the hospital bill. The second paper — and this is done very smoothly — states that my mother understands she will be in the hospital on observation status for 24 hours. As my mother is handed the paper to sign, I shout, ‘Mom, don’t sign it!’”

Barrie says various members of the hospital staff tried to browbeat her mother into signing the forms — at least until Barrie uttered some magic words: “I write a column in a national newsletter that has a large circulation.” After a bit more debate and discussion about whether Barrie’s mother had been given oxygen in the ER — she had been — her mother’s hospital status was changed from “observation” to “admitted.” As it turns out, Barrie’s mother did end up going to a skilled nursing facility for physical therapy and rehabilitation after leaving the hospital. Had Barrie not pushed to get her mother’s hospital status changed while her mother was at the hospital, the stay in the nursing facility would have cost \$650 a day — out of pocket.

Barrie’s parting words of advice to others who find themselves — or loved ones — in a similar situation are as follows: *“Know these rules so that you can challenge them if appropriate. This discussion must occur in the emergency room. The reason is that when the patient leaves the emergency room, you cannot get the status changed.”* To learn more about the rules that determine whether someone’s Medicare hospital status is observation or outpatient versus admission or inpatient, you might want to start by reviewing Medicare’s [“Are You a Hospital Inpatient or Outpatient?”](#) handout. Looking for more ways to save on Medicare costs? Knowledge is power! So, check out Money Talks News’ [latest Medicare coverage](#). [Source: MoneyTalksNews | Chris Kissell | February 5, 2020++]

Vet Retirement Earnings

Vietnam Era Earn Nearly as Much as Their Civilian Counterparts

A study published by the [Congressional Budget Office](#) found that Vietnam-era veterans earned nearly as much in retirement as their civilian counterparts, with those over the age of 72 actually making more, on average, than civilians of the same age. According to the Census Bureau, there are nearly 15 million American males between the ages of 63 and 78, of that number approximately 5.5 million are Vietnam-era veterans. The newly published study examined the total personal income of nearly 246,000 males born between 1940 and 1955, using data from the U.S. Census Bureau. Of that number, approximately 178,000 were non-veterans and 68,000 were vets.

The study found little difference between races or those with or without college degrees. Since fewer than 4% of those who served during the Vietnam era were women, only men were included in the study. The report cited two studies, one conducted in 2008, when most Vietnam-era veterans were still in the workforce, and one from 2018, when most of them had retired. The studies took into account five sources of regular income:

1. Wages and earnings
2. Social Security
3. Retirement plans
4. Investment income
5. VA [disability payments](#)

When all these sources of income were added together, most Vietnam-era veterans actually earned more than their civilian counterparts in retirement, even though they earned less than civilians while in the workforce. While employed,

the sampled veterans had an average total income of \$50,000 in 2008 -- 20% less than non-veterans in the same age range, who earned an average of \$62,200. However, in 2018 when most Vietnam-era veterans had reached retirement age, the difference was much less.

In 2018, a 65-year-old veteran earned an average of \$56,300, compared to the average civilian income of \$66,900. That difference narrowed as age increased; by the time they reached age 71 (the median age for a Vietnam-era veteran), vets had an average total income of \$65,600, compared to \$65,700 for non-veterans. After that age, veterans had significantly more income than non-veterans in their age group. At 72, veterans earned \$5,000 more annually than non-veterans; by age 76, a veteran made an average of \$68,600 compared to \$56,800 for a non-veteran. The study also found that veterans in the study group were less likely to remain in the workforce once they reached retirement age. Nearly 10% more non-veterans continue to work after age 65 than veterans do.

Veterans also had less income disparity than non-veterans, meaning that more vets were solidly middle class with fewer of them being either very rich or very poor. Approximately 15% of veterans were in the lower one-quarter of earners, compared to 22% of non-veterans; 17% of veterans were in the upper one-quarter of earners, compared to 21% of non-veterans. Another tidbit of information contained in the report said that nearly 3 million of the 9 million veterans receiving VA health care were Vietnam vets. The health care those veterans received cost taxpayers an average of \$11,400 annually. You can see the full report on the [Congressional Budget Office's website](#). [Source: Military.com | Jim Absher | October 6, 2020 ++]

GI Bill 48 Month Rule

Carr vs. Wilke Decision Additional Payment Entitlement

On June 11, 2020, Federal Circuit Court, in Carr vs Wilkie, overturned VA rules regarding end-of-term benefit extensions. In accordance with the Carr decision, VA will begin paying more benefits because we will now extend end-of-term benefits beyond 48 months. This ruling only applies to cases which have not been finally decided by VA; therefore, it will only apply to cases currently on appeal with the Board of Veterans Appeals or still appealable to VA (those decided within one year of date of decision: June 11, 2020).

To prepare for this outcome, VA has begun the process of preparing procedures to implement. Education Service team chiefs have participated in a working group to ensure procedures, regulations, operations, claims processing, stakeholder communications, systems, etc. are in concert based upon how the decision affects the administration of chapter 30 and 33 benefits (including the Fry Scholarship and STEM program benefits). Chapter 33 benefits includes the Fry Scholarship beneficiaries. STEM scholarship beneficiaries are not affected. This ruling also does not impact Transfer of Entitlement (TOE) benefits, which are not counted against a 48 or 81-month cap for the transferees utilizing TOE.

Prior to Carr vs. Wilkie

Prior to the Carr v. Wilkie decision, VA viewed the 48-month rule as a hard stop and would never extend end-of-term benefits beyond 48 months. The Court has ruled that this is incorrect and instead, VA should apply the 48-month rule to limit the initial award which will determine when benefits are exhausted and the point at which we should then apply the end-of-term extension (i.e., an end-of-term extension should not be stopped at the 48th month). Example: Beneficiary used 26 months under chapter 1606. He or she now applies for chapter 33 benefits. Entitlement to chapter 33 benefits is generally limited to 36 months of entitlement. However, application of the 48-month rule limits the award to 22 months of chapter 33 benefits. Therefore:

- 26 months of ch 1606 benefits used
- 36 months of ch 33 benefits entitled
- 48-26 = 22 months of chapter 33 will be awarded

If the claimant then uses 21 months of chapter 33 benefits (leaving only one month of entitlement remaining), and then starts a 4 month standard semester program, VA will pay benefits for the entire 4 months extending benefits by 3 months beyond the student's actual award. This student will ultimately receive a combined total of 51 months of VA educational assistance.

For quarter or semester based programs, VA will extend benefits to the end of the term. This means if a student has at least one day of benefits to start the academic term but does not have enough days of benefits to pay for the entire term, VA will nonetheless pay benefits for the entire term. Benefits can also be extended under the same statute for non-quarter or semester based programs but the rules for calculating the length of the extension are slightly different. For these non-standard term program, benefits can only be extended to the end of the term if the student has enough benefits to make it to at least the halfway point in the period. However, end-of-term benefits can only be extended for a maximum of 12 weeks. If the student does not have enough benefits to make it to the halfway point, then benefits cannot be extended. Benefits will stop on the day the student exhausts his or her remaining entitlement.

Affects of Readjudicating Retroactive Cases

The process of Readjudicating retroactive cases means that VA will determine previous times where we underpaid tuition and fees to a school and housing benefits to the student. Retroactive housing payments to students should be fairly simple, and students will receive a letter telling them why they are getting this new payment. There are, however, potential complications with the tuition and fee payments VA will now make to the school. By law, VA must make these payments directly to the school. See 38 U.S.C. 3313(h). However, at the time the student attended school, the student would have had to pay the balance in full. As far as the school is concerned, there is likely no payment due for these terms. VA's payment, therefore, will likely result in a credit on the student's account, and the school will be required to refund the student that extra money.

Students will be advised to contact their school to get the money they are due. Students may object to the burden of having to contact and coordinate a refund through the school. Schools may object because it puts the burden on the school to find the student (who may no longer be enrolled at the school) and refund the money while maintaining proper accounting practices to keep track of the excess fund. By law, though, this is the only method of payment allowable since tuition and fee payments may only be paid to the school.

If you are aware of any student having questions or experiencing a financial hardship due to this issue, please have them contact the Education Call Center at 1-888-442-4551, Monday – Friday, 7:00 a.m. – 6:00 p.m. Central Time so we may take immediate action. We will be actively monitoring our Education Call Centers and social media outlets for any questions or concerns. For more information, go to: <https://www.benefits.va.gov/gibill>. [Source: US Department of Veterans Affairs | Kevin Secor | October 29, 2020 ++]

Medicare Help Scams

Claims to "Help" with Medicare Enrollment

Every year during health insurance open enrollment season, scammers try to dupe unsuspecting consumers into sharing their personal information. This year is no exception. According to new BBB.org/ScamTracker reports, Americans are getting scam calls phishing for their Medicare numbers and other personal information. This year, open enrollment runs October 15 - December 7, 2020 for Medicare and November 1- December 15, 2020 for the Affordable Care Act.

How the Scam Works

- You receive a call (or a recorded message) from someone who claims to be helping you navigate your Medicare options. They may call themselves a “health care benefits advocate” or a similar title. The caller says they can enroll you in a better Medicare program than what you currently have. This new plan is cheaper, and you can keep all the same services. To get started, all you need to do is provide some personal

information, such as your Medicare ID number. Of course, the call is a scam, and sharing personal information will open you up to identity theft.

- In another version reported to [BBB.org/ScamTracker](https://www.bbb.org/scamtracker), the caller is trying to frighten – rather than assist – you. In this case, they claim that your Medicare will be discontinued if you don't re-enroll. Fortunately, this “Medicare advisor” can fix the situation – if only you share your share personal information.
- Also, [BBB.org/ScamTracker](https://www.bbb.org/scamtracker) is getting reports about callers pushing “free” back or knee braces. This is Medicare fraud, and you can learn more about these scams [here](#).

