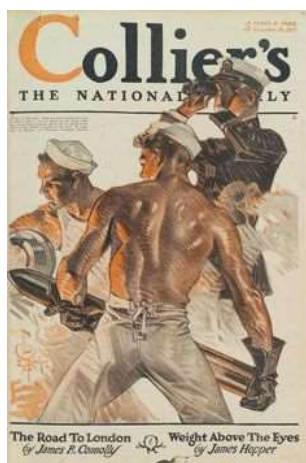


RAO BULLETIN

1 January 2021

PDF Edition



THIS RETIREE ACTIVITIES OFFICE BULLETIN CONTAINS THE FOLLOWING ARTICLES

Pg	Article	Subject
* DOD *		

- 04 == Armed Forces Retirement Home [03] ---- (Accepting Applications for Residency in 2021)
- 05 == DoD Security [01] ---- (Since MAR Russian Malware Evades U.S. Detection Systems)
- 08 == NDAA 2021 [13] ---- (Impact on GI Bill Benefits)
- 09 == NDAA 2021 [14] ---- (Trump Veto's Bill)
- 12 == Commissary Surcharge [02] ---- (Is the Commissary Surcharge Going to Increase?)
- 12 == DoD Fraud, Waste, & Abuse ---- (Reported 16 thru 31 DEC 2020)
- 13 == Arlington National Cemetery [90] ---- (Gen. Robert E. Lee's Former Home Disendowed)
- 14 == POW/MIA Recoveries & Burials ---- (Reported 16 thru 31 DEC 2020 | Five)

* VA *		
--------	--	--

- 16 == VA Contact Centers ---- (Single Access to All at 1-800-Myva411)
- 17 == VA Covid-19 Benefits ---- (Disability Pay for Troops with Debilitating Cases, or Their Survivors)
- 18 == Lung Cancer [04] ---- (VA Partner GO2 Foundation Can Help)
- 19 == VA Veterans Homes [04] ---- (Covid-19 Impact | Struggled the Most)
- 23 == VA Manila OPC ---- (Announcements & Reminders 11 NOV)
- 25 == VA Manila OPC ---- (Announcements & Reminders 23 DEC)
- 26 == VA Employees ---- (Overworked, Under Staffed, and Unhappy)
- 27 == VA Transplant Program [07] ---- (First Triple Organ Procedure Funded by VA)

- 28 == VA Caregiver Stipend ---- (Primary Family Caregiver's Monthly Compensation)
- 30 == VA Welcome Kit [01] ---- (Guide to Access Vets Care, Benefits & Services)
- 31 == VA Headstone/Marker [10] ---- (Gravestones Bearing Swastikas Removed)
- 32 == VA Fraud, Waste & Abuse ---- (Reported 16 thru 31 DEC 2020)

*** VETS ***

- 34 == Vet Toxic Exposure | Karshi-Khanabad [04] ---- (Trump Weighs Executive Order for Ill Veterans)
- 36 == Coronavirus Vaccines [22] ---- (PI Vets Say VA Has Left Them in Limbo)
- 37 == Covid-19 Vet Impact [01] ---- (St. Louis VA Study Finds It Has Risk of Long-Term Effect)
- 38 == Vet Fraud & Abuse ---- (Reported 16 thru 31 DEC 2020)
- 39 == WWII Vets 242 ---- (Robert Femoyer | Refused Painkillers to Get His Crew Home)
- 40 == WWII Vets 243 ---- (Ollie McHone | Lost With the USS Indianapolis Sinking)
- 41 == Korean War Vets ---- (Franklin Chang | Met Unusual Problems as Chinese-American)
- 42 == Military Retirees & Veterans Events Schedule ---- (As of 01 JAN 2021)
- 42 == State Veteran Benefits ---- (U.S. Virgin Island 2020)
- 43 == Vet Hiring Fairs ---- (Scheduled as of 01 JAN 2021)

*** VET LEGISLATION ***

- 44 == Vet Benefits Legislation [05] ---- (Update 20: H.R.7105 | Vets Health Care and Benefits Improvement Act)
- 44 == VA Burial Benefits [50] ---- (H.R.5639 | Chuck Osier Burial Benefits Act)
- 45 == MOH Awards [20] ---- (S.5006 | LEGACY Act)

*** MILITARY ***

- 48 == Navy Retention [03] ---- (Enlisted Early Transition Program Initiative Updated)
- 49 == Navy Fleet Size [22] ---- (Navy Plans to Retire 48 Ships During 2022-2026)
- 51 == USSF [23] ---- (Plans to Triple its Size in 2021)
- 52 == USSF [24] ---- (Troops to be Officially Called 'Guardians')
- 53 == Nuclear Testing [01] ---- (B61-12 Gravity Bomb | Video of Nuclear Bomb Drop Test Released)
- 55 == Army Artillery [01] ---- (ERCA Cannon Hits Target 43 Miles Away)
- 55 == Navy Terminology, Jargon & Slang ---- ('R&R' thru 'Reserve Salute')

*** MILITARY HISTORY ***

- 57 == WWII Pigeon Service ---- (How Some Bra-Wearing Pigeons Saved Thousands of Lives)
- 58 == WWII North Africa ---- (Erwin Rommel's Last Offensive)
- 59 == Every Picture Tells A Story ---- (WWII Burma Monsoons)
- 59 == WWII Tin Can Salvaging ---- (U.S. Effort to Produce Weapons)
- 61 == Military History Anniversaries ---- (01 thru 15 JAN)
- 61 == WWII Bomber Nose Art [66] ---- (Night Mission 2)
- 61 == Medal of Honor Awardees ---- (Bruce Crandall | Vietnam)

*** HEALTH CARE ***

- 64 == TRICARE Coverage [08] ---- (Covid-19 Testing Yes, No & Depends)
- 65 == Pharmacy Benefit Managers ---- (Court Ruling on Middlemen Who Control Drug Prices)
- 66 == Prescription Savings Card [01] ---- (Trump's Plan Advances, Though Hurdles Remain)
- 67 == Cirrhosis ---- (Study Reveals Genetics Link for Alcohol Related)
- 68 == Muscle Pain ---- (Proven Ways to Get Rid of It)
- 70 == Arthritis [03] ---- (Best Ways To Deal With Associated Pain)
- 72 == Acute Bronchitis ---- (Unpleasant and Persistent Cough)

- 75 == Eyeglasses [02] ---- (Ophthalmic Practice Rules)
- 75 == Yoga ---- (Have You Tried Chair Yoga?)
- 76 == Coronavirus Vaccines [21] ---- (More in the Pipeline as U.S. Effort Ramps Up)
- 79 == Covid-19 Victims [03] ---- (Survivor's Riskiest Time)
- 80 == Covid-19 Misinformation [03] ---- (Medical License of Anti-Mask Doctor Suspended)
- 81 == Covid-19 Headgear [13] ---- (Proper Mask Use & Potential Health Impact)
- 82 == Covid-19 Treatment [07] ---- (New Remote Monitoring Program | Recover at Home)

*** FINANCES ***

- 85 == Coronavirus Vaccines [20] ---- (Loophole Fees)
- 86 == Coronavirus Financial Planning [24] ---- (Groups That Won't Get a Second Stimulus Payment)
- 87 == Coronavirus Financial Planning [25] ---- (Trump Demands Direct Payment Increase to Americans)
- 89 == VA Copay [16] ---- (You May Be One of the Many Veterans Getting a Big Bill)
- 90 == SSA Payroll Tax Break [01] ---- (Payback Extended from 4 to 12 Months)
- 91 == Surprise Medical Bills [02] ---- (Coming to an End for Patients)
- 91 == Car Annual Cost ---- (New Vehicle Own and Operate Average Now \$9,561)
- 92 == Home Renovations ---- (Impact on Home Value & Insurance)
- 95 == Deficit Reduction ---- (13 Options That Could Cost You Thousands of Dollars)
- 95 == Freebies Scams ---- ("Like" to Win? Think Twice Before Entering)
- 98 == Fraudulent Charge Scam ---- (Beware Phony Notification's)
- 99 == COVID-19 Scams [05] ---- (Scammers Cash in on New COVID Relief Check News)
- 100 == Tax Burden for Louisiana Retired Vets ---- (As of DEC 2020)
- 103 == VA Mortgages ---- (5 Tricky Tactics Some Lenders Use To Confuse Borrowers)

*** GENERAL INTEREST ***

- 105 == Notes of Interest ---- (16 thru 31 DEC 2020)
- 106 == Confederate Monument Controversy [01] ---- (National Park Service Sites Excluded from Removal)
- 108 == Map Comparisons ---- (Los Angeles County vs U.S.)
- 108 == Covid-19 Victims ---- (Island Nursing Home Loses 13)
- 110 == U.S. Russia Tensions [07] ---- (Putin Says Arms Race has Already Started)
- 111 == National Statuary Hall ---- (Virginia's Robert E. Lee Statue Has Been Removed)
- 112 == Life Hacks [01] ---- (A Few More Things to Make Your Life Easier)
- 114 == Edible Insects ---- (Delicious Ones in Case You Need to Survive)
- 115 == News of The Weird ---- (December 16 thru 31, 2020)
- 116 == Vocabulary ---- (Some Words to Enhance Yours)
- 117 == Have You Heard or Seen? ---- (Humorous Stories (1) | Dad Jokes (2) | 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 – Virgin Islands Veteran Benefits
- Attachment - Military History Anniversaries 01 thru 15 JAN (Updated)
- Attachment – WWII El Alamein



Armed Forces Retirement Home

Update 03: Accepting Applications for Residency in 2021

Did you serve at least 20 years on active duty in the Armed Forces, with the majority of your service time spent as an enlisted member or warrant officer? Are you seeking to live in a vibrant and affordable independent-living retirement community with other military retirees? Then The Armed Forces Retirement Home (AFRH) may be just for you! With locations in Washington, D.C., and Gulfport, Miss. – AFRH continues to welcome new residents. Rooms are currently available at both locations with no waiting period, down payment or contract required! The monthly rate for independent living is just 46.7% of the resident’s gross monthly income or \$2,050.00, whichever is less.

All residents must be able to live independently upon moving to AFRH. We also provide advanced levels of care to our current residents as they age in place. Many veterans choose to live at AFRH for the superior medical, dental and vision care offered, with amenities that include private rooms with a shower, three delicious daily meals prepared by licensed nutritionists in our modern dining facility, a wellness program and deluxe fitness center, movie theater, bowling center, and numerous hobby shops, clubs, and social activities. Services include recreational activities and resident day trips, a full-service library, barber shop, beauty salon, 24/7 security, computer center, mailboxes, ATM, campus PX/NEX and convenient transportation available to local hospitals and appointments. Residents also have access to additional services such as on-site physical and occupational therapy, in-room internet and cable TV, podiatry, and counseling.

In Washington, D.C., AFRH offers residents a scenic, wooded campus just minutes from downtown - home to museums, monuments, and a host of local entertainment, sports and other cultural options. In Gulfport, Miss. AFRH offers residents a beautiful view of the Gulf of Mexico, with an outdoor swimming pool, walking path to the beach, reflecting pool, art studio and modern media room.

Veterans who do not have at least 20 years of active service time may also be eligible to live at AFRH if they have a service-connected disability of 50% or greater, or if they served in a war theater (such as in Vietnam, Kuwait, Iraq and Afghanistan) and now have an injury, disease or disability. Married couples are welcome to apply for residency at AFRH:

- If both individuals meet all military and other eligibility requirements in their own right, or
- If the eligible veteran completed at least 20 years of active service and married current spouse prior to military retirement.

Please call for details regarding married couples’ fees – discounts are available! Veterans convicted of a felony or who are not free of drug, alcohol, or psychiatric problems are ineligible to become a resident. For further information or to request an application, visit <https://www.afrh.gov/apply> or contact the Office of Public Affairs at admissions@afrh.gov or 1-800-422-9988.

-o-o-O-o-o-

Armed Forces Retirement Home officials expect residents and staff members of the two campuses to be offered the COVID-19 vaccine “within the next week,” a spokesman said 17 DEC. The two AFRH campuses have been designated a top priority for initial deliveries of the COVID-19 vaccine, said AFRH spokesman Chris Kelly. All AFRH residents and staff members will be offered the vaccine, he said. “Our team is working diligently with the DoD to finalize logistics and to establish a vaccination start date,” he said. The average age of the residents is 83. The Washington, D.C. campus has 259 residents, and the Gulfport, Miss. campus has 439 residents. [Source: DFAS Newsletter & MilitaryTimes | December 17, 2020 ++]

DoD Security

Update 01: Russian Malware Evades U.S. Detection Systems since MAR



On Dec. 13, it was reported that Russian government hackers breached U.S. government agencies as part of a global espionage campaign that stretches back months.

When Russian hackers first slipped their digital Trojan horses into federal government computer systems, probably sometime in the spring, they sat dormant for days, doing nothing but hiding. Then the malicious code sprang into action and began communicating with the outside world. At that moment — when the Russian malware began sending transmissions from federal servers to command-and-control computers operated by the hackers — an opportunity for detection arose, much as human spies behind enemy lines are particularly vulnerable when they radio home to report what they’ve found.

Why then, when computer networks at the State Department and other federal agencies started signaling to Russian servers, did nobody in the U.S. government notice that something odd was afoot? The answer is part Russian skill, part federal government blind spot. The Russians, whose operation was discovered this month by a cybersecurity firm that they hacked, were good. After initiating the hacks by corrupting patches of widely used network monitoring software, the hackers hid well, wiped away their tracks and

communicated through IP addresses in the United States rather than ones in, say, Moscow to minimize suspicions. The hackers also shrewdly used novel bits of malicious code that apparently evaded the U.S. government's multibillion-dollar detection system, Einstein, which focuses on finding new uses of known malware and also detecting connections to parts of the Internet used in previous hacks.

But Einstein, operated by the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (CISA), was not equipped to find novel malware or Internet connections, despite a 2018 report from the Government Accountability Office suggesting that building such capability might be a wise investment. Some private cybersecurity firms do this type of "hunting" for suspicious communications — maybe an IP address to which a server has never before connected — but Einstein doesn't. "It's fair to say that Einstein wasn't designed properly," said Thomas Bossert, a top cybersecurity official in both the George W. Bush and Trump administrations. "But that's a management failure."

CISA spokeswoman Sara Sendek said the breaches stretch back to March 2020 and were not caught by any intrusion detection or prevention system. As soon as CISA received indicators of the activity it loaded them into Einstein to help identify breaches on agency networks, Sendek said. CISA is providing technical assistance to affected agencies, she said. Russia has denied involvement in the intrusions. The federal government has invested heavily in securing its myriad computers, especially since the extent of the devastating Chinese hack of the Office of Personnel Management was discovered in 2015, when more than 20 million federal employees and others had their personal information, including Social Security numbers, compromised.

But this year's months-long hack of federal networks, discovered in recent days, has revealed new weaknesses and underscored some previously known ones, including the federal government's reliance on widely used commercial software that provides potential attack vectors for nation-state hackers. The FBI and DHS are investigating the scope and nature of the breaches, which intelligence officials believe were carried out by the Russian Foreign Intelligence Service (SVR). Sen. Richard Blumenthal [D-CT] on 15 DEC publicly acknowledged as much, tweeting that the Senate received a "classified briefing on Russia's cyberattack [that] left me deeply alarmed, in fact downright scared."