How to Spot this Scam:

- Be wary of anyone who contacts you unsolicited. People representing Medicare or ACA plans don't contact you by phone, email, or in person unless you are already enrolled. Be especially cautious of threatening calls that require quick action or immediate payment.
- Decline promotional gifts in exchange for personal information. Keep a healthy level of skepticism any time a broker offers you free gifts, health screenings, or other special deals. Never sign up with a broker who offers you an expensive “sign-up gift” in exchange for providing your Medicare ID number or other personally identifiable information.
- Beware of dishonest brokers who offer “free health screenings.” Some brokers offer this to weed out people who are less healthy. This is called “cherry picking” and is against the Medicare rules.
- Guard your government-issued numbers. Never offer your Medicare ID number, Social Security number, health plan info, or banking information to anyone you don't know.
- Hang up and go to official websites. You can enroll or re-enroll in Medicare at [Medicare.gov](https://www.Medicare.gov) or in a marketplace health plan at [Healthcare.gov](https://www.Healthcare.gov).

For More Information

Learn more about open enrollment and spotting a Medicare or ACA scam on the [Federal Trade Commission](https://www.ftc.gov) website. If you are unsure whether a call or offer is from Medicare, or you gave your personal information to someone claiming to be with Medicare, call 1-800-MEDICARE to report it. If you suspect fraud when signing up for ACA coverage, go to [HealthCare.gov](https://www.HealthCare.gov) or call the Health Insurance Marketplace call center at 800-318-2596.

For more tips from BBB on avoiding health care scams, check [BBB.org/HealthCareScam](https://www.bbb.org/HealthCareScam). If you've been the victim of a scam, please report it to [BBB.org/ScamTracker](https://www.bbb.org/ScamTracker). By sharing your experience, you can help others avoid falling victim to similar scams.

[Source: [BBB Scam Alerts](https://www.bbb.org/ScamAlerts) | October 16, 2020 ++]

Influencer Scam

Gets a Charity Twist

Scammers are taking advantage of would-be Instagram influencers by tricking them into buying over-priced products that allegedly support a charity. Instead of gaining followers and helping a good cause, the influencers end up losing money.

How the Scam Works

- You received a direct message in Instagram that appears to come from a charity or from a business claiming to have partnered with a charity. The representative wants to know if you would be interested in becoming a “model” or “brand ambassador” for their new campaign. This promotion is allegedly supporting a nonprofit –

recent reports to www.BBB.org/ScamTracker mention everything from environmental conservation to women’s rights to LGBTQ youth.

- It sounds like a great gig! The “representative” sends you a discount code to purchase the products they want you to model. The prices in the online store are high, but, according to the representative, the sales go to support the charity.
- Unfortunately, there’s a catch. Victims report purchasing items – often t-shirts – that never arrive. In some cases, the charity never even existed. In others, the charity is real, but scammers used their name without their knowledge, and the nonprofit never received money from the sales.

How to Spot this Scam:

- Ask questions: Targets of this con told www.BBB.org/ScamTracker that when they asked for details about the charity and how the donations are used, the scammer got evasive and stopped responding. Don’t hesitate to push back if something seems off.
- If an offer looks suspicious, do a search. If something is a scam, victims are likely to have posted about it online. Also, the charity’s website and/or social media should mention the partnership – if it’s real.
- Know the signs of fake social media accounts: Make sure the business or charity contacting you is real. This article has detailed information about how to spot a phony Instagram account.
- Report scam accounts and messages to Facebook and Instagram: Alert administrators to fake profiles, compromised accounts, and spam messages by reporting them on Facebook and Instagram.
- Learn how to spot a job scam: This social media ambassador con uses many of the same techniques as a job scam. Read more about them at www.BBB.org/EmploymentScam.

For More Information

Learn more about charity scams in this article from www.BBB.org. If you’ve been the victim of a social media scam, help others avoid falling victim by reporting what happened to www.BBB.org/ScamTracker. [Source: BBB Scam Alerts | October 9, 2020 ++]

Money Flipping Scams

Update 03: Watch Out for These Cons

Want to turn \$500 into \$10,000 with very little effort? Of course, you do! Scammers are taking advantage of people’s get-rich-quick dreams by promoting “money flipping” scams on social media, and BBB is seeing dozens of reports each month about these cons.

How the Scam Works:

- You see a photo of a pile cash on social media. In the caption, the user brags about having “flipped” a couple hundred dollars into thousands. Want to do it, too? It’s easy. Just message the account holder. The “investor” will ask you to send money – typically \$300 to \$800 – through Cash App or [another digital wallet service](#). Then, they “invest” your money in the stock market where it multiplies in a few days.
- Sounds great, right? Here’s the catch. When you try to get your money back, the scammer claims that Cash App charges a fee to return it. In other cases, the con artist alleges that you first need to pay taxes to the Internal Revenue Service. Some victims report sending thousands of dollars in phony fees. Every dollar you pay for money flipping – from the initial “investment” to the alleged taxes – is going straight into the scammer’s pocket. You won’t see any of your money again.

- [Cash App](#) and its [parent company Square](#) are aware that scammers are using its platform in this way and they have communicated with customers who have been impacted by certain scams. They recommend that any customer in need of additional assistance contact their support team [cash.app/help](#).

How to Avoid a Money Flipping Scam

- Tell a real Cash App giveaway from a scam. Since 2017, CashApp has been running weekly giveaways under the hashtag #CashAppFriday. The company partners with businesses and celebrities, who ask users to retweet or comment on their social posts in hopes of being selected for a cash prize. Scammers often use similar language and pretend like they are part of an official giveaway.
- Search online. Before contacting the potential scammer, do a web search of their username or phone number. If it's a scam, chances are that other victims have posted complaints and information online.
- Be very wary of buzz words. Certain phrases should raise a red flag. Don't believe anything that is "guaranteed" to do well, or that offers low or no risk with a high return. Anyone who claims to be able to turn a small investment into piles of cash in mere minutes is a scam artist.
- Treat Cash App like cash. Once you send money through Cash App, you may not be able to get that money back. It's now scammers payment method of choice, so be careful.

For More Information

Many investment scams use similar techniques, [BBB.org/InvestmentScam](#). Learn more about [Cash App scams](#) and [staying safe when using a digital wallet like Cash App and Zelle](#). If you've been targeted by this scam, help others avoid the same problem by reporting your experience on the [BBB.org/ScamTracker](#). [Source: BBB Scam Alerts | October 30, 2020 ++]

TRICARE Select

Update 08: New Enrollment Fee Grace Period Proposed

Sen. Jon Tester (D-MT) is urging Defense Secretary Mark Esper to hold off on implementing new Tricare Select enrollment fees for a year to give military families some economic relief amid the coronavirus pandemic and so they can become informed about the new charges. "The [coronavirus] pandemic has had unprecedented impacts on the health and economy of our nation," Tester, the ranking Democrat on the Senate Armed Services Committee, wrote 26 OCT in a letter to Esper. "By implementing a 12-month grace period, the [Defense Department] can ensure that all military retirees and their families have adequate time and notice to meet the new Tricare Select requirements and maintain their health care coverage."

On 1 JAN, Tricare Select Group A retirees will be required to pay new fees. An individual's monthly enrollment fee will be \$12.50, or \$150 annually. Monthly family fees will be \$25, or \$300 annually. There are 407,431 beneficiaries of Tricare Select, according to 2019 data from the Defense Department. The new fees were mandated by the 2017 National Defense Authorization Act's reorganization of Tricare, the health care program for service members, retirees and their families. Any service member who joined the military before Jan. 1, 2018 is in Select Group A. Select Group B are those who enlisted or commissioned after Jan. 1, 2018, and have already been paying enrollment fees. The Defense Health Agency, which oversees health care for the military, said there are no changes to Group B.

It is unclear whether all Tricare beneficiaries who would be impacted by the new fees have been notified. But Tester wrote he is concerned some veterans and their families might be caught off guard with surprise costs in the middle of a pandemic, which has already crippled the economy. "Inevitably, some veterans and their families only learn about a new requirement when they try to access needed health care and find out they no longer have coverage," Tester wrote to Esper. "Even now, the official Tricare website emphasizes that military retirees who want to stay in their current

plan don't have to take any action, which may be confusing to those Group A retirees who must pay the new enrollment fee to maintain their Tricare Select coverage.”

Beneficiaries will need to contact their Tricare regional contractors and set up their enrollment payments. The Tricare regions are: Humana Military in the eastern United States, HealthNet Federal Services in the west, and International SOS Government Services overseas. “In order to maintain health coverage unless waived by law, Tricare Select Group A retired beneficiaries must take action and pay their Tricare Select enrollment fees,” according to a statement from the Defense Health Agency. However, enrollment fees are waived for Chapter 61 retirees, their family and survivors of deceased service members. Chapter 61 refers to veterans who were medically retired from military service with a rated disability of 30% or greater, according to the Army’s Human Resources Command. [Source: [Source: Stars & Stripes | Steve Beynon | October 27, 2020 ++]

Tax Burden for Indiana Retired Vets

As of October 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 Indiana:

Sales Taxes

The Indiana state sales tax rate is 7%. Indiana has a lower state sales tax than 59.6% of states.

- Groceries and prescription drugs are exempt from the Indiana sales tax. However, prepared food is taxed at 9%. Counties and cities are not allowed to collect local sales taxes
- Indiana has no special sales tax jurisdictions with local sales taxes in addition to the state sales tax
- Indiana's sales tax was raised to 7% from 6% in 2008 to make up for lower property taxes. There are several specific exemptions to the sales tax in Indiana, including medication, water and ice, and all raw foods and juices (groceries).
- Counties and cities are allowed to add local sales taxes, and many also collect surtaxes on the sale of prepared food and beverages. Most localities use this sales tax revenue to fund tourism and economic development projects.
- If you buy goods and are not charged the Indiana Sales Tax by the retailer, such as with online and out-of-state purchases, you are supposed to pay the 7% sales tax (less any foreign sales tax paid) for these items yourself as the Indiana Use Tax.
- If you have questions about the Indiana sales tax, contact the Indiana Department of Revenue's Sales Tax Hotline at (317) 233-4015.

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 Indiana state government are the fuel tax on gasoline and the so-called "sin tax" collected on cigarettes and alcoholic beverages. An excise tax is not the same thing as the Indiana Sales Tax. The [Indiana Sales Tax](#) is collected as a percentage of the final purchase price of all qualifying sales, and is collected directly from the end consumer of the product. Indiana's excise taxes, on the other hand, are flat per-unit taxes that must be paid directly to the Indiana government by the merchant before the goods can be sold. Merchants may be required to attach tax stamps

to taxable merchandise to show that the excise tax was paid. Even though excise taxes are collected from businesses, virtually all Indiana merchants pass on the excise tax to the customer through higher prices for the taxed goods. Indiana collects an average of \$433 in yearly excise taxes per capita, lower than 54% of the other 50 states.

- **Alcohol:** Liquor \$2.68 per gal | Wine: \$0.47 per gal | Beer: \$0.12 per gal. All are already added to their purchase prices by the retailer. The Indiana excise tax on liquor is one of the lowest liquor taxes in the country. Indiana's excise tax on Spirits is ranked #42 out of the 50 states. Indiana state taxes on hard alcohol vary based on alcohol content, place of production, size of container, and place purchased. The Indiana liquor tax applies to all hard alcohol (alcoholic beverages other than beer and wine). The Indiana excise tax on Wine is lower than 70% of the other 50 states. Indiana's excise tax on wine is ranked #35 out of the 50 states. The Indiana excise tax on beer is one of the lowest beer taxes in the country. Indiana's beer excise tax is ranked #41 out of the 50 states.
- **Cannabis Tax:** Not Applicable
- **Cellphone:** The average tax collected on cell phone plans in Indiana is \$9.84 per phone service plan, higher than 54% of the other 50 states. Indiana's average cellphone tax is ranked #23 out of the 50 states. The Indiana 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
- **Cigarettes:** The Indiana excise tax on cigarettes is \$1.00 per 20 cigarettes, lower than 62% of the other 50 states. Indiana's excise tax on cigarettes is ranked #31 out of the 50 states. The Indiana cigarette tax of \$1.00 is applied to every 20 cigarettes sold (the size of an average pack of cigarettes). If a pack contains more than 20 cigarettes, a higher excise tax will be collected.
- **Fuel:** The Indiana excise tax on gasoline is 18.00¢ per gallon, higher than 62% of the other 50 states. Indiana's excise tax on gasoline is ranked #19 out of the 50 states. The Indiana gas tax is included in the pump price at all gas stations in Indiana. This is in addition to the federal excise tax of 18.4¢ per gallon on gasoline and 24.4¢ per gallon, on diesel.
- **Vehicle:** Indiana 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 Indiana Department of Transportation and receive documentation (registration and title papers) proving the fees were paid.

Personal Income Taxes

Tax Rate Range: Flat rate of 3.23% of federal adjusted gross income (AGI) for single or married. See tax info www.in.gov/dor/4748.htm & <http://www.in.gov/dor/4735.htm#military>.

Personal Exemptions: Single – \$1,000; Married – \$2,000; Dependents – \$1,000; \$1,000 is a base exemption. If dependents meet certain conditions, filers can take an additional \$1,500 exemption for each.

Renter's Deduction: You can deduct up to \$3,000 or the amount of rent paid, whichever is less.

Standard Deduction: None

Medical/Dental Deduction: None

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security is exempt. Taxpayers 65 and older may exclude \$1,000 from military pensions minus the amount of Social Security and Railroad Benefits received. Taxpayers age 62 and older may deduct from their adjusted gross income \$1,000 from a federal civil service annuity. Out-of-state pensions are fully taxed. Homeowners can deduct up to \$2,500 from their income taxes for property taxes on their residence. To view information for seniors, [click here](#).

Retired Military Pay and/or SBP: The taxability of this income is being phased out over a four-year period of time. Beginning in 2019, the \$6,250 maximum amount eligible to be deducted has increased. You may be eligible to deduct up to \$6,250 of these benefits plus 25 percent of the amount received that exceeds \$6,250.

Active Duty or Reserve Military Pay: Military personnel (regardless of age) on active duty or in the reserves may deduct up to \$5,000 of taxable military pay if it is not already excluded or deducted from their adjusted gross income.

Military Disability Retired Pay: To take this deduction you must have been Permanently and totally disabled at the time of retirement, and retired on disability before the end of the tax year, and received disability retirement income during the tax year. If you meet these qualifications, you must complete Schedule IT-2440 and have it signed by your doctor to claim this deduction. This deduction is limited to a maximum of \$5,200 per qualifying individual.

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.

Website: Indiana Department of Revenue <https://www.in.gov/dor/individual-income-taxes>

Tax Forms: IT-40 Individual Income Tax Booklet <file:///C:/Users/User/AppData/Local/Temp/265-2019.pdf> & IT-40 Income Tax Form <file:///C:/Users/User/AppData/Local/Temp/154.pdf>

Property Taxes

Property taxes are collected on a county level, and each county in Indiana has its own method of assessing and collecting taxes. As a result, it's not possible to provide a single property tax rate that applies uniformly to all properties in Indiana.

- The median property tax in Indiana is \$1,051.00 per year for a home worth the median value of \$123,100.00. Counties in Indiana collect an average of 0.85% of a property's assessed fair market value as property tax per year. Indiana has one of the lowest median property tax rates in the United States, with only ten states collecting a lower median property tax than Indiana.
- Indiana's median income is \$56,350 per year, so the median yearly property tax paid by Indiana residents amounts to approximately 1.86% of their yearly income. Indiana is ranked 37th of the 50 states for property taxes as a percentage of median income.
- The exact property tax levied depends on the county in Indiana the property is located in. Hamilton County collects the highest property tax in Indiana, levying an average of \$2,274.00 (1.08% of median home value) yearly in property taxes, while Orange County has the lowest property tax in the state, collecting an average tax of \$515.00 (0.57% of median home value) per year.
- For more localized property tax rates, find your county on the property tax map of Indiana in the county list at <http://www.tax-rates.org/indiana/property-tax#Counties>.

Inheritance and Estate Taxes

Indiana repealed its inheritance tax in 2013. For individuals dying after Dec. 31, 2012, no inheritance tax has to be paid. [Click here for details](#) on inheritance tax and go to <https://www.fool.com/taxes/2019/11/11/here-are-the-2020-estate-tax-rates.aspx> for estate taxes.

Other State Tax Rates

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

- Sales Tax: <http://www.tax-rates.org/taxtables/sales-tax-by-state>.
- Personal Income Tax: <http://www.tax-rates.org/taxtables/income-tax-by-state>.
- Property Tax: <http://www.tax-rates.org/taxtables/property-tax-by-state>.

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For further information visit the Indiana Department of Revenue site <http://www.state.in.us/dor>. [Source: <http://www.retirementliving.com/taxes-alabama-iowa#INDIANA> | October 2020 ++]

*** General Interest ***



Notes of Interest

October 16 thru 31, 2020

- **GIBill.com.** The Department of Veterans Affairs has lost the domain rights to GIBill.com, which some advocates fear could open the potential for scammers to target veterans.
- **DEC Execution.** A woman convicted of strangling a pregnant woman and kidnapping her unborn child is scheduled to be put to death in December in the first federal execution of a woman in nearly 70 years, officials said 16 OCT. The last woman executed by the federal government was Bonnie Heady, who was put to death in 1953 after she and Carl Hall kidnapped and killed the 6-year-old son of a wealthy car dealer. They demanded and received \$600,000 in ransom, but had already killed the boy.
- **New START Treaty.** The Trump administration rejected a proposal by Russian President Vladimir Putin for a one-year extension of a critical nuclear arms-control treaty 16 OCT, dimming the chances of a diplomatic breakthrough before the 3 NOV U.S. presidential election. The 2010 treaty, which expires in February, restricts the number of deployed strategic nuclear warheads and certain launch platforms.
- **New START Treaty.** Russia said 20 OCT it would be open to a mutual nuclear warhead freeze with the United States in exchange for extending the last nuclear treaty between Moscow and Washington for a year.
- **Venezuela.** Venezuela's propaganda videos are showing off warships armed with new Chinese-made anti-ship missiles.
- **USAF Marijuana Policy.** While airmen are responding to the increasingly prevalent legalization of marijuana in states across the nation and wondering if the Air Force will change its policies as well, the service has no plans to change its stance. In fact, any change would require an act of Congress.
- **Iran.** A decade-long U.N. arms embargo on Iran that barred it from purchasing foreign weapons like tanks and fighter jets expired 18 OCT as planned under its nuclear deal with world powers, despite objections from the United States, which insists the ban remains in place.
- **Military Aircraft Fatalities.** The Navy and Marine Corps announced 19 OCT that, for the first time in nearly a century of United States naval aviation, the services have collectively managed to not lose any pilots in the last year.
- **Covid-19 vs. Flu.** Hospitalized coronavirus patients were five times more likely to die than those hospitalized with the flu, according to a new report from the Centers for Disease Control and Prevention (CDC). Study authors analyzed health records for nearly 4,000 COVID-19 patients and over 5,400 flu patients from the Veterans Health Administration and compared the complications for each.
- **Nuclear Missile Fleet.** The Pentagon has raised to \$95.8 billion the estimated cost of fielding a new fleet of land-based nuclear missiles to replace the Minuteman 3 arsenal that has operated continuously for 50 years, officials said 19 OCT. The estimate is up about \$10 billion from four years ago. The weapons, known as intercontinental ballistic missiles, or ICBMs, are intended as part of a near-total replacement of the American nuclear force over the next few decades at a total cost of more than \$1.2 trillion.
- **Travel.** Ukraine International Airlines has banned a traveler from all future flights with the carrier after the unidentified woman opened an emergency door on a Boeing 737 and went for a walk on the wing as it was waiting at a gate at Boryspil International Airport in Kyiv.
- **Army Navy Game.** The two service academies' athletic directors announced 23 OCT that the 121st Army-Navy Game will be hosted by the U.S. Military Academy at West Point, New York, this December, marking the first time it has been played at a home site since World War II. The game was supposed to be held in

Philadelphia, but it was moved after Pennsylvania placed attendance restrictions on outdoor events due to the coronavirus pandemic.