The Russians reportedly found their way into federal systems by first hacking SolarWinds, a Texas-based maker of network-monitoring software, and then slipped the malware into automatic updates that network administrators, in the federal government and elsewhere, routinely install to keep their systems current. The company reported that nearly 18,000 of its customers may have been affected worldwide. More broadly, the hack highlighted the struggles of the government's network-monitoring systems to detect threats delivered through newly written malicious code communicating to servers not previously affiliated with known cyberattacks. This is something advanced nation-state hackers, including from Russia, sometimes do — presumably because it makes intrusions harder to detect.

The full scope of the hack remains unknown, though it's already clear that a growing number of agencies have been penetrated, including the departments of State, Treasury, Homeland Security and Commerce, and the National Institutes of Health. They are among victims that include consulting, technology, telecom, and oil and gas companies in North America, Europe, Asia and the Middle East. The Pentagon was assessing 15 DEC whether there had been intrusions at the sprawling department and if so what impact they may have had, a spokesman said.

Emails were one target of the hackers, officials said. Though it's not yet clear what the Russians may be intending to do with the information, their victims, including a variety of State Department bureaus, suggest a range of motives. At State, they may want to know what policymakers' plans are with respect to regions and issues that affect Russia's strategic interests. At Treasury, they may have sought insights into potential Russian targets of U.S. sanctions. At NIH, they may be interested in information related to coronavirus vaccine research.

As the investigative work continues, some lawmakers are focused on probing why and how federal cybersecurity efforts have fallen short despite years of damaging hacks by Russian and Chinese spies and major federal investments in defensive technologies. Einstein, which was developed by DHS and is now operated by CISA, was supposed to be a backbone of federal protection of civilian agency computers, but the 2018 GAO report found significant weaknesses. The capability to identify any anomalies that may indicate a cybersecurity compromise" was planned for deployment by 2022, the report said. It also said that network monitoring by individual agencies is spotty.

Of 23 federal agencies surveyed, five were not monitoring inbound or outbound direct connections to outside entities, and 11 were not persistently monitoring inbound encrypted traffic. Eight were not persistently monitoring outbound encrypted traffic. "DHS spent billions of taxpayer dollars on cyber defenses and all it got in return was a lemon with a catchy name," said Sen. Ron Wyden (D-OR), a member of the Senate Intelligence Committee. "Despite warnings by government watchdogs, this administration failed to promptly deploy technology necessary to identify suspicious traffic and catch hackers using new tools and new servers."

It wasn't just this administration. Bossert, who worked on the original Einstein concept in the George W. Bush administration, said the idea was to place active sensors at an agency's Internet gateway that could recognize and neutralize malicious command-and-control traffic. "But the Bush, Obama and Trump administrations," he said, "never designed Einstein to meet its full potential." CISA officials told congressional staff on a 14 DEC call that the **system did not have the capacity to flag the malware** that was signaling back to its Russian masters.

The officials said federal agencies had not given CISA the information necessary to identify agency servers that should not be communicating with the outside world, said one congressional aide, who spoke on the condition of anonymity to discuss a sensitive matter. "To CISA, all internal agency computers look the same, and so Einstein only flags samples of known malware or connections to 'known bad' IP addresses," the aide said. Other cybersecurity experts say the breaches highlight the "desperate" need for a government board that can conduct a deep investigation of an incident such as that involving SolarWinds, whose corrupted patches enabled the compromises — and crucially, make the report public.

"We need people to read the report, and say, 'Oh, wow, we need to secure our [software development] pipeline," said Alex Stamos, head of the Stanford Internet Observatory, a research group. He previously was chief security officer at Facebook and Yahoo. He said there are "hundreds or thousands of companies" in this space that may have security flaws without knowing. These firms do network monitoring, IT management and log aggregation. "Enterprise IT is a \$2 trillion market," Stamos said. "**There's no agency in charge of ensuring its security.**" [Source: The Washington Post | Craig Timberg & Ellen Nakashima | December 25, 2020 ++]

NDA 2021

Update 13: Impact on GI Bill Benefits

A mammoth veteran's bill approved by Congress on 16 DEC increases legal protections for GI Bill benefits and aims to further scrutinize schools with a history of taking advantage of beneficiaries. A key provision would require the Department of Veterans Affairs to analyze whether schools facing legal or punitive actions from the government should be cut off from GI Bill money, a critical protection clause that has been lobbied for by advocates for more than a decade. Carrie Wofford, president of the advocacy group Veterans Education Success, said 17 DEC that the VA has very limited standards for schools at which veterans and their families are permitted to use their education benefits.

Veterans Education Success has accused the VA of not abiding by a section of The Vietnam Era Veterans' Readjustment Assistance Act of 1974, which prohibits schools from participating in the GI Bill if they utilize "advertising, sales or enrollment practices of any type which are erroneous, deceptive, or misleading either by the actual statement, omission or intimation." Wofford said the new bill is a welcomed big first step, though more work still needs to be done to crack down on predatory colleges and assure students veterans don't get roped into wasting their benefits at bogus schools. "Why are law-breaking colleges getting the VA stamp of approval for GI Bill," she said. "It should not have taken a decade to say that law-breaking colleges shouldn't get the VA stamp of approval. But thank God it's fixed."

In 2018, the VA inspector general warned the department could waste \$2.3 billion in payments to "ineligible colleges" during the next five academic years. In the bulk of cases, the payments would go to for-profit universities or bogus schools. Veterans have long been the targets of aggressive recruiting by for-profit colleges, which are required to get at least 10% of their revenues outside of federal student loans or grants. The so-called "90/10 loophole" allow veterans' benefits to count toward that 10%. Because of this loophole, the for-profit school industry has drawn intense scrutiny among some lawmakers and veteran advocates for conducting questionable business practices to recruit veterans. One for-profit school, the University of Phoenix, was required to refund \$50 million and cancel another \$141 million in debt for its marketing practices toward GI Bill recipients.

The new bill also includes a provision forbidding schools from deceptive marketing practices such as lying about accreditation, exaggerating job placements, and fabricating endorsements. In October, the owner of a California trucking school was sentenced to four years in prison after admitting to recruiting veterans to take classes paid by the post-9/11 GI Bill. In many cases, the students never attended class and sought to pocket some of the GI Bill money for themselves. The owner, Emmitt Marshall, was ordered to pay \$4.1 million in restitution, according to U.S. prosecutors. The bill also contains a measure that restores education benefits to students whose school was closed or later disapproved by the VA as long as they transferred fewer than 12 credits. That provision follows a 2016 incident in which all ITT Technical Institute schools suddenly shut down and thousands of veterans who attended them were out of luck with the benefits that they used to go to school there.

The bill also protects students from VA debt collection for overpaid tuition. Previously, the VA could send a bill to students or turn them over to collection officials for any overpayments. The bill passed 16 DEC moves the burden to the school to pay back the VA. In 2014, a report from the Government Accountability Office found one in four veteran beneficiaries across 6,000 schools were impacted by overpayments that totaled \$416 million. According to the GAO, this usually occurred because the VA pays

the school based on classes that the students have scheduled at the start of the semester, but doesn't take into account when students drop courses or withdraw from the school. In some cases, overpayments occurred due to processing errors by the school or the VA. The bill allows students reverify their course load each month.

Other education provisions include allowing students to withdraw from school due to the coronavirus pandemic without losing their benefits and permitting foster children as dependents eligible for GI Bill benefits. Another change directs the VA to limit GI Bill benefits for veterans attending law school to institutions that are accredited.

Following the Senate's and Houses' approval the bill was sent to President Donald Trump's desk for his signature. As of writing he continues to say he is going to veto it for issues not related to veterans' education. However, the bill passed both the Senate and House with a large enough majority that if he should do that it should become law after a revote overrides his veto. [Source: The MOAA Newsletter + Stars & Stripes | Steve Beynon | December 17, 2020 ++]

NDA 2021

Update 14: Trump Veto's Bill

Lawmakers named the 2021 NDAA in honor of retiring Rep. Mac Thornberry (R-TX). Thornberry has long been a force on the House Armed Services Committee, serving as its chairman and its ranking Republican. In addition to a military pay boost, increased force strength and the new \$2.2 billion Pacific Deterrence Initiative the bill when passed also funds military training, new weapons systems and construction projects at bases across the world.

However, President Donald Trump on 23 DEC issued his promised veto of the defense spending and policy bill that was passed easily by Senate and House lawmakers earlier this month, setting up votes to override Trump's attempt to kill the legislation. Trump signed the veto on his last day to do so, after spending months warning he would sink the bill without the changes that lawmakers declined to make before passing it. Trump cited measures in the \$740.5 billion bill limiting his ability to withdraw troops from Afghanistan and Germany, beginning a process to rename bases honoring Confederate Civil War generals, and for its lack of language killing liability protections for social media companies.

Trump cited those and other issues that he has with the bill in a message to the House announcing he would not support the legislation, calling it "a 'gift' to China and Russia" without explaining how it would benefit either. "For all of these reasons, I cannot support this bill," Trump said in the announcement. "My administration has taken strong actions to help keep our nation safe and support our service members. I will not approve this bill, which would put the interests of the Washington, D.C. establishment over those of the American people."

The House and Senate are now required to vote again on the bill. If two-thirds of members in both chambers approve the override, the NDAA will become law without the president's approval. Top lawmakers in the House and Senate indicated that the House would take up the measure again on 28 DEC and the Senate would vote the following day if the lower chamber approved the override. Both chambers initially passed the bill with far more than the two-thirds approval needed to override a veto. The NDAA

passed 84-13 in the Senate and 335-78 in the House. However, it was not immediately clear how many lawmakers would change their votes following Trump's rejection of the bill.

Some Trump allies who supported passage of the bill pledged not to override the president's veto, including the House Minority Leader Kevin McCarthy (R-CA). McCarthy said last week that he expected other Republican House members would "stand with the president" on his decision to nix the NDAA. In a statement on the day of the veto, Senate Armed Services Committee Chairman Jim Inhofe (R-OK) wrote the bill was absolutely vital to our national security and our troops. "Our men and women who volunteer to wear the uniform shouldn't be denied what they need — ever," Inhofe, a staunch Trump ally, said in the statement issued shortly after the veto was announced. "I hope all of my colleagues in Congress will join me in making sure our troops have the resources and equipment they need to defend this nation."

House Armed Services Committee Chairman Adam Smith (D-WA) said that he was confident Congress would override the veto. "If the FY21 NDAA does not become law, more than 100,000 federal employees will be deprived of the paid parental leave benefits they deserve, necessary military construction projects will not move forward on schedule, and our service members who are in harm's way defending our country's principles will not have access to the hazard pay they are owed," Smith said in a statement. "While the president may not care about our service members and their families, Congress still places an immense value on their service and sacrifice." Among the other critical measures included in the NDAA, the bill would authorize a 3% pay raise for troops, an increase of more than 5,000 military troops, and provide funding for a new initiative aimed at checking China's military power in Southeast Asia.

Trump initially pledged to veto the legislation over language that would force the Army to strip the names of Confederate generals from 10 southern bases within three years. But later he added other complaints about the bill, which Congress has passed for 60 consecutive years. He called the attempts to rename military bases disrespectful to millions of U.S. troops who have served at them since they were established before World War I and World War II. "I have been clear in my opposition to politically motivated attempts like this to wash away history and to dishonor the immense progress our country has fought for in realizing our founding principles," Trump said of efforts to strip the bases of the names of Confederate leaders.

Trump said his veto was also partially inspired for lawmaker's failure to include within the NDAA a measure repealing Section 230 of the Communications Decency Act, which protects social media giants against liability for postings by their users. In recent days, Trump has claimed Section 230 is favorable to China. He said failure to repeal it "facilitates the spread of foreign disinformation online." Lawmakers, including Inhofe, have dismissed inclusion of such a measure as unrelated to military issues. Inhofe said he supports repealing Section 230 but he has repeatedly balked at Trump's 11th-hour insistence it be added to the NDAA.

Other top lawmakers, including Senate Majority Leader Mitch McConnell (R-KY), took issue with Trump's assertion the bill would benefit China. Last month, McConnell said the bill would ensure American troops were "ready to deter China and stand strong in the Indo-Pacific." Trump also said his veto was due to the measures in the bill that require the Pentagon to issue an analysis to Congress that shows troops can be pulled out of Afghanistan and Germany without harming U.S. national security. Trump had previously ordered partial withdrawals of U.S. forces in both of those countries.

The bill was the ninth that Trump has vetoed as president. None of his previous vetoes were overturned. House and Senate lawmakers spent recent days lobbying the White House to change Trump’s mind about issuing a veto. Inhofe issued almost daily tweets and statements praising the NDAA and urging Trump to sign it into law. Inhofe tweeted 19 DEC that the bill would prove beneficial to the Pentagon and all Americans who rely on the military for protection.

Lawmakers have championed the bill as critical legislation and a rare example of bipartisanship in an increasingly divided Congress. Smith warned that without a veto override the measure would probably be scrapped and the new Congress set to begin work next month would have to build a new bill. Rep. Mark Warner (D-VA) called Trump’s veto “unconscionable” in a statement issued shortly after the White House announcement. Like Smith, Warner said he anticipated lawmakers vote to override it. “The president’s decision to veto this bipartisan legislation on his way out the door poses a serious threat to U.S. national security. It jeopardizes mission readiness and the well-being of our U.S. service members and their families, as well as military construction projects, investments in innovation and technology, and other critical defense priorities.”

On 28 DEC the Democratic-controlled House voted overwhelmingly to override President Donald Trump’s veto, setting the stage for the first veto override of his presidency. House members voted 322-87 to override the veto, well above the two-thirds needed to override the veto. The Senate, which was expected to vote on the override this week, also needs to approve it by a two-thirds majority. House Speaker Nancy Pelosi, (D-CA) said after the vote that the House had done its part to ensure the bill becomes law despite the president’s dangerous sabotage efforts. Trump’s “reckless veto would have denied our service members hazard-duty pay, removed key protections for global peace and security and undermined our nation’s values and work to combat racism, by blocking overwhelmingly bipartisan action to rename military bases,” Pelosi said.

When the House bill was introduced in the Senate it hit yet another procedural roadblock on 29 DEC, this time over an unrelated fight over stimulus checks related to the ongoing pandemic. Sen. Bernie Sanders (I-VT) and several other Democrats wanted an immediate vote on the legislation to increase pandemic stimulus checks from \$600 to \$2,000. But Senate Majority Leader Mitch McConnell wanted to add other provisions to the proposal which included repealing Section 230. McConnell linked that plan to fast passage of the defense bill, but Sanders wanted a straight chamber vote on the \$2,000 proposal. The move upsets timing yet again for a final vote on the authorization bill, which has passed Congress for 59 consecutive years and has been pushed as must-pass legislation by Pentagon leaders and defense lawmakers

McConnell was expected to make procedural moves 30 DEC to set up a final override vote sometime this weekend, before the new session of Congress begins on 3 JAN. But the latest delay is raising concerns about the possibility of the measure’s defeat. Both House and Senate leaders have said in the event the annual authorization bill doesn’t become law, they do not have a backup plan. New program starts would be delayed for months (or cancelled altogether) and numerous purchasing plans disrupted while lawmakers work to fix the damage. [Source: Stars & Stripes, FNN, MilitaryTimes | Corey Dickstein / Matthew Daly / Leo Shane III and Joe Gould | December 23, 28 & 30, 2020 ++]

Commissary Surcharge

Update 02: Is the Commissary Surcharge Going to Increase?

There's good news and bad news. First, the good news is that the surcharge is definitely not going up. And in case you don't believe me, here's a quote straight from the commissary headquarters: Kevin Robinson, a commissary spokesperson, told us, "It would take a change in law to raise the commissary surcharge and, to date, no legislation has been proposed to do so." The commissary surcharge has long been set at 5%. You'll find it noted at the end of your commissary receipt, and it is calculated on your total purchase amount before coupons are deducted. Revenue from the surcharge pays for commissary construction and infrastructure updates.

There is, however a relatively recent additional fee for some shoppers using debit or credit cards. Service connected disabled veterans rated below 100%, Purple Heart recipients and their caregivers registered with the VA's caregiver program are authorized access to the commissary starting Jan.1, 2020. But when adding those users to the system, DeCA also added a credit and debit card fees for those users. For credit cards the fee is 1.9% and for debit card use a 0.5% fee. These don't come into play if you pay with cash, check or the Military Star card. [Source: <https://retireenews.org> | November 30, 2020 ++]

DoD Fraud, Waste, & Abuse

Reported 16 thru 31 DEC 2020



A former Defense Department official overseeing construction work at the U.S. military's hub in Djibouti has been charged with taking kickbacks to help a private contractor obtain \$6.4 million in extra government payments. **Nizar Farhat**, 63, of Palm Desert, Calif., was charged earlier this month in connection with allegations he received \$34,000 in illegal gratuity from a private party while serving in a government position, the U.S. Attorney's central district office in California said in a statement.

In 2014 and 2015, Farhat oversaw a \$15 million contract to construct an aircraft hangar and a telecommunications facility at Camp Lemonnier in Djibouti, where the Defense Department has spent millions of dollars on upgrades over the past several years. At the time, Farhat was a construction manager based at the Marine Corps Air Ground Combat Center in Twentynine Palms, Calif. He was shifted to Djibouti on a temporary assignment to handle the project at Camp Lemonnier, federal prosecutors said. After the projects were completed, the contractor submitted a "requests for equitable adjustment" that sought \$6.43 million in additional payments from the Defense Department, prosecutors said.

The indictment alleged that Farhat accepted \$20,000 in cash from the company for performing official acts, and recommending that the Navy certify completion of the construction projects and pay the additional \$6.43 million the company requested, the Justice Department said. The indictment also alleges that Farhat took another \$14,000 in cash from the company as compensation for advising it and drafting the request for more money. The Justice Department did not identify the company involved.

Camp Lemonnier, which serves as a launching pad for military operations across the Horn of Africa, has steadily expanded over the years. During Farhat's time at the base, the hangar project was just a sliver of the work going on. In 2014, there were \$500 million in active construction projects underway at Camp Lemonnier, much of which was focused on improving infrastructure for U.S. Air Force operations. [Source: Stars & Stripes | John Vandiver | December 22, 2020 ++]

Arlington National Cemetery

Update 90: Gen. Robert E. Lee's Former Home Disendowed



The Arlington House, the historic mansion once inhabited by Robert E. Lee that overlooks the Potomac River's Memorial Bridge into Washington, long a symbol of the Virginia county that surrounds it, won't be as prominent there next year. Arlington, the county, is changing its logo and seal to remove the six-columned house from its official documents and equipment sometime next year, primarily because it was built by enslaved people and later owned by Lee, who led the Confederate Army during the Civil War.

The County Board this week approved a process that will solicit community input and should result in a new design for board approval by June. Also this week, Rep. Don Beyer (D-VA) proposed a bill that would strip Lee's name from the National Park Service landmark, although that bill will need to be reintroduced in the next congressional session in January. While Confederate statues, place names and monuments long have been part of the South, the tolerance for those relics eroded after last summer's protests over racial injustice fueled by the death of George Floyd in Minneapolis police custody, as well as the 2015 massacre of worshipers at a Black church in Charleston, S.C.

County board members have urged quick action to redesign and replace the county's logo, which adorns uniforms, vehicles, business cards and websites. They told the county manager 22 DEC to accelerate the process by at least a month. "This logo is offensive, so we are really in a hurry to retire this and make it disappear from our official documents," board member Takis Karantonis, D, said. The Arlington NAACP

in late July called the county's use of the drawing "divisive and racist" because enslaved people were forced to build the Greek revival-style Custis-Lee home. It is "a symbol of a slave labor camp. A symbol of the southern plantation economy designed to ensure White privilege and Black subjugation," the group said in a public letter.

Since 1972, the site, part of the National Park Service, has been known officially as "Arlington House, The Robert E. Lee Memorial." Beyer's bill would remove Lee's name, making the landmark officially known only as "Arlington House." "We are presently engaged in a long-overdue reckoning with the history of racism and slavery in America and in our own community, which has appropriately included a reexamination of public symbols," Beyer said in a statement. "I absolutely support that process, including actions that make it clear we do not revere Confederate leaders or condone the enslavement of human beings."

Beyer's bill is co-sponsored by two other Northern Virginia members of Congress, Democrats Gerald Connolly and Jennifer Wexton, as well as D.C.'s congressional delegate democrat Eleanor Holmes Norton. Beyer introduced the bill at the request of descendants of enslaved people held there. The house was built about 1802 by Martha Washington's grandson, George Washington Parke Custis, who maintained the mansion as a shrine to her husband, George Washington. Custis' daughter later married Robert E. Lee; they were wed at the home, and Lee managed the property before the Civil War. When the war began, Lee's family fled and Union troops seized the property, using it as a burial site to ensure the Lees would not return to it. From those graves, the idea for Arlington National Cemetery was created. [Source: DefenseNews | David B. Larter | December 5, 2020 ++]

POW/MIA Recoveries & Burials

Reported 16 thru 31 DEC 2020 | Five

“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/2020> for a listing and details of the 120 accounted for in 2020. 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 Pvt. Hillary Soileau**, 23, was a member of Company F, 2nd Battalion, 27th Infantry Regiment, 25th Infantry Division, when American forces went on the offensive to clear Guadalcanal of Japanese Forces. Soileau was wounded on Jan. 14, 1943, during fighting on a group of hills nicknamed Galloping Horse. Following the battle, he could not be found. Soileau was declared missing in action on Feb. 3, 1943, and officially declared killed in action on Dec. 13, 1945. Interment services are pending. [Read about Soileau.](#)

-- **Army Sgt. Billy V. Rodgers**, 19, was a member of Company A, 1st Battalion, 32nd Infantry Regiment, 31st Regimental Combat Team, 7th Infantry Division. He was reported missing in action on Dec. 2, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Rodgers will be buried at Arlington National Cemetery in Arlington, Virginia. The date has yet to be determined. [Read about Rodgers.](#)

-- **Marine Corps Cpl. Elmer E. Drefahl**, 22, of Milwaukee, 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 Drefahl. The date and location for Drefahl's burial have yet to be determined by the family. [Read about Drefahl.](#)

-- **Navy Seaman 2nd Class Charles A. Jones**, 21, of Harvard, Nebraska, 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 Jones. Jones will be buried in his hometown. The date is yet to be determined. [Read about Jones.](#)

-- **U.S. Navy Fireman 1st Class Paul E. Saylor**, 21, 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 Saylor. Interment services are pending. [Read about Saylor.](#)

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

* VA *



VA Contact Centers

Single Access to All at 1-800-Myva411 (1-800-698-2411)

The U.S. Department of Veterans Affairs (VA) announced 16 DEC, the formal launch of 1-800-MyVA411 (1-800-698-2411), a single access point to all VA contact centers. The number is available 24 hours-a-day, 365 days-a-year to serve Veterans, their families, caregivers and survivors. Responding to Veteran feedback on the challenges of knowing the right number for VA assistance, 1-800-MyVA411, serves all members of the Veteran community seeking information or help.

Veterans and their families can still reach the Veterans Crisis Line directly at 1-800-273-8255 and pressing 1, by Chat or by texting 838255. The White House VA Hotline is also still available at 1-855-948-2311 for Veterans and their families to share compliments and concerns. “1-800-MyVA411 is always the right number to reach VA and is a great example of the department’s customer service strategy in action,” said VA Secretary Robert Wilkie. “1-800-MyVA411 provides easy access to specialized contact centers as well as an option to immediately talk to a live agent.” When dialing 1-800-MyVA411, callers have the option of pressing 0 to be immediately connected with a customer service agent to answer questions or provide a warm-handoff to the appropriate VA expert.

During the pilot phase from Oct. 1, 2019–Sep. 31, 1-800-MyVA411 connected more than 1.3 million callers with VA contact centers and experts. 1-800-MyVA411 provides information on:

- COVID-19 updates.
- Health care eligibility and enrollment.
- VA benefits, such as disability, compensation and pension, education programs, caregiver support, insurance, home loans, and burial headstones and markers among others.

- The nearest VA medical centers, benefits offices or cemeteries to Veterans, VA Medical Center operational updates and connection to VA Medical Center operators.
- Directory assistance and technical support for www.VA.gov.
- Debt and payment options.



For more information contact the Veterans Experience Office at Vets-Experience@VA.gov. [Source: VA News Release | December 16, 2020 ++]

VA Covid-19 Benefits

Disability Pay for Troops with Debilitating Cases, or Their Survivors

Under sweeping veterans legislation approved 16 DEC by Congress, service members who contract COVID-19 while on duty and suffer disability or death as a result will be eligible for Department of Veterans Affairs benefits. A provision in the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 designates COVID-19 as a presumptive illness – a descriptor that paves the way for affected service members or veterans who suffer long-term consequences of the virus to receive compensation and benefits.

To be eligible for disability, the individual must have served on active duty for more than 48 hours at one time and developed the illness during service or within 14 days after the qualifying period of duty. The department has the ability to decide whether a veteran qualifies should they develop COVID-19 after the 14-day time frame. The benefit would apply to active-duty service members and Reserve members, as well as National Guardsmen on training duty under Title 10; activated Guard members serving on or after 13 MAR; or those working full time during the national emergency as declared by the president.

It is unclear how many service members would be affected by the change, expected to be signed by President Donald Trump in the coming days. Of the 14 service members who have died from COVID-19, two were on active duty – Navy Aviation Ordnanceman Chief Petty Officer Charles Thacker and Army Staff Sgt. Setariki Korovakaturaga – and their families will rate benefits, according to the legislation. Of the five members of the National Guard who have died, two were not activated at the time of their deaths

or before. The duty status of the remaining three has not been made public. Seven Reserve members have died, including six soldiers and one Navy sailor. Of those, two were confirmed not to have been on active duty at the time of their deaths or prior; the status of the remaining five has not been disclosed.

Of the 94,644 service members who have contracted COVID-19 since the beginning of the outbreak, 57,590 have recovered, according to Defense Department data published 16 DEC. Nearly 880 have been hospitalized for the illness, an indication of a serious case of COVID-19 with the potential for long-term effects and, possibly, VA benefits. In addition to the COVID-19 provisions, the legislation creates an Office of Women's Health within the VA and mandates that every VA hospital have a dedicated women's health provider. It includes a number of provisions to address sexual assault and harassment within the department, expands services for Native American and homeless veterans, and contains a number of education benefits measures. [Source: MOAA Newsletter | Patricia Kime | December 23, 2020 ++]

Lung Cancer

Update 04: VA Partner GO2 Foundation Can Help



Army Veteran Julio Sanchez called the nonprofit GO2 Foundation for Lung Cancer's [HelpLine](#) after his 2019 lung cancer diagnosis. He was directed to GO2 Foundation's Phone Buddy program, which pairs Phone Buddies and survivors for emotional support. Sanchez called his Phone Buddy his "battle buddy" when he was featured on GO2 Foundation's [Veteran Spotlight blog](#) and Lung Cancer Living Room video [series](#). "That personal connection helped me immensely," Sanchez said. "He was already in the same foxhole, engaging the lung cancer opponent I was facing."

Miranda Goff is a manager for support services at GO2 Foundation. Hers is one of the voices on the other end of the HelpLine. She said that for Veterans like Sanchez, this sense of a shared experience is valuable. "I have Veteran volunteers who are more than happy to talk to other Veterans about how they navigated the diagnosis. How they coped with it," explained Goff. Goff has worked on the HelpLine since May 2018.

VA announced a partnership with GO2 Foundation which aims to increase awareness about lung cancer screening options and improve outcomes for Veterans impacted by the disease. The partnership, facilitated by VA's Office of Community Engagement (OCE), adds to the lung cancer and lung disease supportive services VA already offers. The HelpLine and Phone Buddy programs are resources Veterans can take advantage of any time. Most people who call have recently received new information about a diagnosis or potential diagnosis and are looking for more information. "You don't have to know what you're calling

about. It's more of a conversation about the things we do," Goff adds. If GO2 Foundation doesn't offer a particular service, HelpLine staffers will reach out to GO2 Foundation's network to find a resource.

Goff has directed Veterans who call the HelpLine to the VA smoking cessation app and other smoking cessation resources. She has also told Veteran callers about the Veterans Crisis Line and other VA mental health support. "I am proud to be able to really help provide another layer of service for Veterans who have done so much for our country, to help them during a time of need," Goff added.

Georgeanna Bady is an OCE health systems specialist. She said, "It's rewarding for our team at OCE to work on projects we know improve quality of life for Veterans. That's especially true because many Veterans are so affected by lung cancer." OCE is VHA's resource for establishing and growing nongovernmental partnerships that benefit Veterans, their families, caregivers and survivors. For more information on OCE's partnership work, visit [VA.gov/healthpartnerships](https://www.va.gov/healthpartnerships). [Source: Vantage Point | Dr. Tracy L. Weistreich | December 17, 2020 ++]

VA Veterans Homes

Update 04: Covid-19 Impact | Struggled the Most

Among Nursing Homes Hit by Covid-19, Veterans Homes Struggled the Most. Of the nation's 150 such homes, thousands of residents have caught the virus. Hundreds have died. Family and staff members tell of miscommunication and neglect.

- At the 150-bed Bill Nichols State Veterans Home, one of Alabama's largest individual hot spots, 96 residents have tested positive for coronavirus and 46 deaths have been attributed to Covid-19.
- In New York, a government-run veterans home had the third deadliest reported outbreak in the state, with 72 confirmed and probable Covid deaths.
- Massachusetts' Holyoke Soldiers' Home was linked to more deaths—at least 76—than any other facility in the state as of late October, leading to criminal charges against two former managers, who both pleaded not guilty.
- In New Jersey, the top two nursing homes for Covid deaths were both state-run veterans facilities, including the Menlo Park Veterans Memorial Home, which a Wall Street Journal investigation found is perhaps the deadliest home in the country (https://www.wsj.com/graphics/covid-nursing-home-death-veterans-menlo-park/?mod=article_inline), with 101 Covid-linked deaths. At Holyoke Soldiers' Home and Menlo Park, the deaths represent about a third of each home's residents.

The federal Department of Veterans Affairs provides funding to states to manage the facilities totaling \$1.17 billion last year for the care of around 20,000 veterans a day. Many veterans homes faced staffing shortages and a lack of tests and protective gear early in the pandemic, like other long-term care facilities. Health-care officials say state-run facilities are, in addition, chronically understaffed. Residents at nursing homes are already at higher risk of Covid due to their age, medical needs and close living quarters. Residents of veterans homes are even more vulnerable to the virus, which is more likely to kill men. While two-thirds of nursing-home residents overall are women, those in veterans homes are predominantly men.

The Covid-19 death toll linked to long-term care facilities overall in the U.S. has surpassed 110,000, representing more than 37% of the nation's known deaths from the virus, according to a Journal tally.