- **VA Home Loans.** The U.S. Department of Veterans Affairs (VA) announced 28 OCT it achieved a record year in its home loan program, by guaranteeing more than 1.2 million home loans in fiscal year 2020, totaling more than \$363 billion, to help Veterans afford homeownership. This record loan volume equates to approximately 3,200 loans per day and represents the most home loans guaranteed in a single year in the history of the program.
- **Veteran Definition.** A veteran - whether active duty, retired, National Guard, Inactive Reserve, or Reserve - is someone who served their country and, at one point in their life, wrote a blank check made payable to "The United States of America" for an amount of "up to and including his life".
- **Covid-19/Flu.** First dual case of COVID-19, flu confirmed in Solano County, California. The patient works in the "healthcare realm," is under the age of 65 and is an otherwise healthy individual who has not had a flu shot.
- **Netflix.** Netflix is hiking its prices. The popular streaming service will boost the price of its standard plan to \$14 a month, and its premium plan to \$18 a month. The basic plan cost will remain \$9.
- **Lunch Meats.** In 2015, the, [World Health Organization](#) declared processed meats to be a carcinogen. In other words, consuming hot dogs, ham, bacon, sausage and some deli meats can put you at higher risk for cancer.

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

USPS Mail Delivery

Update 04: Suggested Deadlines to Get Holiday Goodies to Overseas Troops



While there are still a few weeks to go before Halloween, it's time to start thinking about getting those Christmas and Hanukkah packages and cards to overseas military locations. The U.S. Postal Service released its recommended mailing deadlines to help you start your planning to get your goodies overseas by 25 DEC. You can mail the items later, but there's a better chance of getting them there in time if you mail by the deadline. To get them there in time for Hanukkah, which starts on 10 DEC this year, subtract 15 days from the recommended deadlines. You'll have plenty of time to get the packages to your overseas destination after the election and the crush of absentee ballots.

The deadlines for various methods of shipping are the same for most APO/FPO/DPO (Air/Army Post Office/Fleet Post Office/diplomatic post office) ZIP codes. The exception is mail going to ZIP code 093, which covers overseas contingency areas.

- USPS Retail Ground mail (the slowest way to go, formerly known as Standard Post): Nov. 6.
- Space Available Mail (SAM): Nov. 27.
- Parcel Airlift Mail (PAL): Dec. 4.

- First-Class and Priority Mail (letters, cards and packages): Dec. 11, except for ZIP 093, which is Dec. 9.
- Priority Mail Express Military Services: Dec. 18. This service is not available for ZIP 093.

To get the most bang from your buck use the Priority Mail Flat Rate boxes. The boxes themselves are free; you can stuff whatever you can fit into them, and they cost one flat fee to ship your goodies, regardless of weight. There's a \$1.50 discount per box for those going to APO/FPO/DPO addresses. For example, the cost of shipping the largest military discounted box is \$19.60. The boxes come in various shapes and sizes. The boxes are available at post offices, and at www.usps.com. Postage, labels and customs forms can also be printed online any time using the Postal Service's Click-N-Ship. Each Priority Mail and Priority Mail Express shipment also includes USPS tracking.

The Postal Service has also created a "military care kit," which consists of the items most often requested by military families. It's free and can be ordered here. It consists of:

- 2 Priority Mail APO/FPO/DPO flat rate boxes
- 4 Priority Mail medium flat rate boxes
- Priority Mail tape
- Priority Mail address labels
- Customs forms

[Source: MilitaryTimes | Karen Jowers | October 6, 2020 ++]

Trump Border Wall

Update 16: Supreme Court to Hear DoD Money Diversion Appeal

The Supreme Court agreed 19 OCT to hear the Trump administration's appeal of a lower court ruling that it improperly diverted Defense Department money to build portions of the border wall with Mexico. The high court has previously allowed construction to continue, even after a federal appeals court ruled in June that the administration had illegally sidestepped Congress in transferring the Defense Department funds. The case will not be argued before the winter and it's unclear how the presidential election would affect the case, if Democrat Joe Biden wins the White House. It's also not clear whether the administration has spent all of the \$2.5 billion it moved to the wall project. Dissenting from a July order that allowed construction to continue, Justice Stephen Breyer wrote that the court's action "I fear, may operate, in effect, as a final judgment." A Pentagon spokesman did not immediately respond to a request for how much of this year's \$2.5 billion has already been allocated.

The case has its origins in the 35-day partial government shutdown that started in December of 2018. President Donald Trump ended the shutdown after Congress gave him approximately \$1.4 billion in border wall funding, but that was far less than the \$5.7 billion he was seeking. Trump then declared a national emergency to take cash from other government accounts to use to construct sections of the wall. At the time, the money Trump identified included \$2.5 billion in Defense Department money, \$3.6 billion from military construction funds and \$600 million from the Treasury Department's asset forfeiture fund.

The case before the Supreme Court involved just the \$2.5 billion in Defense Department funds. The American Civil Liberties Union sued the Trump administration on behalf of the Sierra Club and Southern Border Communities Coalition. California led a similar lawsuit on behalf of several states. Building a border wall was one of Trump's signature campaign pledges four years ago, though he promised then that Mexico would pay for the wall. The U.S. Border Patrol says it has completed 321 miles (517 kilometers) of wall during the Trump administration, though almost all of that is replacing existing barriers. [Source: Associated Press | Meghann Myers | October 19, 2020 ++]

Vinegar Don'ts

9 Things You Should NOT Clean with It



The natural cleaner can actually do some serious damage to appliances and other household items. Google how to clean basically anything, and you'll likely get results that suggest using distilled white vinegar. Diluted with water to about 5 percent acidity, distilled white vinegar is hailed as a natural non-toxic cleaning marvel, killing bacteria, dissolving hard-water deposits, and cutting through grime at a fraction of the cost of brand-name cleaning products. However, **don't believe all the hype**. "There is a common perception that vinegar can clean everything, but it isn't the catchall ingredient that you might think it is," says Brian Sansoni, senior vice president of communications at the American Cleaning Institute.

Distilled white vinegar is good at descaling your coffee maker and leaving windows streak-free because "the acid reacts with the organic chemicals in stains and dissolves them away," explains Joe Glajch, a chemist and owner of JLG AP Consulting in Nashua, N.H. "But just as it eats away at coffee stains, imagine it doing the same thing to other surfaces in your home." Here are nine instances where you should skip the vinegar and grab a different cleaning agent for the job.

1. Clothes Iron

Using vinegar to clean the inside of your iron can corrode the heating element and permanently damage the inside of the appliance. Most steam irons have a protective coating inside the chamber, but the acid can gnaw away at that lining, and then the metal parts are next. The best way to clean an iron really depends on the model you have. We spoke to Rowenta, the largest manufacturer of irons, and were told there's no universal method. Your best bet is to read your iron's manual and follow the cleaning recommendations.

2. Counter Tops

If you want to keep your stone countertops looking beautiful, don't reach for vinegar. The acid etches and dulls natural stone such as granite, marble, and soapstone. It can make them lose their shine and cause pitting or scarring. Instead, we recommend wiping down these types of countertops with a sponge or dish towel dipped in mild detergent. Use only plastic scrub pads to remove stubborn spots

Dishwashers

You may have heard that running a dishwasher with a bowl of vinegar in it will help get rid of hard water film and lingering odors. Some people even use vinegar as a rinse aid. Persons who have tested have tried it out in their dishwasher to see if vinegar could remove water film. "It didn't do a thing," says Larry Ciufo, head of the dishwasher lab at Customer Report. "It was perhaps better than nothing back in the day, but there are specially formulated dishwasher cleaners today that work really well," Ciufo recommends using a dishwasher cleaner, such as those from Affresh or Finish, to remove the hard-water film.

Not only is vinegar ineffective at getting rid of water spots, but dishwasher manufacturers, including Electrolux and Bosch, warn that the acetic acid can eat away at the rubber parts in dishwashers. “There are dozens of rubbers out there with different chemical compositions, some of which react with the vinegar and some that do not,” says Glajch. “If you don’t know what kind of rubber is in your appliance and the manual doesn’t say you can use vinegar, then don’t.”

Electronic Screens

Vinegar’s great at leaving windows streak-free, but never use it on an electronic screen like that on your computer, smartphone, tablet, or TV. “Vinegar can damage a screen’s anti-glare properties and even make a touch screen less responsive,” says Antoinette Asedillo, an electronics product tester at CR. Use a soft sponge or cloth dampened with plain ole water instead. For stubborn spots, try a solution of dish soap highly diluted with water, applied to the cloth, and not to the screen itself. (As a guideline for how much soap to use, Panasonic recommends a 100:1 ratio of water to soap.)

Flooring

Many flooring manufacturers, including Lumber Liquidators, warn against using vinegar to clean your hardwood floors. Some will even void the warranty if there are any signs that vinegar was used. Diluted vinegar can dissolve the finish that protects the wood and leave it looking cloudy, dull, or scratched. (The same goes for wood furniture.) Follow the manufacturer’s cleaning recommendations or pick a cleaner that’s made specifically for hardwood flooring. If you have stone tile flooring, you’ll want to skip the vinegar, too. See “Countertops,” above.

Knives

You want to keep vinegar away from metals. Tools with exposed edges, like kitchen knives, are especially vulnerable. Not only can vinegar damage the finish on knives, but it can also leave the knife’s edge pitted, warns Jim Nanni, head of appliance testing for CR. Other common metals in the kitchen that you should keep away from vinegar include aluminum and copper. The best cleaning option is dishwashing liquid and warm water.

Ranges

Vinegar won’t necessarily damage your range or cooktop (the metals in ranges are typically coated in enamel and smooth cooktops are made of glass), but if it’s a greasy mess you’re looking to clean, vinegar simply won’t cut it. “Acids make for lousy degreasers,” says Glajch. “Instead, opt for an alkaline cleaner, like ammonia or Borax.”

Small Appliances

The plastic and glass surfaces on most small kitchen appliances, such as blenders, coffee makers, and toasters, are safe to clean with vinegar, but you want to avoid any rubber parts or metal that vinegar can corrode. This includes stainless steel. “There are different grades of stainless steel,” says Nanni. “The lower-quality ones are often used for small appliances and less resistant to rusting, which can be spurred on by acid.” When in doubt, use diluted dishwashing soap instead.

Washing Machines

Vinegar is sometimes used as a fabric softener or for getting rid of stains and odors in the laundry, but as with dishwashers, it can damage the rubber seals and hoses in some washing machines to the point of causing leaks. It’s a problem that Steven Grayson, owner of Foothills Appliance Service in Wilkesboro, North Carolina, sees fairly frequently: “With continual use, vinegar can literally melt hoses, causing leaks and thereby possibly all kinds of additional damage to the house,” says Grayson. In his experience, front-load washers are especially susceptible to vinegar-related damage. Plus, it may not even be doing much. “Vinegar isn’t very useful with stains that have already set into clothing, including food stains and bloodstains,” says Sansoni. Consumer Reports’ recent tests of laundry stain removers reveal products that are great at removing tough stains, and you don’t have to worry about any of them melting the rubber in your washer.

[Source: The Outdoor Wear Team | September 17, 2020 ++]

Divorce

Update 06: 10 More Common but False Beliefs about Divorce and Money



When people end their marriages, they often discover that many of their beliefs about divorce and how it affects your finances are not correct. Divorce attorneys often must help clients separate the myths from the realities. The costs of divorce and dividing marital assets can be considerable. If you decide to end your marriage, it's important to have a realistic view of how it will affect your bank account. We're here to dispel the following myths so you don't get caught by surprise.

11. If your spouse doesn't know about your assets, he/she can't claim them

When it comes to disclosing your assets, it's best to be honest. McRae notes that most divorce settlement agreements include a provision that provides that if one spouse hides an asset and the other party subsequently finds out about it, the entire asset is forfeited. If you place \$100,000 in a hidden account and your ex learns about it, they could get the entire amount, McRae says. "Also, there are some high-profile cases of people spending very long periods of time in jail for contempt of court when they refuse to reveal assets the court believes they have hidden," he says.

12. It's important to fight for everything you're entitled to receive

Divorcing spouses can save themselves time and money if they agree to divide assets in a spirit of compromise. "People will fight over things they do not really want or need because emotions can be overwhelming," says McRae. "Sometimes it is out of a desire to hurt or deprive the other party, sometimes it is because a particular item has a memory attached to it." McRae says he generally recommends focusing on "the three things you most want out of the divorce and being willing to compromise on other things in order to achieve those top objectives."

13. You're always better off settling out of court

While it's usually less expensive to settle a divorce amicably, there are times when a trial is necessary. In some cases, one spouse may want to settle the case, but the other won't cooperate. If you believe your marital partner is deliberately hiding wealth, you may need to bring your case before a judge in order to get an equitable distribution of assets.

14. If you have sole custody, you are free to move out of state

In general, a child can't be moved out of state by a custodial parent without permission from the court that issued the custody order. That means a parent with sole custody may not be able to accept a job that would take them and their child to another part of the country. The noncustodial parent may oppose such a move. Having custody doesn't negate your ex's right to see their child, Wood explains. "Usually, you must remain within 60 miles of each other, unless agreed or awarded otherwise," he says.

15. You should make major purchases before a divorce

People often believe they should make a big purchase — such as a new car — before they file for divorce. The goal is to make the purchase before the court places a restraining order on large expenditures, to prevent a spouse from dissipating jointly held assets. In reality, the court likely will make sure your spouse is properly compensated for any large expenditure you make using shared assets. Your ex could even end up owning an item you bought for yourself prior to the divorce. It could be argued that you made the purchase "as means to defraud the other party out of money for self-gain," Wood says.

16. Most divorce cases go to trial

In reality, trials are the exception rather than the rule. The vast majority of divorcing couples find it less costly to resolve disputes out of court, says McRae.

17. Both parties must agree in order to divorce

You don't need to have your spouse's permission to get divorced, although it's easier and cheaper if you do. If one spouse declines to sign divorce papers, the spouse seeking the divorce will need to obtain a contested divorce by filing a petition in court. "You may have to have a trial," says McRae. If the case goes to trial, the court will decide on all settlements and divisions of property. Having a contested divorce means you likely will spend more money on legal fees.

18. It is better to get the house in a divorce settlement

While there is security in owning real estate, seeking a home in a divorce isn't always the right financial move. If there is an outstanding mortgage and the spouse can't afford to keep up the monthly payments, he or she could end up losing the property to foreclosure. It's also important to be aware that real estate values fluctuate. If someone decides to sell the home during a drop in the housing market, he or she could end up receiving less money than the home is worth at the time of the divorce settlement.

19. Both spouses will enjoy the same standard of living after divorce

No divorce agreement can guarantee that you'll have the same standard of living after you separate. That's because it's more expensive to support two households than to share expenses with someone else. In some cases, both divorcing spouses may see their standards of living decline following a divorce.

20. Private investigators and forensic attorneys are too expensive

Hiring an investigator or forensic attorney to find out more about your spouse's finances can be money well-spent if a spouse is hiding wealth. Before you can get a fair division of assets, you need to know exactly what they are. If you're dealing with a spouse who is deceptive, this can be a challenge, and hiring a specialist may be necessary. Often a superficial examination of assets can leave a lot of money on the table, says Cordes.

[Source: MoneyTalksNews | Emmet Pierce | September 22, 2020 ++]

China U.S. Relations

Update 02: U.S. Enhanced Response Cutters Being Based in Western Pacific

The United States is stepping up its military presence and activity in and around the small island nation of Palau in the Philippine Sea, a strategic location coveted by Pentagon planners as the US looks to expand its footprint in the region. The past two months have seen visits by both the secretaries of Defense and the Navy, where commitments were offered about more US attention to the country, according to meeting notes seen by Breaking Defense. The president of Palau, Tommy Remengesau, recently handed letters to the two US officials in which he asked the US to consider building a new base in his small nation of 17,000 inhabitants.

The letter, passed to Defense Secretary Mark Esper and Navy Secretary Kenneth Braithwaite, said the archipelago boasts "port facilities, secondary airfields, law enforcement training grounds and maritime enforcement and surveillance facilities," which can be used as "opportunities to strengthen US military readiness." The task falls squarely within the emerging US military strategy in the region which revolves around distributing forces to more places, with smaller footprints than the megabases on Guam, Okinawa, and Japan. Defense and State Dept. officials have embraced Remengesau's eagerness to draw closer to the United States, and there are signs of progress in getting agreements signed and begin moving forward.

One State official, speaking on condition of anonymity, said “we have a great relationship” with the Republic of Palau, “and look forward to finding ways to strengthen our cooperation in areas of mutual security interests.” They added, however, that “the sensitive discussions between our senior leaders” still have a way to go.

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The U.S. national security adviser said on 23 OCT the U.S Coast Guard was basing Enhanced Response Cutters in the western Pacific for maritime security missions, citing illegal fishing and harassment of vessels by China. In a statement, Robert O’Brien also said the Coast Guard planned to evaluate next fiscal year the feasibility of basing Fast Response Cutters in American Samoa in the South Pacific. The statement described the United States as a Pacific power and added that China’s “illegal, unreported, and unregulated fishing, and harassment of vessels operating in the exclusive economic zones of other countries in the Indo-Pacific threatens our sovereignty, as well as the sovereignty of our Pacific neighbors and endangers regional stability.”

It said U.S. efforts, including by the Coast Guard, were “critical to countering these destabilizing and malign actions.” “To that end, the USCG is strategically homeporting significantly enhanced Fast Response Cutters ... in the western Pacific,” the statement said, without detailing where the vessels would be based or how many were involved.

O’Brien said the new-generation Coast Guard vessels would conduct maritime security missions, such as fisheries patrols, and enhance maritime-domain awareness and enforcement efforts in collaboration with “regional partners who have limited offshore surveillance and enforcement capacity.”

“Enhancing the presence of the USCG in the Indo-Pacific ensures the United States will remain the maritime partner of choice in the region,” his statement said. The Coast Guard did not immediately respond to a request for comment on the statement, which came just ahead of a planned visit to Asia by U.S. Secretary of State Mike Pompeo. Pompeo led a meeting of foreign ministers from India, Japan and Australia this month in Tokyo, a grouping Washington hopes to develop as a bulwark against China’s growing assertiveness and extensive maritime claims in the region, including to most of the strategic South China Sea.