Veterans homes fall into a regulatory crevice where the usual oversight of nursing homes doesn't always apply. Many facilities that faced deadly outbreaks, including Bill Nichols and the Holyoke Soldiers' Home, don't participate in Medicare and therefore aren't overseen by the nation's main nursing-home regulator, the U.S. Centers for Medicare and Medicaid Services, or CMS. For those homes, the federal Department of Veterans Affairs is effectively the only national regulator charged with ensuring the facilities provide quality care. The VA conducts annual inspections of all state-run homes through contractors. Veterans homes that do receive Medicare are also inspected by CMS.

After the pandemic hit, CMS replaced its routine inspections for ones focused on infection control. Those outside its control were exempt. Those facilities also weren't required to report cases and deaths to the Centers for Disease Control and Prevention, unlike homes overseen by CMS. The Government Accountability Office in a July report criticized the federal VA's oversight, charging that it allowed inspectors to cite some failures as "recommendations" over the years, and that the agency didn't always track whether nursing homes fixed the problems. The VA said at the time it had taken steps to address the issue.

When asked about the agency's oversight, VA spokeswoman Christina Noel said in a written statement: "Individual states—not the federal Department of Veterans Affairs—are responsible for the operation and management of state-run Veterans homes and any problems that arise within them." She referred questions about the homes to state-level officials. State officials have said they did everything possible to protect residents with the knowledge and resources they had available at the time. "It's something we've never seen before," said Bob Horton, an assistant commissioner at the Alabama Department of Veterans Affairs.

The VA has recently deployed additional doctors and nurses to state facilities, but the outbreaks continue. Missouri officials have announced that more than 135 residents died of the virus at several of the state's veterans facilities between September and this month. Bill Nichols in Alabama has been cited by state public-health inspectors for deficiencies in past years, including infection or hygiene issues in 2019, 2017 and 2016. An inspection from August 2019 included two deficiencies: verbal abuse, resulting in an employee fired, and a quality-of-care issue involving an employee who didn't administer medication to a resident. The resident was subsequently hospitalized.

Once the pandemic arrived, family members of residents said Bill Nichols was slow to identify residents who became sick with the coronavirus, with testing delayed by national shortages. Family members said Bill Nichols didn't sufficiently separate residents who became ill, putting everyone's health at risk. Some family members said the home didn't update them on residents' conditions, despite repeated phone calls, and that when testing results did come in, they weren't notified quickly—or at all. Clarence John Hill Jr. didn't know his father, a resident at Bill Nichols, had Covid-19 until the bill from the funeral home arrived. The diagnosis came in the form of a line item: an added fee to transport someone positive for the disease. His father, Clarence John Hill Sr., had died on 5 MAY at the home, at age 95, and the news came as a shock. "Why did it have to happen like this?" asked Mr. Hill. "We didn't even have an opportunity to even say, 'I'll take the chance of catching Covid myself. Let me see my father before he passes away.' "

Nearly 100 people died during the height of the coronavirus outbreak at the Menlo Park Veterans Memorial Home in April, more than 10 times the number in a typical month. Among those who died were 84-year-old Isabella Kovacs and 86-year-old Joan Williams. Their stories provide a window into what went wrong at the New Jersey facility. Scott Hurst, a regional vice president for HMR of Alabama, Inc., the private contractor that operates the facility on behalf of the state, said the home promptly reported Covid-

19 cases and related deaths to relatives and caregivers, pending a determination from the Alabama Department of Public Health. He said the facility separated residents as best as it could. “The staff at Bill Nichols State Veterans Home has been working tirelessly and with the support of so many others caring for our country’s veterans during this pandemic,” he said. “While we are blessed to have helped many recover, we have also had heroes who have succumbed to this illness.”

The virus hits

Bill Nichols, one of Alabama’s four state-run facilities for former service members, is in Alexander City, known for drawing fishers and tourists. Securing one of the 150 beds in the home, which has two courtyards and widescreen TVs in the dining rooms, often meant waiting for months. Its usual roster of activities and visiting hours came to a halt when the facility closed down 12 MAR as the outbreak grew. Administrators monitored the staff and turned away an employee with symptoms on 30 MAR.

The home’s first resident tested positive on 8 APR, said Mr. Hurst. Cases soon appeared on different floors. On 18 APR, the governor sent in the Alabama National Guard to spray down rooms, offices and common areas. Herman Hackworth, 74, died four days later in a memory ward on the fourth floor after exhibiting symptoms of Covid-19, his widow, Annie Kynard-Hackworth, said. They had met five decades earlier, when the 24-year-old rifle infantry marksman had just returned from his time in Korea along the DMZ. He was the son of family friends, and he cut a tall, handsome figure to the 15-year-old Annie. They started dating after she turned 18. Marriage and three children followed. Mr. Hackworth worked for decades for General Motors, while Mrs. Kynard-Hackworth became a nurse. In his later years, Mr. Hackworth’s behavior became erratic.

One December, Mrs. Kynard-Hackworth prepared Christmas dinner early because she was working through the holidays. She came home from work one day to find he had thrown out all her food in a fit, having forgotten where she was. “He said, ‘The next time you go out and stay out all night, you better not come back home,’ ” she said. “I just broke down. I just sat in the closet and cried.” The diagnosis came soon after: Lewy body dementia, caused by a buildup of proteins in his brain. He entered Bill Nichols in 2019. One late April morning, Mrs. Kynard-Hackworth got a call that her husband had been sent to the hospital after having trouble breathing. She spent a few hours calling the floor repeatedly for more information, she said. She got a call from a nurse that afternoon, when he was back at Bill Nichols, suggesting she come see him.

At Bill Nichols, Mrs. Kynard-Hackworth donned protective gear and went with family members to her husband’s floor, where she heard wheezing coughs, she recalled. Zippered partitions divided the floor in two. “The right side where Herman was, these people were supposed to be asymptomatic. They weren’t supposed to have any problems,” she said. But as she made a right turn toward her husband’s room, she saw he was in respiratory distress. His roommate in the same room was also coughing “We knew. We knew it was Covid,” said Mrs. Kynard-Hackworth. “I feel like I was deceived until the day I went and saw for myself.”

The next day, when Ms. Hackworth angrily called an administrator, the official acknowledged the veteran had tested positive for coronavirus. Mr. Hackworth died later that afternoon. Mr. Hurst, the company spokesman, said the home “consistently communicated positive cases of the virus with families” during the crisis and had done everything it could to separate Covid patients from other residents. Some self-identified employees of Bill Nichols complained in Facebook groups of insufficient personal protective

equipment and having to wear the same gowns when going from room to room. Mr. Hurst said the facility gave staff the protective equipment they needed

Camaraderie

Family members of Clarence Windell Givens said that they learned he had Covid-19 from the workers who took care of him, whom they had gotten to know during their visits, before they officially heard from the home. A former tank commander for the Army’s 9th Infantry Regiment, Mr. Givens often recounted his memories of serving two years in the Korean War during their childhood, his sons said. How days would turn dark with enemy fire. How he was once nearly fatally struck by a mortar round. Mr. Givens, who had vascular dementia, had moved into Bill Nichols last year.

He had a regular checkers buddy and another veteran with whom he’d eat meals and swap stories. “He loved to talk about military stuff,” said son Terence Givens, 61. “We figured with him being in a vet home, he could talk to the other vets that were there.” His sons feared they could catch the virus and spread it to high-risk family members if they came to visit. They tried to talk to him over video calls, but the home wasn’t always able to set it up. “They didn’t seem to have the time,” said Terence Givens. His father died on 18 APR.

Bill Nichols said it had made “every effort to respond to the concerns of family members and caregivers.” The state’s public-health department reviewed how the facility handled the outbreak, said Mr. Horton, the state veterans official. It found the home acted within the broad guidelines provided at the time by the CDC. A federal VA review done at the same time cautioned the home needed more training on hygiene and use of protective gear. Alabama’s four state veterans homes began using rapid test kits in mid-November to regularly monitor its employees and residents, Mr. Horton said.

Some relatives still have questions about how their loved ones were cared for at Bill Nichols. Clarence John Hill Sr.’s daughter, Lisa Hill, said that the VA called to give their condolences a few weeks after their father’s passing. When she asked why Bill Nichols staff had never called to give their family the diagnosis of Covid, she said, the VA told her its understanding was she had been called but didn’t pick up. Ms. Hill remembers getting a generic voice mail from Bill Nichols not long before her father died. But when she phoned back, no one knew what the call was about. The VA, Ms. Hill said, was very apologetic, saying Bill Nichols could have made a better effort to let her know of his diagnosis. The VA declined to comment on individual cases.

The funeral home asked the younger Mr. Hill to immediately make a decision about whether to cremate his father. He chose to embalm his father so his children and grandchildren could see him one more time. “He died alone and the next time we saw him he was in a box,” Mr. Hill said. “To fight for this country and you treat them like this. How? How can that be right?”

[Source: Wall Street Journal | Elizabeth Koh | December 14, 2020 ++]

VA Manila OPC

Announcements & Reminders 11 NOV

Staffing -- Effective November 23, 2020, VA Manila will be expanding our available in-person appointments to include 5-day/week primary care availability. The US Embassy recently approved VA

Manila's plan to expand our on-site staffing presence from 50% to 80% - and with this approved additional staffing, we can now provide daily primary care appointments for all of our primary care teams. While we will have all of our primary care providers reporting daily, we will still be limiting the number of Veterans who are reporting to the Clinic on a daily basis to ensure we can enforce physical distancing within the Clinic. To that end, our primary care providers will offer in-person appointments for half of the day, and continue to offer telephone appointments the other half of the day. I anticipate that we will continue to provide this level of service for the next several months, until there is more containment of the COVID-19 pandemic in the Philippines, and the availability of a vaccine.

So what does this mean for you? If you have a primary care appointment scheduled in the next few months, between now and February 28, 2021, please contact VA Manila to discuss the available options for your medical appointment. If you would like to have your appointment in person, your Medical Support Assistant (scheduler) can coordinate this for you. Since providers will only be seeing patients in-person for half of the day, we appreciate your flexibility if your previously scheduled appointment was for the afternoon, but your provider is now seeing patients in the morning. You can also wait for our scheduling staff to contact you. All Veterans will receive a call approximately 1 week before your scheduled appointment to confirm your attendance and to complete a brief pre-appointment healthcare screening.

-o-o-O-o-o-

Policy Change -- Effective October 1, 2020, VA Manila instituted a new process for Veterans who are first-time enrollees for health care services from the Outpatient Clinic. VA Manila will now conduct a clinical review of all Veterans registering for care at this Clinic for the first time. The purpose of this clinical review will be to determine if it is medically appropriate for a Veteran to be enrolled with a primary care provider at VA Manila. Veterans who wish to enroll for care should complete a VA Form 10-10EZ and submit it to the Clinic's Enrollment and Eligibility Department. VA Manila staff, in consultation with regional VA leadership, will review the Veteran's application and past medical history and determine if enrollment at VA Manila is clinically indicated.

Veterans will be contacted within 3 business days regarding the outcome of this review and scheduled for an initial primary care appointment if approved. The purpose of the policy change is to ensure that VA Manila can effectively meet the healthcare needs of newly enrolling Veterans, and prevent VA Manila from potentially providing fragmented services. This change will not impact Veterans who are already enrolled at the Outpatient Clinic and who maintain active enrollment with a primary care PACT team. If there are specific questions with this new policy, Veterans should contact VA Manila's Enrollment and Eligibility Department at #MyVA (#6982), Option 2. [Source: VA PM&R Assistive Technology | Fall 2020 ++]

-o-o-O-o-o-

Flu Shots -- VA Manila recently received an additional 500 doses of the Southern Hemisphere Flu Vaccine, which is now available. This will be your last opportunity to receive the 2020 Southern Hemisphere Flu Vaccine this year. This vaccine is not for COVID-19, but for the seasonal influenza virus that is recommended for everyone. Here in the Philippines, the Flu Season has traditionally run the opposite of the United States, with the highest rates of cases occurring between June and November. If you will be traveling to the Clinic for an appointment, be sure to ask your team nurse about receiving the annual flu shot. We are not able to accommodate walk-in appointments just to receive the flu shot, and unfortunately, will not be traveling to outreach events in the Philippines this year where we have often provided flu vaccines. We strongly recommend all Veterans in the Philippines during the rainy season consider receiving the flu

vaccine. If you aren't physically going any VA appointments, those needing flu shots should contact Dr. Sugay at TMCC, Sec: Wheng 0935-939-8046

-o-o-O-o-o-

Pharmacy -- The VA Manila Pharmacy continues to dispense needed medication refills and new medications ordered for Veterans during their telephone appointments. Both courier services used by the Pharmacy to deliver medications (Air21 and LBC) have resumed most of their operations within the Philippines, although some delays are still being noted, mostly for medication shipments to the most rural parts of the Philippines, or to individual islands in the Visayas or Mindanao. Most Veterans within Luzon should have their medications delivered within 3 days of shipment from the Outpatient Clinic.

One important thing to note, there are still restrictions on the shipment of perishable items within the Philippines – which includes many refrigerated medications like insulin and other injectable medications. Due to these restrictions, VA Manila cannot ship these medications to Veterans in the Philippines at this time. We encourage Veterans who take these medications to purchase needed prescriptions from a community pharmacy, and seek reimbursement from the Foreign Medical Program if these are medications used for service-connected conditions. As soon as we are able, we will begin shipping these medications to Veterans. Veterans needing to request refills are asked to continue to use MyHealthVet or the VA Manila Automated Pharmacy Refill Line (#MyVA, Option 8), for Pharmacy to process their medications.

[Source: VA OPC Announcements and Reminders | November 11, 2020 ++]

VA Manila OPC Announcements & Reminders 23 DEC

1. REFLECTIONS ON 2020 FROM THE CLINIC MANAGER

The holidays are upon us once again, and despite the tremendous challenges we face because of the COVID-19 pandemic, a generous spirit of giving continues to inspire us. Nowhere is this spirit more evident than in the Philippines.

Your care teams here at the VA Manila Outpatient Clinic have given tremendously this year to deliver the medical care you have earned through your service in the US Armed Forces. So much about the work we do has changed during 2020. I am exceptionally proud of how quickly our team was able to develop new ways to reach Veterans during the pandemic. In 2021, we will continue this trend at VA Manila and plan to roll out Video Telehealth Appointments early next year, something I know many of our Veterans have asked for. I am also incredibly proud of how VA Manila staff have made changes to their daily routine to continue reporting to work to do the important things that could not be done remotely, like dispensing medications and offering laboratory services.

As 2020 comes to a close, these are the days when we look back on the past year and remember those among us who have suffered and lost so much, even as we hope and pray for peace on earth, goodwill towards all and healing and renewal in the year ahead. While I know this Christmas and New Year's celebrations will likely be a little different for everyone than in years past, I hope that each of you in your own way will be able to relax and reflect on 2020 with an eye towards the promise of 2021.

I wish for all of you and your families rich blessings and joy today, and comfort and prosperity in the new year ahead. Maligayang Pasko at Manigong Bagong Taon!