The U.S. Navy regularly angers China by conducting what it calls “freedom of navigation” operations close to some of the islands China occupies that are also claimed by other states. O’Brien’s announcement comes less than two weeks ahead of the 3 NOV U.S. presidential election, in which President Donald Trump’s campaign has made a tough approach to China a major foreign policy theme. China’s government said 26 OCT it will impose sanctions on U.S. military contractors including Boeing’s defense unit and Lockheed Martin for supplying weapons to rival Taiwan, stepping up the feud with Washington over security and Beijing’s strategic ambitions. [Source: Breaking Defense & Reuters | Paul McLeary & David Brunnstrom | October 23, 2020 ++]

Iran Nuclear Threat

Update 01: Satellite Images Reveal Construction Ongoing

An Iranian nuclear site is undergoing construction, according to and international experts. Satellite mages provided by Planet Labs to The Associated Press show a new or upgraded road at the Natanz nuclear facility, a change to the area observed since previous imaging in August, according to the news outlet. One area formerly used as a firing range has also been cleared away, while construction equipment was also seen onsite, according to the AP. “That road also goes into the mountains so it may be the fact that they’re digging some kind of structure that’s going to be out in front and that there’s going to be a tunnel in the mountains,” said Jeffrey Lewis, an expert for the James Martin Center for Nonproliferation Studies at the Middlebury Institute of International Studies, who reviewed the images for the AP. “Or maybe that they’re just going to bury it there.”

The director-general of the International Atomic Energy Agency, an international agency that regularly inspects Natanz and other nuclear sites, told the AP that his agency had been notified about construction at the site. “It means that they have started, but it’s not completed. It’s a long process,” Rafael Grossi told the AP. Construction at the site comes roughly a month after the head of Iran’s nuclear energy program told state media that a centrifuge site that exploded last year was being replaced underground “in the heart of the mountains around Natanz.” Iran has increased its uranium enrichment, exceeding the limits of the nuclear deal that it remains partial to with world powers such as Britain, France, Germany, China and Russia. President Trump pulled the United States out of the Iran nuclear deal in 2018, calling the Obama-era agreement “defective at its core,” according to The Washington Post.

Iran said 27 OCT it would welcome a US return to the landmark 2015 nuclear deal after its November 3 election provided it “guarantees” not to pull out again. “It makes no difference to us which president in America decides to return” to the accord between Tehran and world powers, government spokesman Ali Rabiei told reporters. “We would welcome such a decision by any president,” he said. But Washington “should be ready to be held responsible for the damages it has caused the people of Iran during the time it withdrew” and also “to provide other guarantees it will not repeat” such action.

Tensions have soared between Washington and Tehran under US President Donald Trump, who pulled out of the deal in 2018 and has unilaterally reimposed sanctions on Iran. Joe Biden, Trump’s challenger who is allegedly leading in polls, favors diplomacy with Iran and has backed the nuclear accord negotiated while he was vice president under Barack Obama. The Trump administration has accused Iran as well as Russia of trying to interfere in the 2020 election, charges which Tehran has strongly denied. Iranian officials have repeatedly said they favor no specific candidate in the race. [Source: The Hill & Agence France-Presse | John Bowden | October 27& 28, 2020 ++]

Addiction Treatment

Update 01: Contingency Management Works. Why is It So Underused?



Steven Kelty had been addicted to crack cocaine for 32 years when he tried a different kind of treatment last year, one so basic in concept that he was skeptical. He would come to a clinic twice a week to provide a urine sample, and if it was free of drugs, he would get to draw a slip of paper out of a fishbowl. Half contained encouraging messages — typically, “Good job!” — but the other half were vouchers for prizes worth between \$1 and \$100. “I’ve been to a lot of rehabs, and there were no incentives except for the idea of being clean after you finished,” said Mr. Kelty, 61, of Winfield, Pa. “Some of us need something to motivate us — even if it’s a small thing — to live a better life.”

The treatment is called contingency management, because the rewards are contingent on staying abstinent. A number of clinical trials have found it highly effective in getting people addicted to stimulants like cocaine and methamphetamine to stay in treatment and to stop using the drugs. But outside the research arena and the Department of Veterans Affairs, where Mr. Kelty is a patient, it is nearly impossible to find programs that offer such treatment — even as overdose deaths involving meth, in particular, have soared. There were more than 16,500 such deaths last year, according to preliminary data, more than twice as many as in 2016. Early data suggests that overdoses have increased even more during the coronavirus pandemic, which has forced most treatment programs to move online.

Researchers say that one of the biggest obstacles to contingency management is a moral objection to the idea of rewarding someone for staying off drugs. That is one reason publicly funded programs like Medicaid, which provides health coverage for the poor, do not cover the treatment. Some treatment providers are also wary of giving prizes that they say patients could sell or trade for drugs. Greg Delaney, a pastor and the outreach coordinator at Woodhaven, a residential treatment center in Ohio, said, “Until you’re at the point where you can say, ‘I can make a good decision with this \$50,’ it’s counterproductive.”

Two medications used to treat opioid addiction, methadone and buprenorphine, have often been viewed with similar suspicion because they are opioids themselves, even though there is abundant research showing they substantially reduce the risk of death and help people stay in treatment. But the federal government has started aggressively promoting such treatment for opioid addiction, and has heavily invested in expanding access to it. As of yet, there are no medicines proven to suppress the intense cravings that come with addiction to meth and cocaine. Instead, there are a raft of behavioral interventions, some of which have very little evidence of effectiveness. “The most common treatment is to do whatever the hell you feel like,” said Michael McDonell, an associate professor at Washington State University who has conducted a number of studies on contingency management. “We had two statewide meetings about meth recently, and at one, a colleague said, ‘Why aren’t we just doing contingency management? Why would we spend all this money on interventions that won’t work?’”

The fact that no public or private insurer will pay for contingency management, except in a few [pilot programs](#), is a major challenge to expanding it; the biggest obstacle is that offering motivational rewards to patients has been interpreted as violating the federal anti-kickback statute. A group of treatment experts recently asked the Department of Health and Human Services to waive the statute for two years as it pertains to contingency management, but the agency refused, saying programs that provide rewards need to be evaluated on a case-by-case basis. Congress recently told states that they could start spending federal “opioid response” grants on treatment for stimulant addiction, but the agency that distributes the grants allows only \$75 per patient, per year to be spent on contingency management — far less than what research has found effective.

“The biggest question is how do we get the payers on board with this,” said Eric Gastfriend, the chief executive of DynamiCare Health, a technology company in Boston that has worked with BrightView and other treatment programs to provide contingency management through a phone app that patients can use to share saliva test results with providers in real time, via video. For rewards, patients can earn up to \$600 over the course of a year through DynamiCare, on a debit card that blocks cash withdrawals and purchases at liquor stores and bars based on merchant category codes.

Dominick DePhilippis, a clinical psychologist overseeing the program at the Department of Veterans Affairs in Philadelphia, said he had seen new interest in the approach as meth addiction has surged over the past few years. Credit...Hannah Yoon for The New York Times. “I was hesitant to try it — like, hey, is this legal?” said Dr. Shawn Ryan, the chief medical officer and president of BrightView Health, an addiction treatment provider with locations throughout Ohio, which started using contingency management last year. But the results have been striking, he said, adding, “I’m talking about significant improvements in attendance to therapy sessions, significant reductions in drug and alcohol use.”

Rewarding people for changing a behavior or adopting a new habit is a familiar concept, used by everyone from parents who are trying to get their children to do chores to companies that are trying to get their employees to stop smoking. Research has found it also helps people who are addicted to opioids, but for them, there are other treatments that are equally or more effective. For addiction to stimulants like meth and cocaine, however, contingency management has the best outcomes — especially when combined with therapy that helps people find healthier ways to meet their social and emotional needs than using drugs. A [2018 meta-analysis](#) of 50 clinical studies of interventions for cocaine and amphetamine addiction, for example, found contingency management combined with an intervention called the [community reinforcement approach](#) was the most effective.

Federal officials say that they want to expand access to contingency management for stimulant addiction, but that finding an effective medication for it would be better. “If we were paying for it, that would help,” Dr. Nora Volkow, the director of the National Institute on Drug Abuse, said of contingency management for meth addiction. “But we badly need medications to help strengthen the response to behavioral interventions. This is a highly, highly addictive drug.”

One patient at BrightView Health, Jodi Waxler-Malloy, 47, of Toledo, tried contingency management treatment after participating in more than a dozen treatment programs for cocaine, heroin and meth addiction since starting to use drugs in her early 20s. BrightView restarted her on buprenorphine for her heroin addiction and set her up with the DynamiCare app and debit card as an incentive to stay off meth. DynamiCare would add between \$1 and \$25 to her debit card whenever she went to BrightView for a doctor appointment or therapy, though she never knew the amount ahead of time.

Jodi Waxler-Malloy of Toledo, Ohio, tried contingency management for a few months last year. “Maybe I was going to the appointments and meetings for the wrong reason at that time, but it helped me in the long run,” she said. “Nothing’s for free, so at first I said, ‘Yeah, yeah,’” Ms. Waxler-Malloy said. “But the next day, I looked at the app on my phone and they’d given me \$25 for detoxing. Wow, really? I went back the next day and I got \$5 more.” Ms. Waxler-Malloy said the monetary rewards helped her get through the first month of sobriety in particular, a period when her housing was precarious, her cravings were intense and she needed to save whatever money she earned waitressing for rent at a sober living house that she was waiting to move into. “It was enough to buy cigarettes or grab something to eat,” she said. “Maybe I was going to the appointments and meetings for the wrong reason at that time, but it helped me in the long run — helped me meet people, have a support group.”

Contingency management has been used the most by the Department of Veterans Affairs, where 110 clinics and hospitals have employed it since 2011 to try to help more than 5,100 veterans stay off drugs. Dominick DePhilippis, a licensed clinical psychologist who oversees the program at the department, said he had seen new interest in the approach outside the department as meth addiction has surged again over the past few years. He [published a paper](#) in 2018 that found that, on average, patients in the department’s contingency management program attended more than half of their scheduled sessions, and that the average percent of urine samples that tested negative for the target drug was 91.1. “It’s not a panacea — not all patients respond to contingency management,” Dr. DePhilippis said. “But I think of it as a scaffolding. We can’t provide this reinforcement indefinitely, but for a sufficient amount of time that the patient will begin to experience the naturally occurring benefits of recovery.”