2. COVID-19 VACCINATION UPDATES:

There is no set date for when VA Manila Outpatient Clinic will receive the vaccine, but we are prepared and stand ready to accept a vaccine once it becomes available to us and to quickly begin administering it to Veterans upon receipt. VA's goal is to offer the vaccine to all eligible Veterans receiving care at the VA and all employees. Last week, 37 VA medical centers received their initial allocation of the Pfizer vaccine, and this week, additional VA medical centers received their initial allocation of the Moderna vaccine. The initial vaccine distribution sites were chosen based on several criteria, including freezer availability and the ability to vaccinate a large volume of people quickly. VA is starting its vaccination efforts at VA medical centers, as these facilities are treating Veterans with active COVID-19 infections. Once Veterans and staff at medical centers have been vaccinated, VA will then focus its efforts on distributing vaccines to a broader network of outpatient clinics.

When VA Manila receives its initial allocation, we will follow the prioritizations published by VA, and will contact Veterans in the highest priority groups to schedule appointments to be vaccinated.

VA published a website for Veterans about the COVID vaccine, available here: <https://www.va.gov/health-care/covid-19-vaccine>. This website is a great resource with additional information about VA's vaccination plans and initial priority groups. The US Embassy here in the Philippines also has information for Americans living overseas about COVID and vaccines on their website, available here: <https://ph.usembassy.gov/covid-19-information/>.

3. VA MANILA PHARMACY UPDATES:

VA Manila's Pharmacy has been working diligently to process all requested and anticipated medication refills due over the holidays. As you all know, many businesses in the Philippines close for the last two weeks of the year, and Air21 and LBC have extremely limited services available during this time.

The Pharmacy will be open and continuing to process routine and new prescriptions ordered by VA Manila providers over the holidays. Veterans can continue requesting prescription refills at any time through MyHealthVet and the VA Automated Pharmacy Refill Line (#MyVA).

Air21 and LBC will resume normal operations effective January 4, 2021. Veterans who run out of urgently needed medications over the holidays are advised to seek a temporary supply from a community pharmacy. If the medication is for a service-connected condition, Veterans can seek reimbursement through the Foreign Medical Program. Veterans can continue to pick up medications from VA Manila on working days between now and December 31, 2020.

4. UPCOMING HOLIDAYS:

If you run out of medications for a service-connected condition, you can buy the medicine from a community pharmacy and file a claim for reimbursement from the FMP. As always, if you need any assistance, please email your primary care team in MyHealthVet, or you are welcome to contact me directly: daniel.gutkoski2@va.gov.

Daniel Gutkoski, MHA

Clinic Manager, VA Manila Outpatient Clinic
US Embassy to the Philippines, Seafront Compound
1501 Roxas Boulevard
1302 Pasay City, Metro Manila
Direct: +63 (02) 8396-3735 Toll Free: #MyVA (#6982)

VA Employees Overworked, Under Staffed, and Unhappy



The Veterans Affairs Department is turning to contract health care workers to bolster staff as novel coronavirus cases surge throughout its network, supplementing a hiring surge that started at the beginning of the pandemic. COVID-19 cases have spiked in recent weeks, with more than 17,000 cases now active at VA facilities among staff and patients combined as of 11 DEC, an all-time high. About 12,000 employees have contracted the virus—a 56% increase in the last month—with 11% of those cases currently active.

On a call with reporters 16 DEC, VA employees across the country who represent their colleagues as local American Federation of Government Employees leaders said the uptick is straining resources at the department. VA officials have touted a series of waivers from the Office of Personnel Management that have allowed the department to bypass normal hiring procedures during the pandemic and onboard 66,000 employees, but current staff said it still is insufficient. “It’s like going against the army with a handgun,” Marcellus Shields, who represents his fellow VA employees in Wilmington, Delaware, said of confronting the pandemic surge with staffing shortages. “We’re outnumbered.”

Shields and others said VA is wearing out its employees, who have frequently faced demands to work overtime—and threats of discipline if they decline—to make up for existing staffing shortages and the growing number of employees out sick. The department has consistently told its health care workers to continue reporting to work even after known exposures at their facilities or if they live with family members who test positive. Now, the employees and union representatives said, even healthy workers are taking unpaid time off or departing altogether. “Staff are leaving,” said Barbara Galle, a VA nurse who represents employees in Minneapolis. “They don’t like how they are being treated and they don’t want to put their lives on the line.”

Despite the hiring surge, VA reported around 32,000 vacancies at the end of fiscal 2020. Nearly all of those were within the Veterans Health Administration, though VA noted they were mostly positions that were unfunded by Congress. The department has brought on contract nurses at particularly understaffed facilities, though that has done little to assuage employee concerns. Staffers said they are happy to get

whatever help they can get, but contract workers do not always have the same commitment to the mission of helping veterans as do career employees. Union representatives lamented that the temporary staff typically make more than VA nurses and the department has not bargained over their use.

“No offense to these individuals,” said Geddes Scott, a nurse who represents employees at the St. Albans Community Living Center, a VA nursing home, of the contractors. “They’re professionals. But they don’t have the same vested interest. They are there for the dollar.” Several employees suggested the use of contract workers has led to less hiring of career staff at their facilities, meaning the root of the staffing issues is going unaddressed. While employees have largely reported improvements in the availability of personal protective equipment since the department joined much of the country in experiencing shortages early in the pandemic, they are beginning to report some renewed concerns. N95 masks in particular, they said, are at times in short supply.

VA did not respond to a request for comment. Meanwhile, as VA battles the pandemic, Secretary Robert Wilkie is facing increased pressure to step down due to his role in seeking to discredit a congressional aide who reported being sexually assaulted at a department hospital. Following an inspector general [report](#) finding some wrongdoing on Wilkie’s part, more than 20 lawmakers and six of the largest veterans service organizations have called on him to resign. [Source: Government Executive | Eric Katz | December 16, 2020 ++]

VA Transplant Program

Update 07: First Triple Organ Procedure Funded by VA



Keith Baker’s heart was failing. Then his liver went. Then his kidneys. It had taken only a few years for the once vibrant Army Veteran to find himself frail and bedridden. Baker needed a triple organ transplant – a procedure so rare that U.S. doctors had performed just 24 in the last 30 years. But with two transplant requests denied, what he really needed was a miracle. “The patient was critically ill,” said Dr. Joseph Stehlik, medical director of the Heart Transplant Program at the Salt Lake City VA and the University of Utah. Pumped with drugs and tied to life-saving machines, Baker lingered in intensive care. Doctors allowed him a moment with his family. “I knew that I probably didn’t have much time,” Baker said. “The good lord had a miracle in store for me”

That was eight weeks ago. The Yuma, Arizona, native had crisscrossed the country. Despite a slew of bad news, Baker remained undeterred. “I was going to live through this thing one way or another. I’m going to keep on living as long as my body does,” he said. In October, he got his miracle. A second liver biopsy

showed Baker had a better chance of recovery, allowing his addition to the transplant waiting list. Soon, a young man died. He was a match. Doctors rushed Baker to surgery. The event marked the first time the University of Utah Health attempted such a procedure. But Baker didn't need assurances. He had faith. "I'm a fairly religious person. I just knew the good lord had a miracle in store for me, which he did." For hours, experts labored to replace Baker's heart and liver. After a short recovery and while he was still unconscious, they replaced his kidney.

Salt Lake City is one of five national VA heart transplant referral centers, Dr. Stehlik said. Granting Baker's miracle took an army of coordination, he added. It's the first time VA funded a triple organ transplant. That's good news for Baker, given the surgeries would've cost him hundreds of thousands of dollars. Baker was recently discharged. Now staying at a VA provided hotel, he'll continue treatment until April. His memory's improved, he's walking again, and he no longer needs to take naps to stay awake through the day. "It's amazing," he said. "I can't believe how good I feel. I had never felt this good – ever."

His recovery has impressed his doctors. "Keith is a person with an incredibly positive attitude and a strong desire to live," Stehlik said. "Seeing him recover so well makes us all extremely happy." Baker wrote the donor's family thanking them for the gift of life. He said he wants to help people and donate his body to science. He said his care at the U was amazing and offered his thanks to VA. "The VA are [my] champions. Without them, I would've died." [Source: Vantage Point | T.S. Jarmusz | December 18, 2020 ++]

VA Caregiver Stipend

Primary Family Caregiver's Monthly Compensation



Caregivers play an important role in the health and well-being of Veterans. The U.S. Department of Veterans Affairs (VA) offers a number of services to support Family Caregivers including a monthly stipend to Primary Family Caregivers of Veterans with moderate and severe needs. A stipend is defined as a monthly financial payment provided to a Primary Family Caregiver of an eligible Veteran.

VA bases stipend payments on the definition of "monthly stipend rate," which means the Office of Personnel Management (OPM) General Schedule (GS) Annual Rate for Grade 4, Step 1, based on the locality pay area in which the eligible Veteran resides, divided by 12. VA will apply a specific percentage of the monthly stipend rate based on the amount and degree of personal care services provided to the eligible Veteran by the Primary Family Caregiver. The amount and degree of personal care services is divided into two levels. The distinction between the two levels is based on if the Veteran is determined to be unable to self-sustain in the community.

- **Level 1:** For an eligible Veteran who is determined not to be "unable to self-sustain" in the community, the Primary Family Caregiver's stipend amount will be 62.5% of the monthly stipend rate. For example the GS rate at Grade 4, Step 1, in Dallas, Texas, for 2020 is \$33,638 annually. Thus the monthly stipend amount for a Primary Family Caregiver of an eligible Veteran in Dallas, Texas, at this rate (62.5%) of \$33,638 will be approximately \$1,751.98.
- **Level 2:** For an eligible Veteran who is determined to be unable to self-sustain in the community, the Primary Family Caregiver's stipend amount will be 100% of the monthly stipend rate. For example the GS rate at Grade 4, Step 1, in Dallas, Texas, for 2020 is \$33,638 annually. The 2020 monthly stipend amount for a Primary Family Caregiver of an eligible Veteran in Dallas, Texas, at this rate (100%) of \$33,638 will be approximately \$2,803.17.

The VHA Office of Community Care (VHA OCC) issues the recurring monthly payments and processes all updates related to the stipend. You may contact VHA OCC for information on the processing activities for the stipend benefit via the Office of Community Care toll free at 1-877-733-7927 M-F 8:00 am - 8:00 pm EST or Web: <https://www.va.gov/communitycare>

Eligibility. You may be eligible to participate in the Program of Comprehensive Assistance for Family Caregivers if you and the Veteran you're caring for meet all of the requirements listed below.

1. Eligibility requirements for the family caregiver
 - You must be at least 18 years old and at least one of these must be true for you.
 - You must be either a spouse, son, daughter, parent, stepfamily member, or extended family member of the Veteran, or Someone who lives full-time with the Veteran, or is willing to do so if designated as a family caregiver
2. Eligibility requirements for the Veteran --All of these must be true for the Veteran you're caring for:
 - The Veteran must have a VA disability rating (individual or combined) of 70% or higher. The Veteran's service-connected disabilities must have been caused or made worse by their active-duty service during one of these periods of time:
 - ✓ On or after September 11, 2001, or
 - ✓ On or before May 7, 1975
 - And the Veteran must have been discharged from the U.S. military or have a date of medical discharge, and need at least 6 months of continuous, in-person personal care services

Caregiver Responsibilities & Benefits

To provide services the eligible Veteran needs from another person. They include care or assistance to support the Veteran's:

- Health and well-being
- Everyday personal needs (like feeding, bathing, and dressing)
- Safety, protection, or instruction in their daily living environment

The Veteran can appoint one Primary Family Caregiver (the main caregiver), and up to two Secondary Family Caregivers (people who serve as backup support to the primary caregiver when needed). Eligible Primary and Secondary Family Caregivers can receive:

- Caregiver education and training

- Mental health counseling
- Travel, lodging, and financial assistance when traveling with the Veteran to receive care

Eligible Primary Family Caregivers may also receive:

- A monthly stipend (payment)
- Access to health care benefits through the Civilian Health and Medical Program of the Department of Veterans Affairs ([CHAMPVA](#))—if you don’t already qualify for care or services under another health care plan
- At least 30 days per year of respite care for the Veteran

Application. You and the Veteran will need to apply together and participate in an application process to determine if you’re eligible for the Program of Comprehensive Assistance for Family Caregivers. You'll both need to sign and date the application, and answer all questions for your role. You can apply online at <https://www.va.gov/family-member-benefits/apply-for-caregiver-assistance-form-10-10cg>, by mail. Or in person. If by mail download and fill out a joint Application for the Program of Comprehensive Assistance for Family Caregivers (VA Form 10-10CG) at <https://www.va.gov/vaforms/medical/pdf/10-10CG.pdf> and mail the form and any supporting documents to:

Program of Comprehensive Assistance for Family Caregivers
 Health Eligibility Center
 2957 Clairmont Road NE, Suite 200
 Atlanta, GA 30329-1647

If applying in person bring your completed VA Form 10-10CG to your local VA medical center's Caregiver Support Coordinator. To find the name of your local coordinator, you can contact the Caregiver Support Line at 855-260-3274 or go to https://www.caregiver.va.gov/support/New_CSC_Page.asp, the VA Caregiver Support Coordinator directory. Do not send medical records along with the application. VA will follow up after the application is received. If you need assistance with completing the application or would like to check the status of your 1010CG application call 1-855-488-8440, option 3. Be sure to check back for updates or subscribe to receive email updates and information about VA Caregiver Support Program services.

[Source: https://www.caregiver.va.gov/support/New_CSC_Page.asp | December 21, 2020 ++]

VA Welcome Kit

Update 01: Guide to Access Vets Care, Benefits & Services

The U.S. Department of Veterans Affairs announced 22 DEC the addition of 10 ‘quick start guides’ and caregiver resources to the VA Welcome Kit — a guide for service members, Veterans, their families, caregivers, and survivors to access care, benefits and services.

The updated welcome kit makes it easier to obtain information about VA resources by listing each step and document needed in the application or enrollment process. “Our welcome kit breaks down VA’s care, benefits and services in an easy-to-follow way so Veterans and their families don’t miss out on any VA resources they may be eligible for,” said VA Secretary Robert Wilkie. “This guide is the perfect starting

point for anyone interested in what the department has to offer, and I encourage everyone in the Veteran community to download and share it with their networks.”

The VA Welcome Kit is organized around major life milestones, such as separating from military service, retirement or seeking care while aging. The kit now includes a total of 14 ‘quick start guides’ that cover a variety of topics, including:

- Applying for VA health care.
- Getting started with mental health services.
- Getting started with health services for women Veterans.
- Understanding community care.
- Accessing urgent care.
- Applying for a disability rating.
- Applying for education benefits.
- Applying for burial in a VA national cemetery and for memorial products.
- Understanding the modernized decision review process.
- Getting started with services for Veterans ages 65 and older.
- Getting started with Veteran state benefits and service.
- Getting started with Vet Center services.
- Getting started with caregiver benefits.
- Applying for survivor benefits.

More than 1 million copies of the VA Welcome Kit have been downloaded or printed across the country. VA created the kit and follow-on guides using human-centered design with feedback from hundreds of Veterans and their families. You can download the VA Welcome Kit at <https://www.va.gov/welcome-kit>. [Source: VA News Release | December 22, 2020 ++]

VA Headstone/Marker

Update 10: Gravestones Bearing Swastikas Removed



The Department of Veterans Affairs removed two gravestones bearing swastikas from a military cemetery in Texas. With little fanfare, the VA removed the headstones of the two German soldiers, American prisoners of war, on 21 DEC from Fort Sam Houston National Cemetery in San Antonio. The Military

Religious Freedom Foundation, a group that advocates for troops and veterans who report discrimination in the military, had launched a campaign for the removal of the headstones in May after a veteran of Jewish descent saw them.

The VA rejected initial calls to replace the headstones, saying it was not legally permitted to unilaterally remove or alter the headstones under the National Historic Preservation Act. But the agency soon changed course after congressional lawmakers stepped in, announcing in June that it would remove them without setting a date. It's not clear why just the two tombstones, among 132 Germans buried in the cemetery's prisoner of war section, have the Nazi inscriptions. Both of the deceased died in 1943. The tombstones were marked with a swastika inside a German cross and are inscribed, "He died far from his home for the Führer, people, and fatherland." Another tombstone with a swastika at a military cemetery in Utah has yet to be removed. There are an estimated 860 World War I- and II-era German POWs buried in 43 cemeteries across the United States. [Source: Military.com | Richard Sisk | December 11, 2020 ++]

VA Fraud, Waste & Abuse

Reported 16 thru 31 DEC 2020



Washington – On September 23, 2020 **Handicare USA** (doing business as Prism Medical Services), agreed to pay the United States \$800,000 to resolve allegations that it knowingly submitted false claims to the Department of Veteran Affairs (“VA”) in the performance of various contracts to install patient ceiling lifts in VA hospitals.

Handicare USA manufactures and installs patient lift and mobility systems for hospitals and rehabilitation centers. Handicare USA entered into various contracts with the VA to install patient ceiling lifts in VA hospitals and other VA medical or health care facilities. The VA contracts specifically required that all parts and products must be compliant with the Trade Agreements Act, a statute that provides that the government may acquire only products made within the United States or from “designated” countries who abide by certain trade laws with the United States. Handicare USA knew of the importance of this requirement and submitted a certification at the time of contracting that every part installed was “made in the United States,” and further submitted engineering certifications that the parts installed were from a manufacturer who manufactured and sold only American-made products.

Based on a tip from a whistleblower, an agent from the VA Office of the Inspector General inspected the patient lift systems of several VA hospitals and found that Handicare USA used inferior and cheaper parts made in China, a non-designated country, for the mounting system that secured the patient lift to the ceiling. Even more, the Office of the Inspector General learned that Handicare USA supervisors at the project sight specifically instructed personnel to install the parts so that the “Made in China” stamps on the metal parts would be against the building bulkheads or otherwise not visible for inspection.

“The VA Office of Inspector General tirelessly pursues fraud, waste, and abuse affecting VA, and will continue to work with our law enforcement partners to hold violators accountable,” said VA Inspector General Michael J. Missal. “The use of inferior products that can put veterans, staff, and visitors to VA medical facilities at risk will not be tolerated. Our nation’s veterans, families and VA staff deserve the highest standards of integrity, professionalism, and accountability from government contractors.” “This agreement demonstrates our resolve to hold accountable any organization that mishandles federal funds intended for the benefit of our veterans. Handicare was entrusted to provide vital medical equipment of the highest quality and safety, utilizing manufacturers in the United States. That trust was violated when Handicare falsely claimed that the parts were manufactured in the United States, and instead used lower quality hardware” said Acting United States Attorney Michael R. Sherwin. [Source: DoJ District of Columbia | U.S. Attorney’s Office | December 16, 2020 ++]

-o-o-O-o-o-

Boston, Mass. – A vendor for several Veterans Affairs medical facilities was sentenced 17 DEC for defrauding the VA by creating false invoices and reports for medical gas inspections that never took place. **Chester Wojcik**, 49, of Agawam, Mass., was sentenced by U.S. District Court Judge Mark G. Mastroianni to two years of probation. In August 2020, Wojcik pleaded guilty to one count of wire fraud.

Wojcik, as the owner of Alliance Medical Gas Corporation, engaged in a scheme from May 29, 2014, through March 5, 2015 to defraud the VA by creating false invoices and reports for medical gas inspections that never took place. Medical gas supply systems deliver piped gases, including compressed air, nitrous oxide, nitrogen and carbon dioxide into operating rooms, recovery rooms and patient rooms. Medical gas supply systems must be inspected and maintained regularly to ensure the safety of patients and medical professionals, and to prevent gas leaks, explosions and other safety hazards. Wojcik failed to perform scheduled inspections of medical gas systems at VA facilities in Sioux Falls, S.D., Tuskegee, Ala. and Montgomery, Ala. and later lied to VA facilities and federal investigators about the offense. Wojcik was paid \$8,981 by the VA for services that his company did not perform. [Source: DoJ District of Massachusetts | U.S. Attorney’s Office | December 17, 2020 ++]

-o-o-O-o-o-

Burlington, Vt. – Schneider Electric Buildings Americas, Inc. (Schneider Electric), a nationwide provider of electricity solutions for buildings and data centers with its principal place of business in Carrollton, Texas, will pay \$11 million to resolve criminal and civil investigations relating to kickbacks and overcharges on eight federally-funded energy savings performance contracts (ESPCs), the Department of Justice announce 17 DEC. Under the contracts, Schneider Electric was to install a variety of energy saving upgrades such as solar panels, LED lighting, and insulation in federal buildings.

As part of the criminal resolution with the United States Attorney’s Office for the District of Vermont (USAOVT), Schneider Electric admitted that it fraudulently charged the Government nearly \$1.7 million in design costs incurred on three ESPCs funded by the Department of the Navy (DON), General Services Administration (GSA), and Department of Agriculture (USDA) by disguising those costs and spreading them across un-related pricing components. Schneider Electric employees described this process as “burying” or “hiding” the costs. Schneider Electric specifically spread costs across various line items in these federal projects so that the agencies would pay the amounts without knowing they were design costs that Schneider Electric was prohibited from charging the Government. Schneider Electric admitted that its

conduct constituted wire fraud in violation of 18 U.S.C. § 1343. Schneider Electric executed a non-prosecution agreement related to this conduct and agreed to pay nearly \$1.7 million in criminal forfeiture.

Schneider Electric further admitted that former convicted Senior Project Manager **Bhaskar Patel** solicited and received over \$2.5 million in kickbacks from various subcontractors who worked on ESPCs issued by the DON, Coast Guard, GSA, USDA, and Department of Veterans Affairs (VA). Schneider Electric admitted that this conduct violated the Anti-Kickback Act, 41 U.S.C. § 8707. Schneider Electric is required by its agreement with the USAOVT to cooperate fully in any and all matters relating to relevant conduct for a period of three years, to report to the USAOVT any evidence or allegation of a violation of U.S. fraud, anti-corruption, procurement integrity, or anti-kickback laws, to implement and comply with an updated corporate compliance program, and to report annually to the USAOVT on remediation and implementation of its required compliance enhancements.

In the separate civil settlement announced today, Schneider Electric agreed to pay \$9.3 million to resolve False Claims Act and Anti-Kickback Act liability for Patel's kickback scheme and for including inflated estimates and improper costs in proposals, and overcharging federal agencies under the eight ESPCs. Except for the conduct admitted in connection with the criminal resolution, the civil claims resolved by the settlement are allegations only, and there has been no determination of liability as to such civil claims.

"These cases are complex and challenging, and I commend the dogged work of our Assistant U.S. Attorneys and their law enforcement agency partners to ensure that Schneider Electric's conduct was brought to light and that it was held to account," said United States Attorney Christina E. Nolan. "I am proud that our small office not only successfully convicted Bhaskar Patel, but went further and unraveled Schneider Electric's broader criminal scheme of fraudulently inflating costs to boost its profits and steal from taxpayers. In reaching this resolution, we considered that Schneider Electric terminated two employees involved in the schemes and overhauled its compliance program. We also considered the shortcomings of Schneider Electric's cooperation and its failure to timely accept responsibility." [Source: DoJ District of Vermont | U.S. Attorney's Office | December 17, 2020 ++]

*** Vets ***



Vet Toxic Exposure | Karshi-Khanabad

Update 04: Trump Weighs Executive Order for Ill Veterans

President Donald Trump is considering an executive order to help veterans who became ill after they deployed to a toxic base in Uzbekistan after the 9/11 attacks. Thousands of service members deployed to Karshi-Khanabad, Uzbekistan, or K2, living in tents above ground that was saturated with solvents and fuels that formed a "black goo" under their feet. A year ago, McClatchy exclusively reported on the illnesses

now facing K2 veterans, who have had difficulty getting the Department of Veterans Affairs to recognize and cover their medical costs.

The executive order would help those veterans by adding Uzbekistan to the VA's registry of locations with known burn pit exposure, according to two sources familiar with the order. It would also allow K2 veterans to get access to depleted uranium screenings as they seek medical care from the VA for a variety of illnesses they now face, the sources said. The executive order is a priority for Acting Defense Secretary Christopher Miller, who deployed to K2 in 2001 with the 5th Special Forces Group to conduct operations against al Qaeda and Taliban targets in Afghanistan. "I know this is viscerally personal to the secretary," a defense official told McClatchy. "This is the kind of issue he took this job to do."

Miller has spoken to VA Secretary Robert Wilkie about the order and has presented it to the president, the sources said, who spoke to McClatchy on the condition of anonymity. "Since taking office, President Trump has never shied away from using his lawful executive authority to advance bold policies and fulfill the promises he made to the American people, but I won't speculate or comment on potential executive action," said White House deputy press secretary Judd Deere.



Acting Defense Secretary Christopher Miller, shown here in Afghanistan in late 2001 or early 2002, deployed to Karshi-Khanabad, Uzbekistan, or "K2" with the 5th Special Forces Group in 2001 as part of America's early response to the 9/11 attacks.

"It looks like it's going to happen, and the VA secretary and defense secretary agree on it," one person familiar with the order said. "It puts K2 veterans on par with veterans of Afghanistan. With a stroke of a pen this president can do something that previous administrations have been unwilling and unable to do, and begin the process of providing relief for K2 veterans." A spokeswoman for the VA secretary said Wilkie had not discussed the issue with Miller, and she did not immediately respond to a question about whether Wilkie, who has previously asked K2 veterans to [come forward](#) to get help, would support the order. "Secretary Wilkie has never discussed this issue with Acting Secretary Miller," said VA spokeswoman Christina Noel.

Remnants of chemical weapons and [low-level processed uranium](#) from the site's former use as a Soviet military base turned the nearby ponds bright green and other colors, spurring the men and women who served there to nickname them the "Skittles." Hundreds of those veterans now have cancer or have already died from cancer. Over the last year, those veterans have pressed their case to Congress to investigate what they were exposed to in Uzbekistan and get their illnesses included as "presumptive conditions," which makes it easier for them to receive medical care at the VA.

Last week, Congress passed the National Defense Authorization Act that contains a provision for the government to conduct a study of the illnesses among K2 veterans and similar provisions for other veterans

groups, including military pilots, who are now facing illnesses they say are connected to toxic exposure. Trump has said he intends to veto the NDAA on unrelated issues. “He still does plan to veto the NDAA – don’t have a timeline for you on that, but he does plan to veto it,” White House spokeswoman Kayleigh McEnany told reporters at the White House 15 DEC. “He wants to make every effort to protect our military men and women, and will prioritize military funding in the big omnibus bill.” [Source: Impact 2020 | Tara Copp & Michael Wilner | December 15, 2020 ++]

Coronavirus Vaccines

Update 22: PI Vets Say VA Has Left Them in Limbo



A group of U.S. military veterans in the Philippines say they’ve been left in limbo by the Department of Veterans Affairs, which will only offer the coronavirus vaccine there to its staff and veterans receiving treatment at its clinic in Manila. Representatives of veteran and retiree organizations in the Philippines wrote to the Senate Homeland Security and Governmental Affairs Committee on behalf of 30,000 veterans living in the Philippines, outlining their concerns about the U.S. government’s vaccination plan. The Philippines has reported nearly 470,000 coronavirus cases with over 9,000 deaths, Nikkei Asia reported 27 DEC.

“It is our understanding that this vaccine will be given to all citizens of the United States free of charge,” wrote a group of former service members and members of Veterans of Foreign Wars posts and a veteran support organization in the Philippines. The signers include Michael Applegate, who signed as a member of the VFW Pacific Areas Department and American Legion Post 123 in Angeles City, Mark Favreau, who signed as the director of the U.S. military Retiree Support Services Office in Manila and George Cox, who signed as a member of VFW Post 2485 in Angeles City.

But the VA Manila Regional Benefit Office and Out-Patient Clinic has informed veterans that, by law, it can only administer the coronavirus vaccine to service-connected, disability-rated veterans who are enrolled there as patients. Local VA health care employees will also get the shot, the veterans’ letter states. “This in and of itself is a travesty and a slap in the face to the over thirty-thousand U.S. Military Veterans/Retirees residing here!” the veterans wrote. “To add insult to injury, the VA Manila Out-Patient Clinic has NO PLANS to distribute and administer the COVID-19 vaccine to the remaining U.S. Military Veteran/Retiree population AT ALL!”

The U.S. Embassy in Manila states on its website that the U.S. government does not plan to provide COVID-19 vaccinations to U.S. citizens overseas. COVID-19 is the respiratory disease caused by the coronavirus. “We encourage U.S. citizens resident in the Philippines to follow host-country developments and guidelines for COVID-19 vaccinations,” the website states. The VA has a limited supply of vaccine

and will first vaccinate veterans in long-term care facilities and VA health care personnel, according to the VA website. “After the first 2 groups, we’ll begin to offer vaccines to more Veterans who are at high risk of severe illness from COVID-19.” The website states. “When more vaccines become available, we plan to offer a free COVID-19 vaccine to all Veterans receiving VA health care who want one.”

The VA’s initial vaccine distribution sites were chosen based on criteria including freezer availability and the ability to vaccinate a large volume of people quickly, Daniel Gutkoski, manager of the VA’s Manila clinic, said in a 22 DEC email to Stars and Stripes. “There is no set date for when VA Manila Outpatient Clinic will receive the vaccine, but we are prepared and stand ready to accept a vaccine once it becomes available to us,” he said. The VA’s goal is to offer the vaccine to eligible veterans receiving care the VA and all employees, he said.

However, Applegate, a retired Navy noncommissioned officer, in a 22 DEC email to Stars and Stripes said he can’t enroll at the Manila clinic even though he is rated a disabled veteran because it has no orthopedic doctor there who can treat his foot condition. “That means I cannot get the U.S. produced COVID-19 vaccine coming from the U.S., which will be administered to only veterans enrolled at the VA Outpatient Clinic Manila,” he said. “This affects not only me, but thousands of other veterans living here in the Philippines. Veterans have been kicked to the curb by the U.S. Government after serving our country honorably under arduous, dangerous conditions.”

Another signer, John Doulette, a former Marine living in Imus City near Manila, in a 22 DEC email said it’s unfair that disabled veterans in the islands won’t get the vaccine if they are denied enrollment at the clinic. “Given the seriousness of this pandemic, Veterans stateside are being vaccinated at local VA facilities,” Doulette said. “Veterans whether service connected or not should also be afforded this vital life-saving vaccine here while residing in the Philippines.” The Philippine government plans to purchase and administer a coronavirus vaccine to its citizens but doesn’t appear to have a plan to vaccinate foreign residents, the veterans wrote in their letter.