For rewards, the department’s treatment programs give vouchers for \$1, \$20 or \$100 donated by the Veterans Canteen Service, which runs cafeterias, coffee shops and retail stores in many of the department’s medical centers. Patients receive an average \$200 in coupons over 12 weeks, which they can spend only in those outlets. For now, these programs are suspended at most of the department’s centers because of the pandemic; at those that have resumed, Dr. DePhilippis said, a clinician can make prize draws from the fishbowl on the patients’ behalf. “In the drawings, I did pretty good,” said Eric Alick, 63, of Philadelphia, who completed a contingency management program for cocaine addiction at the Corporal Michael J. Crescenz V.A. Medical Center in Pennsylvania. “I might get three ‘good jobs’ in a row, but then, bingo.” Among the things he bought with his rewards were a new drill set for his job as a handyman, perfume for his wife and coffee and meals for homeless veterans whom he had met in the hospital cafeteria.

One problem with contingency management, evidence suggests, is that people have less success staying abstinent after the treatment ends. For that reason, Richard Rawson, a researcher at the University of Vermont who has studied meth addiction for decades, believes it should be used indefinitely, just as medications for opioid addiction often are. “Unfortunately, addiction is a chronic brain disease and treatments need to be designed to accommodate this reality,” he said. For Ms. Waxler-Malloy, losing the debit card when her four months of contingency management ended in early January was hard, although her therapy sessions and 12-step meetings helped. Then, in May, she lost her waitressing job because of the pandemic and she relapsed, using meth and heroin “full force,” she said, for three weeks before stopping with help from Brightview.

Still, the eight months she went without using drugs was her longest stretch of abstinence in more than two decades. She believes she may not have relapsed if contingency management, with its promise of rewards, had still been part of her treatment regimen. “That kept me real accountable,” she said recently. “Even just to stop at McDonald’s when you have that little bit of extra money, to get a hamburger and a fries when you’re hungry. That was really big to me.” [Source: New York Times | October 27, 2020 ++]

Chicago Eight Trial

7 Reasons why It Was Such a Big Deal



The Chicago Eight: (top L-R) Jerry Rubin, Abbie Hoffman, Tom Hayden, Rennie Davis, Bobby Seale, Lee Weiner, John Froines and David Dellinger,

The 1968 Democratic National Convention in Chicago is most-remembered for what happened on the streets outside of it. Before the convention began on August 26, Chicago Mayor Richard J. Daley refused protest permits to most anti-war demonstrators and deployed 12,000 police officers, 5,600 members of the Illinois National Guard and 5,000 Army soldiers on the streets to meet any who showed up. These police and military forces violently clashed with Vietnam War protesters, resulting in hundreds of injuries and 668 arrests during the four-day convention.

“One day in Grant Park somebody took down a flag and the police used that as an excuse to go through the crowd beating people with nightsticks,” recalls John Froines, who helped organize the DNC anti-war demonstrations with Rennie Davis of the National Mobilization Committee to End the War in Vietnam. “Rennie Davis and I were hit on the head with night sticks.” Froines, who is now a professor emeritus of the UCLA Fielding School of Public Health, wasn’t arrested that day. But a year later, the U.S. government accused him, Davis and six other men of conspiring to incite a riot at the DNC. The others were Bobby Seale, co-founder of the Black Panther Party; David Dellinger, a longtime anti-war activist; Tom Hayden, cofounder of Students for a Democratic Society; Abbie Hoffman and Jerry Rubin, founders of the Youth International Party (whose members were called “yippies”); and Lee Weiner, who had volunteered as a marshal for the DNC demonstrations to help with crowd control.

The evidence against the Chicago Eight, as they became known, was always slim. None were convicted of conspiracy, and although five of them were convicted of inciting a riot, an appellate court dismissed the charges because it found that the judge had been biased against them. Fifty years later, here’s why the Chicago Eight trial that opened on September 24, 1969 was such a big deal.

1. The Chicago Eight were the first people tried under the first federal anti-riot law.

Anti-riot laws were all at the local or state level until the passage of the 1968 Civil Rights Act, which included a provision making it illegal to cross state lines to incite a riot. After violence erupted at the Chicago DNC, Mayor Daley wanted the government to prosecute some of the demonstrators under the new act. However, President Lyndon B. Johnson’s attorney general Ramsey Clark didn’t think there was a case.

“I interviewed [Clark] and he said he saw there was no evidence to try the defendants,” says Nick Sharman, a researcher at the University of Melbourne and author of *The Chicago Conspiracy Trial* and *The Press*. “He thought that there was more evidence against the police, who had violated the civil rights of the protesters in Chicago.” The next year, Richard Nixon took office and appointed John Mitchell as the new attorney general. Mitchell—who was later convicted for his role in the Watergate conspiracy—was much more receptive to Daley, and decided to prosecute the Chicago Eight under the new federal anti-riot law.

2. Prominent voices challenged the legitimacy of the anti-riot law.

Three months before the Chicago Eight trial began, a group of prominent writers and thinkers published a letter to the editors of *The New York Review of Books* arguing that the anti-riot law set a dangerous precedent. “The effect of this ‘anti-riot’ act is to subvert the first Amendment guarantee of free assembly by equating organized political protest with organized violence,” it read. “Potentially, this law is the foundation for a police state in America.” The letter was signed by 19 people, including Noam Chomsky, Susan Sontag, Benjamin Spock, Judy Collins and Norman Mailer (Collins and Mailer would also testify at the trial). Because the Chicago Eight had begun referring to themselves as “The Conspiracy,” the 19 signers dubbed themselves the Committee to Defend the Conspiracy. They pledged to raise money to fund the Chicago Eight’s legal defense and encouraged readers to make donations.

3. There was a clear cultural clash between the judge and the defendants.

During the trial, yippies Hoffman and Rubin sometimes used unusual tactics to draw attention to their arguments. In one instance, they showed up to court wearing judicial robes to protest Judge Julius Hoffman’s decision to revoke Dellinger’s bail. When the judge demanded they remove their robes, they took them off and stomped on them. Underneath, they were wearing Chicago police uniforms. Another time, Hoffman unfurled a National Liberation Front (aka “Viet Cong”) flag on the defense table, and engaged in a tug-of-war over it with a court marshal who tried to remove it.

Sharman says the media tended to emphasize moments like these because they were so unusual. However, he thinks it’s important to understand these incidents in the context of the judge’s behavior toward the defendants. “Even on the first day, Tom Hayden gave a fist salute to the jury and he was given a contempt of court citation,” he says. “It was like nothing could be done without the judge sort of stamping on them, so that sort of encouraged them to do it, I think.” By the end of the trial, the judge had charged all of the Chicago Eight as well as defense attorneys William Kunstler and Leonard Weinglass with contempt of court.

4. The judge ordered Bobby Seale to be chained and gagged in court.

Froines argues Hoffman and Rubin’s robe incident “was basically a minor disruption,” and that “the main event in terms of disruption was Bobby Seale being chained and gagged.” Seale had chosen lawyer Charles Garry to represent him in court, and because Garry needed gallbladder surgery, he asked Judge Hoffman to postpone the trial. To Garry’s shock, the judge denied the request and assigned Seale a new lawyer. Seale in turn rejected the court-appointed lawyer and asserted his right to defend himself. When the judge told him he couldn’t, Seale—the sole black defendant—called him a racist, and continued his attempts to represent himself in court.

On October 29, about a month after the trial started, the judge became irate and ordered staffers to chain Seale to his chair and gag him so he couldn’t speak anymore. There were no cameras allowed in the courtroom, but newspapers printed the shocking sketches of Seale bound and gagged in court. (The incident inspired the Graham Nash song “Chicago” released a year and a half later.) “It was a horrendous thing that occurred,” Froines says. “It got a lot of attention, and should have.”

5. The judge sentenced Seale to four years for contempt and removed him from the trial.

A week after Judge Hoffman first chained and gagged Seale in court, the judge sentenced Seale to four years in prison for contempt of court. He also declared a mistrial in Seale’s case and removed him from the trial, turning the Chicago Eight into the Chicago Seven. Judge Hoffman intended to try Seale separately for conspiracy in a new trial next year. However, after a jury failed to convict the Chicago Seven of conspiracy, the U.S. attorney in Chicago told Judge

Hoffman that “it would be inappropriate to try Seale alone on a conspiracy charge,” and the judge dropped Seale’s charges.

6. Famous writers and performers took the witness stand.

During the trial, the defendants argued that the anti-war demonstrations had been peaceful, and that the violence was instigated by the police. To make this point, the defense called over 100 witnesses, many of whom had been in Chicago during the protests. At the time, a lot of prominent writers and performers were involved with the anti-war movement, and the witness list reflected this. The court heard testimony from comedian Dick Gregory, beat poet Allen Ginsberg, writers William Styron and Norman Mailer and singers Arlo Guthrie and Judy Collins. It even heard testimony from Country Joe McDonald, a musician newly famous for singing the “I-Feel-Like-I’m-Fixin’-to-Die Rag” at Woodstock just a month before the trial began. McDonald tried to sing the anti-war song in court, and when the judge forbid it, he recited the lyrics out loud.

7. The conservative judge’s disdain for the defendants helped overturn the convictions.

On February 18, 1970, the jury acquitted all seven defendants of the conspiracy charges, but still convicted five of them—Davis, Dellinger, Hayden, Hoffman and Rubin—of individually crossing state lines to incite a riot. Everyone (including the lawyers) already had prison sentences for contempt of court; and in addition to this, Judge Hoffman sentenced the five convicted men to five years in prison and gave each a \$5,000 fine. Rather than being happy with his acquittal, Froines says, “I was very upset by that because I wanted to be with my friends, of course. And having five people found guilty and two people being acquitted—I cried at that.”