The veterans want the Navy to deploy its hospital ships, the USS Comfort and USS Mercy, to the Philippines to assist with vaccinations for veterans, their letter states. “These hospital ships could be deployed to areas in the world where a large concentration of Americans resides to assist the VA and U.S. Embassies throughout the world to administer the vaccine to the American population, not just here in the Philippines,” the veterans wrote. [Source: Stars & Stripes | Seth Robson | December 29, 2020 ++]

Covid-19 Vet Impact

Update 01: St. Louis VA Study Finds It Has Risk of Long-Term Effect

Dr. Ziyad Al-Aly has examined dozens of patients hospitalized with COVID-19 in St. Louis, but he still finds it jarring to see how the virus ravages their bodies. Some have severe damage to their kidneys or liver, while in others, the muscles of the heart are dangerously inflamed. “It stops you in your tracks, like, ‘What are we dealing with here?’” said Al-Aly, director of the Clinical Epidemiology Center at the Veterans Affairs Health Care System in St. Louis. “Why is this patient having a stroke? Why do they have blood clots all over their lungs?”

Despite reports of serious, long-term health effects associated with COVID-19, some politicians have downplayed the disease, comparing it to the seasonal flu. COVID-19 is a far deadlier illness than the flu, according to a [new analysis](#) from the VA St. Louis Health Care System and Washington University. The study, which analyzed thousands of VA medical records from patients nationwide, found those hospitalized for COVID-19 were four times more likely to need a ventilator and five times more likely to die, compared to patients with the flu.

The analysis also finds COVID-19 carries a much higher risk of certain complications than the flu, including kidney injuries, stroke, septic shock, blood clots and new-onset diabetes. About 1 in 4 patients hospitalized for COVID-19 without a history of diabetes had to be treated with emergency insulin — about twice the rate seen in flu patients. “Their blood sugar will shoot up and require huge doses of insulin to bring it down,” said Al-Aly, co-author of the study. “Normally, your blood sugar will be 120 or 110, but in these patients, it was 300 or 400 — just through the roof. And these are people who did not have diabetes before they got COVID.”

The study compared the medical records of 12,676 patients hospitalized with the flu between 2017 and 2019 with those of 3,641 patients hospitalized for COVID-19 from February to June 2020. Certain groups were at highest risk from complications due to COVID-19, including Black patients with certain pre-existing conditions and those over the age of 75. But even when accounting for key demographic differences, like race, age and gender, COVID-19 patients consistently had worse health outcomes than flu patients, said Yan Xie, study author and epidemiologist with the VA St. Louis Health Care System. “COVID-19 is a much, much more devastating disease compared to the seasonal flu,” said Xie, who helped lead the study. “It attacks not only the respiratory systems, it attacks nearly all the major organs in our body — the kidneys, the heart, the pancreas, the liver.”

The vast majority of coronavirus infections, or about 80%, are “mild or asymptomatic,” according to the [World Health Organization](#), and most patients recover within weeks. But some people, known as [long haulers](#), suffer from COVID-19 symptoms for months, including debilitating physical weakness and confusion. The medical community is only beginning to understand the consequences of these long-term effects, Al-Aly said, but they will likely be a “serious health burden” in the future. “Even for those people who are lucky enough to survive COVID and make it out of the hospital, they will be forever scarred by the consequences,” he said. “There are serious ramifications, and we all have to be prepared to deal with them.” [Source: St. Louis Public Radio | Shahla Farzan | December 28, 2020 ++]

Vet Fraud & Abuse

Reported 16 thru 31 DEC 2020

A Kansas veteran is facing federal charges for allegedly falsifying travel records related to medical appointments so he could get money from the Department of Veterans Affairs. **Edward D. Parks**, 60, of

Liberal, has been charged through an indictment with one count of submitting false claims for travel reimbursement and one count of making a false statement to investigators from the Department of Veterans Affairs - Office of Inspector General. U.S. Attorney Stephen McAllister's Office announced the indictment 22 DEC via email.

Parks, who served in the Marines, is accused of lying about traveling to Wichita from his Liberal home last year for medical appointments, according to the email. The indictment alleges he "did willfully and knowingly falsify, conceal, and cover up by trick, scheme, and device a material fact ... by submitting false claims relating to travel reimbursement" beginning on an unknown date through Aug. 7, 2019. Then on or about Aug. 7, 2019, Parks "did willfully and knowingly make a materially false, fictitious and fraudulent statement and representation" to special agents, knowing that it "was false and that he was not entitled to travel reimbursement as authorized," the indictment alleges. The document does not provide details about the contents of the allegedly false statement.

McAllister's email said Parks sought reimbursement under the Beneficiary Travel Program, which pays back veterans for mileage and other expenses they incur going to and from approved health care appointments. He faces up to five years in federal prison and a \$250,000 fine on each count, if convicted. The allegations were investigated by the Department of Veterans Affairs - Office of Inspector General [Source: The Wichita Eagle | Amy Renee Leike r| December 22, 2020 ++]

WWII Vets 242

Robert Femoyer | Refused Painkillers to Get His Crew Home



Imagine being so injured that you're struggling to stay conscious, but you know you have to stay awake so you can guide your damaged airplane home safely. That's what Army 2nd Lt. Robert Femoyer did to make sure his crew returned from a dangerous World War II mission. He didn't survive, but his courage and composure earned him the Medal of Honor.

Femoyer was born on Oct. 31, 1921, in Huntington, West Virginia, the eldest of two children. He was a dedicated Boy Scout and became one of only a few Medal of Honor recipients to have attained the rank of Eagle Scout. According to the West Virginia Veterans Memorial, Femoyer was a good student and tennis player who attended Marshall College in Huntington, West Virginia, before transferring to Virginia Tech in 1940 to study civil engineering. About a year later, the U.S. joined World War II. Femoyer signed up for the Enlisted Reserve Corps on Nov. 11, 1942, and continued to attend college until he was called to active duty with the Army Air Corps in February 1943.

Femoyer was an aviation cadet after basic training, but he failed his initial attempt to become a pilot in July 1943. After a recommendation for reclassification and two more training courses in Florida and Louisiana, he finally graduated in June 1944 with his pilot's wings. The 22-year-old was commissioned as a second lieutenant and assigned the job of navigator. In September 1944, Femoyer deployed to England where he joined the 447th Bomb Group's 711th Squadron. He was on his fifth mission when he was put to the ultimate test.

On Nov. 2, 1944, Femoyer and his crew were among hundreds of bombers sent to attack an oil refinery outside Merseburg, Germany, one of the most heavily defended targets in the country. As Femoyer's B-17 Flying Fortress neared its target, three enemy anti-aircraft shells hit the plane. It was seriously damaged, and Femoyer was thrown from his seat to the floor. He suffered serious wounds to his side and back from shell fragments. He'd lost a lot of blood and was in great pain, but he refused an injection of morphine and any painkillers offered to him. As the crew's navigator, Femoyer knew that if he didn't keep his head clear, he wouldn't be able to direct the plane out of the line of fire to save his fellow airmen. Unfortunately, though, he couldn't get up from the floor, so he had to have his comrades prop him up so he could see his charts and navigation instruments.

For the next two and a half hours, while fighting unconsciousness and sitting in a pool of his own blood, Femoyer directed his pilots through a gauntlet of enemy flak positions along the route home. They flew more than 500 miles to their airfield at Royal Air Force Rattlesden, England, without suffering any further damage. After they landed, Femoyer finally gave in and was given a sedative for his wounds. Sadly, he died shortly after being moved from the plane. Femoyer's body was returned to Florida where his parents had moved. He is interred at Greenlawn Cemetery in Jacksonville. On May 9, 1945, his parents received his Medal of Honor from an Army Air Forces major general in a small private ceremony. Femoyer's name and legacy live on. Virginia Tech named a building in his honor and numerous Air Force bases have streets named for him. [Source: DOD News | Katie Lange | November 2, 2020 ++]

WWII Vets 243

Ollie McHone | Lost With the USS Indianapolis Sinking



Dec. 20, 2020, marked the two year anniversary the crew of the USS Indianapolis receiving a Congressional Gold Medal for service to the United States. One of those crewmembers was Ollie McHone who enlisted in the United States Navy on Dec. 14, 1942. After completing his training, McHone became a fireman. He began serving aboard the USS Indianapolis April 29, 1943.

In mid-July 1945, the USS Indianapolis participated in the top-secret mission to transport parts of the “Little Boy” atomic bomb which would be dropped on Hiroshima, Japan. After completing this mission, the ship headed to Leyte in the Philippines. Japanese submarine I-58 torpedoed and sank the USS Indianapolis July 30, 1945. Of 1,195 crewmen aboard, approximately 300 went down with the ship. The

remaining 890 faced exposure, dehydration, saltwater poisoning and shark attacks. Due to a gap in communication, the Navy did not become aware of the sinking for four days, delaying rescue operations. In total, 879 of the 1,195 crewmen aboard perished, including McHone. He was 33 years old. The USS Indianapolis sinking remains the greatest single loss of life at sea in U.S. Navy history.

During his service, McHone reached the rank of fireman first class. He received the Purple Heart posthumously. McHone and his fellow sailors are commemorated at several monuments, including a memorial at the Manila American Cemetery in the Philippines and a National Memorial in downtown Indianapolis, Indiana. We honor his service. [Source: Vantage Point | Allison Penna | December 20, 2020 ++]

Korean War Vets

Franklin Chang | Met Unusual Problems as Chinese-American



Franklin Chang served as a rifleman in the Marines during the Korean War. Born to a Chinese immigrant father and a Chinese-American mother in the San Francisco Bay Area, Chang did not speak any Chinese and attended an American school. In his youth in the Depression era, his family briefly moved to China then returned to the U.S. after the start of the second war between China and Japan. Chang enlisted in the Marine Corps in 1950, then soon deployed with the 1st Marine Division to Korea with five other Chinese American Marines. In a time when Chinese Americans often faced discrimination, Chang's commander initially refused to send him or others to the front line. However, his persistence won out, and he told the commander: "No sir, we are going to go up and join our companies."

During his service, Chang fought in the mountains and manned observation posts that were attacked daily near the front line. While he was fearless on the battlefield, he talked about his fear of friendly fire and for being mistaken a communist because of his face and Marine gear. The enemy, often poorly equipped, dressed themselves in uniforms taken from Americans who perished in battle. On patrol, Chang walked ahead, warning his Marines to shoot to the side if they saw him drop. The identity challenge even extended to the rear as the Chinese American Marines were at times confused for the Korean Service Corps members – civilians who wore U.S. uniforms and served the Marines by carrying food and ammunition. "They used to try to kick me out of the chow line," he told Stripes, earlier this year. He defended himself with fluent English that surprised many people.

Chang's final post was overlooking the village of Panmunjom in Korea, where an armistice was signed on July 27, 1953. He recalled watching trucks arriving from North Korea or leaving South Korea for meetings in Quonset huts and the bare exchange in those meetings. "They just sat at the tables and looked at each other for 15 to 20 minutes and left. They never really talked. The United Nations had won the war already." Among the five other

Chinese American Marines he served with, Chang at 87 is the last one still alive. We honor his service. [Source: Vantage Point | Ryan Pan | November 19, 2020]

Military Retirees & Veterans Events Schedule

As of 01 JAN 2021

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 | December 31, 2020 ++]

State Veteran Benefits

Virgin Islands 2020

The Virgin Islands of the United States provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “**Vet State Benefits – VI**” for an overview of those noted below. Benefits are available to veterans who are residents of the islands. For a more detailed explanation of each of the below refer to <https://www.military.com/benefits/veteran-state-benefits/virgin-island-vet-benefits.html> & <https://veterans.vi.gov>:

- Housing
- Financial
- Education
- Employment
- Burial
- Other VI Sponsored Veteran Benefits

[Source: <https://www.military.com/benefits/veteran-state-benefits/vermont-state-veterans-benefits.html> | December 2020 ++]

Vet Hiring Fairs

Scheduled As of 01 JAN 2021



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 | December 31, 2020 ++]



Vet Benefits Legislation

Update 05: Update 20: H.R.7105 | Veterans Health Care and Benefits Improvement Act

On December 16, 2020, the United States House of Representatives passed the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act* (H.R. 7105). This omnibus bill contains several provisions that have been long-standing legislative priorities for DAV. The legislation includes key provisions from the Deborah Sampson Act (S. 514/H.R. 3224), which will improve health care programs and services for women veterans and require VA to improve its policies to end harassment and sexual assault in VA facilities.

Other key provisions in the bill will: eliminate the 12-year delimiting date for disabled veterans (discharged after January 1, 2013) to receive counseling, training, and benefits under the VA’s Veteran Readiness and Employment—VR&E program; require the VA to provide disability benefits questionnaires (DBQs) online; and lower the age a surviving spouse may remarry and still receive dependency indemnity compensation (DIC) benefits. Altogether, this bill is drawn from over two dozen veteran-related bills that were introduced during the 116th Congress. The bill has been sent to the President and is expected to be signed it into law.

To review H.R. 7105 and its full list of provisions, [click here](#). [Source: DAV | December 28, 2020 ++]

VA Burial Benefits

Update 50: H.R.5639 | Chuck Osier Burial Benefits Act



Bill to give burial benefits to cremated Sherrill veteran passes Congress as part of the 2021 NDAA. Air Force veteran and Sherrill native Chuck Osier was denied the same commemoration as a veteran traditionally buried because he was cremated. Legislation that has passed both chambers of Congress will change that. When Osier died in 2015, his wife, Donna, received paperwork from the funeral director to request a burial marker or medallion from the Department of Veterans Affairs. Osier submitted the form for her late husband, who was cremated and placed in an urn as he wished. She'd hoped to get a medallion to go with his flag, to be placed in a shadow box and given to their son.

After she received a letter from the secretary of Veterans Affairs that said her husband couldn't be honored with a medallion or plaque since he was cremated, Osier said she stewed over it for weeks. She couldn't understand why the VA wouldn't honor Chuck, an honorably discharged veteran who served during the Vietnam War. So she made a vow to her husband of 33 years. "I made Chuck a promise after I received that letter," Osier said. "And I promised him I was going to fix this, no matter what it took or how long it took."

More than five years later, the relevant language of the Chuck Osier Burial Benefits Act has been included in a larger veterans health and benefits act, which has passed both chambers of Congress. The legislation will require the VA to provide an urn or commemorative plaque for veterans who don't receive a headstone or burial marker. Those eligible would include any member of the armed forces who served in the U.S. military from April 6, 1917, to the present and was cremated, but not interred in a cemetery. The inclusion of the act inspired by Donna Osier's advocacy was made by U.S. Rep. Anthony Brindisi, (D-Utica), but the timeline dates back to shortly after Chuck Osier's death in March 2015 at 64 years old.

When Osier received the letter from the VA telling her that her husband would not receive any commemoration, she reached out to the late former Congressman Richard Hanna on the next Memorial Day. "It just didn't make sense to me that an honorably discharged veteran was denied the final thank you from the country," Osier said. "He was entitled to this." It wasn't just Osier's husband who had been denied, either. Her father was a Korean War veteran, and her brother was a retired senior chief petty officer in the Navy. Both were cremated when they died and did not receive any plaque, urn or other burial recognition at their passing.

"There's a lot of challenges and when you're dealing with the death and affairs of someone, it's a stumbling block you don't expect," Osier said. "And depending on how important their military time was — and Chuck loved his time in the Air Force — I'm not sure how necessary it is to make this so difficult." Osier also was upset to learn there was no allowance for an urn, as there is for traditional burials, from the VA. While she wouldn't want a different urn for Chuck, Osier said she was disappointed to learn that was the case. "For the VA to require someone to buy a plot and a marker in a cemetery just to receive this plaque is ridiculous," she said.