Two years later, an appellate court threw out all of the convictions and the sentences Judge Hoffman had handed down—including Seale’s four years for contempt—citing the fact that the judge had been obviously biased against the defendants. At one point, Judge Hoffman even prevented former attorney general Ramsey Clark from testifying in front of the jury in favor of the defense, arguing that Clark had nothing useful to say. After the appeal, most of the Chicago Eight continued their activist work, with Rubin standing out as the infamous yippie who became a yuppie in the 1980s. The four members who survived to see the trial’s 50th anniversary in 2019 are John Froines, Rennie Davis, Bobby Seale and Lee Weiner.

[Source: <https://www.history.com/news> | Becky Little | September 24, 2017 ++]

Classic Chile

How to Prepare It



The Best Classic Chili – This traditional chili recipe is just like mom used to make with ground beef, beans, and a simple homemade blend of chili seasonings. This classic chili is perfect for a weeknight meal because it can be made in minutes. The only thing to chop is an onion. How do you make good homemade chili?

- Heat olive oil in a large soup pot.
- Add chopped onion and cook for 5 minutes.
- Add ground beef, and break it apart with a wooden spoon, and cook for 6-7 minutes.

- Add chili powder, cumin, sugar, tomato paste, garlic powder, salt, pepper, and optional cayenne. Stir until well combined.
- Add diced tomatoes, kidney beans, beef broth, and tomato sauce. Stir well.
- Simmer for 20-25 minutes.
- Let the chili rest for 5-10 minutes before serving.

What do you top chili with? In addition to the chili ingredients listed in this recipe for chili, you may also want to have these things as toppings.

- shredded cheddar cheese
- sour cream
- sliced green onions
- saltine crackers or oyster crackers
- diced avocado

What goes well with chili for dinner?

- [Bacon Cheddar Jalapeno Cornbread](#)
- [Quick & Easy Cornbread](#)
- [Two Ingredient Nutella Brownies](#)

[Source: The Wholesome Dish | May 19, 2018 ++]

Cars That Never Made It

Lincoln Indianapolis, 195? Mercury D524, and Chrysler D'Elegance

They were pure fantasy on wheels, machines designed to make the heart race and the mind ask, "What if?" These 1950s concept cars were automotive art built to attract public attention, test wild engineering ideas and give motorists a fleeting glimpse down the highway of tomorrow. Note: The 195? MERCURY D524 below was never shown to the public.



1955 LINCOLN INDIANAPOLIS



195? MERCURY D524



1952 CHRYSLER D'ELEGANCE

Have You Heard or Seen?

Military Maxims | Husbands & Wives (3) | Latest Satirical Cartoons

Military Maxims

- o 101st Airborne Division -- "When it comes to Combat, we care enough to send the very best"
- o "When in doubt, empty the magazine"
- o "Sniper - You can run, but you'll just die tired!"
- o "Machine Gunners - Accuracy By Volume"

- o "Except For Ending Slavery, Fascism, Nazism and Communism, WAR has Never Solved Anything"
- o " U.S. Marines - Certified Counselors to the 72 Virgins Dating Club"
- o " U.S Air Force - Travel Agents To Allah"
- o "The Marine Corps - When It Absolutely, Positively Has To Be Destroyed Overnight"
- o "Death Smiles At Everyone - Marines Smile Back"
- o "What Do I Feel When I Kill A Terrorist? A Little Recoil"
- o "Marines - Providing Enemies of America an Opportunity To Die For their Country Since 1775"
- o "Life, Liberty and the Pursuit of Anyone Who Threatens It"
- o "Happiness Is A Belt-Fed Weapon"
- o "It's God's Job to Forgive Bin Laden - It was Our Job To Arrange The Meeting"(Gen H. Norman Schwarzkopf)
- o "Artillery Brings Dignity to What Would Otherwise Be Just A Vulgar Brawl"
- o "One Shot, Twelve Kills - U.S. Naval Gun Fire Support "
- o "My Kid Fought In Iraq So Your Kid Can Party In College and Protest"
- o "A Dead Enemy Is A Peaceful Enemy - Blessed Be The Peacemakers"
- o "Some people spend an entire lifetime wondering if they made a difference in the world. But the US Marines doesn't have that problem.

The American soldier does not fight because he hates who is in front of him; he fights because he loves who is behind him. Amen? AMEN!!

Husbands and Wives (3)

Shopping

A wife asks her husband, "Could you please go shopping for me and buy one carton of milk and if they have avocados, get 6.

A short time later the husband comes back with 6 cartons of milk. The wife asks him, "Why did you buy 6 cartons of milk?"

He replied, "They had avocados."

If you're a woman, I'm sure you're going back to read it again! Men will get it the first time.

WATER IN THE CARBURETOR

WIFE: "There is trouble with the car. It has water in the carburetor."

HUSBAND: "Water in the carburetor? That's ridiculous"

WIFE: "I tell you the car has water in the carburetor."

HUSBAND: "You don't even know what a carburetor is. I'll check it out.

Where's the car?

WIFE: "In the pool".

STATISTIC

THIS IS A FRIGHTENING STATISTIC, PROBABLY ONE OF THE MOST WORRISOME IN RECENT YEARS.

25% of the women in this country are on medication for mental illness.

That's scary. It means 75% are running around untreated...

THE PHONE

A young man wanted to get his beautiful blonde wife something nice for their first wedding anniversary. So he decided to buy her a cell phone. He showed her the phone and explained to her all of its features. Meg was excited to receive the gift and simply adored her new phone. The next day Meg went shopping. Her phone rang and, to her astonishment, it was her husband on the other end. "Hi Meg," he said, "How do you like your new phone?" Meg replied, "I just love it! It's so small and your voice is clear as a bell, but there's one thing I don't understand though..." "What's that, sweetie?" asked her husband. "How did you know I was at Woolies?"

HE MUST PAY

Husband and wife had a tiff. Wife called up her mom and said, "He fought with me again, I am coming to live with you." Mom said, "No darling, he must pay for his mistake. I am coming to live with you."

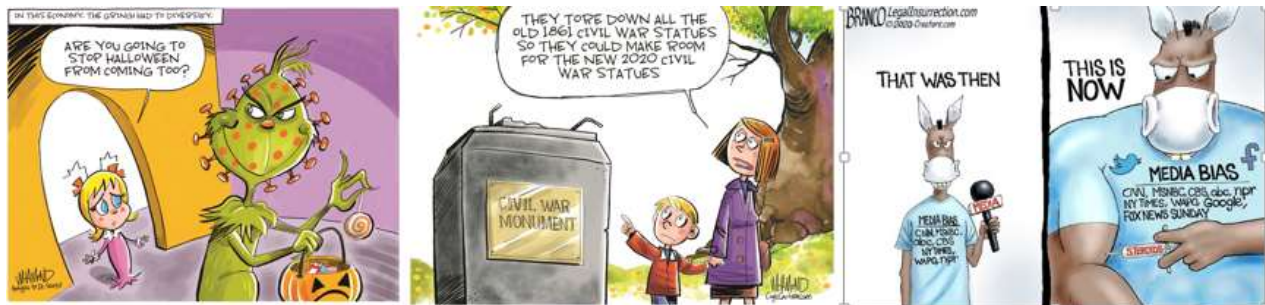
REMEMBER

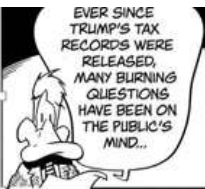
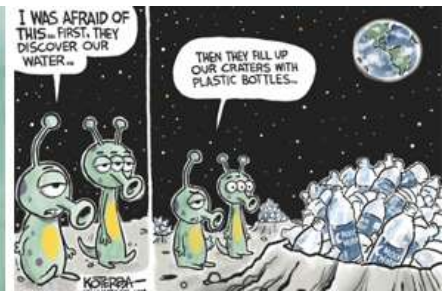
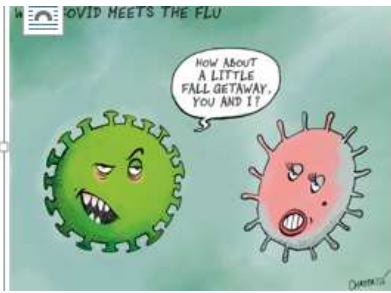
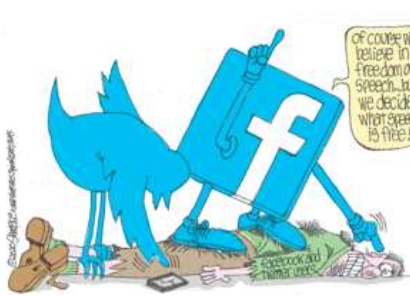
An army first sergeant and his wife were in a busy shopping center getting things for their youngest child's upcoming engagement announcement. The wife suddenly noticed that her husband was missing and as they had a lot to do, she called him on his cell and said "Where are you, you know we have lots to do." He said "You remember the jewelers we went into when we were stationed here about 10 years ago, and you fell in love with that diamond necklace? I could not afford it at the time, and I said that one day I would get it for you?" Little tears started to flow down her cheek and she got all choked up... "Yes, I do remember that shop." she replied. "Well, I'm in the gun shop next door to that."

TODAY'S SHORT READING FROM THE BIBLE

From Genesis: "And God promised men that good and obedient wives would be found in all corners of the earth." Then he made the earth round... and He laughed and laughed and laughed!

Latest Satirical Cartoons





**MOST PEOPLE
DON'T THINK I'M
AS OLD AS I AM
UNTIL THEY HEAR
ME STAND UP**



Thought of the Week

“What is right is not always popular, and what is popular is not always right.”

– Albert Einstein

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