Osier started her effort to pass the burial act with Hanna's office, but he chose to retire at the end of his term in 2016. So she switched gears to work with then-Congresswoman Claudia Tenney, whom she attributed writing the bones of the bill and the initial work to get it going. When Brindisi took office in 2019, Osier kept up the effort with the new congressman's office. Brindisi said he was proud to see the legislation cross the finish line. Having a strong constituent advocate provides a name and a face to the legislation, he said. "More importantly when I'm advocating for legislation like this, I can tell Donna's story and Chuck's story," Brindisi said.

Brindisi did exactly that on the floor of the House of Representatives on 16 DEC, during a one-minute defense of the legislation. The House bill including Chuck Osier Burial Benefits Act now heads to President Donald Trump's desk. Donna Osier thanked Tenney and Brindisi for helping her through the legislative process and not blowing off her desire for change on veterans benefits. "They took me seriously; they worked hard," Osier said. "I am just so grateful to both of them for all the help they've given me and the support they've given me. Without them, it wouldn't have happened." [Source: Observer-Dispatch | Steve Howe | December 7, 2020 ++]

MOH Awards

Update 20: S.5006 | LEGACY Act



Sen. Ted Cruz (R-TX) has introduced legislation that allows Americans to purchase Medals of Honor found overseas and return them to the United States for educational purposes, repairing an unintended consequence of the Stolen Valor Act that banned importing the military medal. The **Limiting and Enabling Gathering Awards Commemorating Yesteryear Act**, or LEGACY Act, creates a way for the medals to be purchased by Americans or American institutions only for educational use. The defense secretary must approve those purchases and the subsequent importation of the medal.

The bill, which is headed to the Senate's Finance Committee sometime in the new year, also threatens sanctions for those who engage in financial transactions of a Medal of Honor, unless it is to return the medal to the United States. Potential sanctions could include freezing assets in American territories, revoking or denying Visa applications or arrest upon entering the United States. "Foreign sales of Medals of Honor harm the dignity and honor of all recipients," Cruz said in a statement. "By creating a process for these medals to be donated to the military, museums, or educational institutions, future generations of Americans will be able to learn more about Medal of Honor recipients' heroic service and countless contributions to our country."

The question of what should happen to a medal when the veteran who received it has died draws impassioned responses and was part of the Stolen Valor Act in 2006. The bill, which was last modified in 2012, cracked down on people falsifying military service and awards and also banned the sale of a Medal of Honor, the highest valor award bestowed upon American service members. Subsequently, it also banned returning from overseas with a Medal of Honor, regardless of whether the transaction was legal in the country where it occurred. In total, 3,526 Americans have earned the Medal of Honor since it was first authorized by Congress in December 1861. More than 1,500 were issued in the Civil War, which predates the current standards for consideration.

In some cases, a family line dies out and there is no one to inherit a medal. In other instances, recipients or their families just don't want the medal anymore, said Robert Wilson, who owns a store called Tarbridge Military Collectibles in Fayetteville, N.C., that specializes in buying and selling military items. "These medals were the most hated thing in my house," Wilson recounted a woman told him in his shop as she sold her brother's medals decades after he was killed in Vietnam. "She said, 'They took my brother and put those in place of him.'"

However, there are plenty of collectors out there "who volunteer their own time and money to pay for the privilege of curating this stuff," said Jeff Schrader, a military antique dealer in Burfordville, Mo. "In reality, the work that they are doing, is really why a great many things will exist 100 years from now that would not otherwise." Earlier this year, a Medal of Honor presented to Army Pvt. Thomas Kelly in 1899 for his efforts in the Spanish-American War turned up for sale in a German auction house. It sold for more than \$15,000. Neither the buyer or seller were made public, so how Kelly's medal made its way to Germany is not known.

At the time, Cruz made an unsuccessful attempt to intervene and halt the sale, as did the National Medal of Honor Museum Foundation, which is raising \$185 million to build a museum for the Medal of Honor in Arlington, Texas. Hermann Historica, the German auction house selling the medal, offered to sell the medal directly to the museum. However, the museum did not accept the offer because returning it stateside would have been illegal. The LEGACY Act states the defense secretary will have the authority to approve organizations to purchase and/or import Medals of Honor back to America, but the medal must go to a museum, educational institution, or back to the service branch that originally awarded it.

This path to repatriation is the most important part of the bill, said James Connors, CEO of the museum foundation. "It intends to stretch our law to international law, but it's going to require cooperation with our allies," he said. The museum is still about four years away from opening its doors, though its already begun to acquire Medals of Honor, mainly through family donations. This year, they've accepted two medals donated by the families of Army Spc. Robert Law and Army Maj. Charles Davis. Davis's son presented the foundation with the medal that his father received in 1943 for action in World War II. The donation also included letters that Davis wrote to his wife about receiving the medal. Law received the medal for actions in the Vietnam War.

These and any other medals housed in the museum will be the "crowned jewels" of the collection, Connors said. Should Cruz's bill pass into law, Connors said they would immediately file to get approval to begin acquiring medals overseas and begin returning them to America. They are already purchasing items off the market that will aid in the museum's storytelling and artifact collection. "Our mission is a patriotic mission and the LEGACY Act is, of course, a patriot piece of legislation," Connors said. "We're constantly on the lookout across the world for opportunities. We're still in the process of raising the profile and awareness of what doing here in Arlington. I couldn't think of better way to do that than to be the agent that repatriates a medal or more than one medal."

While Cruz's law paves the way for medals to come home for educational purposes, it does not allow for collectors to apply for the waiver to bring the medal home to keep for themselves. Wilson said he believes a repository such as the museum in Texas could be beneficial for the Medal of Honor. However, when it comes to a medal such as the Purple Heart, which has been issued 1.8 million times, its far more difficult to say that a repository for all of them is the best choice. In his shop, an infantryman's Purple Heart

can sell for about \$350 to \$400. However, if the service member was part of an elite unit or battle, its price can jump into the thousands.

As controversial as it is, Wilson said assigning monetary value to medals is what preserves them. “I sell medals and to some people that’s horrible,” he said. “I sell medals because I don’t want them to wind up in the landfill.” However, Medals of Honor might continue to end up overseas because of the money, even at the risk of breaking the law, said Schrader, who owns Advance Guard Militaria. If Cruz wanted these medals back in America, “the solution to that is to lift the prohibition on sales of them here in the United States,” he said. “That would be a very controversial thing, and I understand that a lot of people would be very unhappy to hear that. But the people who own them who are not in a position to take the financial hit of giving them to a museum when they want to sell them, where do they go? They go illegally to Europe and sell them.” [Source: Stars & Stripes | Rose L. Thayer | December 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 ***



Navy Retention

Update 03: Enlisted Early Transition Program Initiative Updated

Want to get out early? You might be in luck, as the sea service has announced which job ratings and year groups will be eligible for the Enlisted Early Transition Program, or EETP. The initiative seeks to reduce the ranks in overmanned ratings and year groups by offering an early out to sailors who want to leave before their contractual obligation is up. You can go to <https://www.public.navy.mil/bupers-npc/enlisted/community/Documents/Nov%202020%20Quota%20Table.pdf> to see the applicable ratings and quotas.

All told, Big Navy is looking to release 714 sailors across 23 ratings, according to the quota table. Early separation requests will have to be submitted via commanding officers. According to a Page 13 sailors will have to sign as part of the deal, those who are honorably discharged or released from active duty under the EETP who are enrolled in the Montgomery G.I. Bill may be entitled to one month of G.I. Bill benefits for each full month served on active duty, maxing out at 36 months. Those discharged under the EETP who have served 20 months of a two-year term of service, or 30 months of a three-year term, may receive the full 36 months of benefits. For more information on EETP, email ronald.guyton@navy.mil.

A Chief of Naval Personnel statement announcing the program last month said the early outs were being offered “to help restore rating health and open up promotion opportunity for sailors seeking to stay Navy.” Other types of early outs are also being considered, though much will depend on where sailors are in their careers and their reasons for wanting to separate. “As the Navy has grown in recent years, some enlisted ratings at specific paygrades have become overmanned due to high retention in these ratings,” Chief of Naval Personnel Vice Adm. John Nowell said in last month’s statement. “Fleet readiness is our number one priority while also allowing for a flexible marketplace of talent management.”

Other enlisted sailors nearing their 20 years of service will also be able to request early transfer to the Fleet Reserve under certain situations, allowing an early transition from active duty. “Each request is reviewed to make sure that sea and critical shore billets are not gapped,” the Navy release states. “Any such negative impacts will result in the request being disapproved.” Early separation will also be made available for sailors facing forced rating conversions, as long as they have less than a year left before their soft expiration of active obligated service. “Consideration for this type of early separation request must contain a statement of understanding from the Sailor that the Navy will recoup any unearned bonuses given for the service that won’t be completed,” the release states.

Other early out options include those for sailors wanting to attend college, apply for a commissioning program or transfer to another service branch. To learn more about these options, contact the MyNavy Career Center at askmncc@navy.mil or call 1-833-330-6622. [Source: NavyTimes | Geoff Ziezulewicz | December 15, 2020 ++]

Navy Fleet Size

Update 22: Navy Plans to Retire 48 Ships During 2022-2026



USS Nimitz (CVN-68) in 2025

The Navy’s 30-year shipbuilding plan, released 10 DEC, announced the names of 48 ships scheduled to be decommissioned or, in the case of Military Sealift Command Ships, placed out of service, during the fiscal years 2022 through 2026. Of note, the planned retirements include the first Nimitz-class aircraft carrier, the first two Ohio-class guided-missile submarines, and the first Victorious-class ocean surveillance ship. The list also includes 11 Ticonderoga-class guided-missile cruisers and 11 Los Angeles-class attack submarines. The retirements are listed by fiscal year below:

In 2022:

- Six Ticonderoga-class guided-missile cruisers will be placed in reserve: San Jacinto (CG 56), Hue City (CG 66), Anzio (CG 68) Vella Gulf (CG 72) and Port Royal (CG 73).

- One Whidbey Island-class dock landing ship will be placed in reserve: Whidbey Island (LSD 41).
- Two Los Angeles-class attack submarines will be recycled: Providence (SSN 719) and Oklahoma City (SSN 723).
- One Powhatan-class fleet ocean tug will be disposed: Apache (T-ATF 172).

In 2023:

- Two Ticonderoga-class guided-missile cruisers will be placed in reserve: Bunker Hill (CG 52) and Mobile Bay (CG 53).
- Four Whidbey Island-class dock landing ships will be placed in reserve: Germantown (LSD 42), Gunston Hall (LSD 44), and Ashland (LSD 48).
- One Harpers Ferry-class dock landing ship will be placed in reserve: Carter Hall (LSD 50).
- Two Henry J. Kaiser-class fleet replenishment oilers will be disposed: John Lenthall (T-AO 189).
- One Powhatan-class fleet ocean tug will be disposed: Catawba (T-ATF 168).
- One Safeguard-class rescue and salvage ship will be disposed: Grasp (T-ARS 51)

In 2024:

- Two Ticonderoga-class guided-missile cruisers will be placed in reserve: Antietam (CG 54) and Shiloh (CG 67).
- One Whidbey Island-class dock landing ship will be placed in reserve: Rushmore (LSD 47).
- Two Harpers Ferry-class dock landing ships will be placed in reserve: Harpers Ferry (LSD 49) and Pearl Harbor (LSD 52).
- Four Los Angeles-class attack submarines will be recycled: Chicago (SSN 721), Key West (SSN 722) San Juan (SSN 751) and Topeka (SSN 754).
- Four Avenger-class mine countermeasures ships will be disposed: Sentry (MCM 3), Devastator (MCM 6), Gladiator (MCM 11) and Dextrous (MCM 13).
- One Safeguard-class rescue and salvage ship will be disposed: Salvor (T-ARS 52).

In 2025:

- One Nimitz-class aircraft carrier will be recycled: Nimitz (CVN 68).
- One Harpers Ferry-class dock landing ship will be placed in reserve: Oak Hill (LSD 51).
- Two Los Angeles-class attack submarines will be recycled: Helena (SSN 725) and Pasadena (SSN 752).
- One Henry J. Kaiser-class fleet replenishment oiler will be disposed: Joshua Humphreys (T-AO 188)

In 2026:

- One Ticonderoga-class guided-missile cruiser will be placed in reserve: Chancellorsville (CG 62).
- One Whidbey Island-class dock landing ship will be placed in reserve: Comstock (LSD 45).
- Two Ohio-class guided-missile submarines will be recycled: Ohio (SSGN 726) and Florida (SSGN 728).
- Three Los Angeles-class attack submarines will be recycled: Newport News (SSN 750), Scranton (SSN 756) and Alexandria (SSN 757).

- One Henry J. Kaiser-class fleet replenishment oiler will be disposed: Pecos (T-AO 197).
- One Victorious-class ocean surveillance ship: Victorious (T-AGOS 19).

[Source: Seapower | Richard R. Burgess | December 11, 2020 ++]

USSF

Update 23: Plans to Triple its Size in 2021



The U.S. Space Force plans to almost triple in size and add a Reserve element in 2021, the service’s top general said 15 DEC as the newest military branch neared its first birthday. Gen. Jay Raymond, the chief of Space Operations, will officially become a member of the Joint Chiefs of Staff on 19 DEC when the Space Force marks its one year anniversary. The space chief told reporters that he was optimistic about his plans to grow the force from about 2,400 active-duty troops to about 6,400 by the end of 2021.

“We were up and running on day one, and we have not let our foot off the accelerator ever since,” Raymond said in a telephone news briefing. “The progress we have made far surpasses anything that I would have would have expected.” To date, the Space Force is built almost entirely of former Air Force space-focused troops who applied and were selected to transfer into the first new military branch created since the Air Force was split from the Army in 1947. The Space Force did commission 86 Air Force Academy cadets directly into the new service, and it is interviewing candidates to select 98 cadets to commission into the service in the spring, Raymond said.

But 2021 could be the year some space-focused troops serving in the Army and the Navy transfer into the Space Force, Raymond said. The service recently completed a Defense Department-required study on how to best incorporate service members outside the Air Force into the Space Force. Raymond said a few hurdles still exist, but he expected the processes to allow non-Air Force transfers to be in place in 2021. “You can’t break the Army or you can’t break the Navy while setting up the Space Force so we’ll do this in a way that consolidates those capabilities where needed and strengthens the joint war-fighting readiness on both the Space Force side and on the other services.”

Raymond said the service also expects to unveil its plans for a Space Force Reserve component early in 2021. National Guard leaders have lobbied for the last year to build a Space Force National Guard element, but Raymond and other leaders have declined to provide their specific plans while they worked with Congress to study the issue. On Tuesday, the general again declined to describe how a Space Force Reserve element would be constructed. The National Guard already employs some 1,100 space-focused

troops in at least nine states, officials have said. Raymond said his service relies “very heavily” on those forces and Reserve troops to complete its missions, which include operating space-based sensors and protecting American space-based assets.

Without providing any specific details, Raymond hinted his service would soon build an innovative Reserve component not modeled after the Army or Air National Guard or the Reserve components of the other services. “We’re going to continue to rely on those [Guard and Reserve] assets into the future,” Raymond said. “We think we’ve come up with a really innovative approach ... I have told the team, we have an opportunity to be very bold — not just wedded to how we’ve done business in the past, and we think we’ve got a way ahead [for a Reserve component] that’s going to be very, very valuable to us.”

The service enters its second year just before a presidential transition. While President Donald Trump was among the most vocal champions for the building of the new service, President-elect Joe Biden has not revealed any plans for the new force. Raymond said he met with members of Biden’s transition team at the Pentagon last week and had “a very good conversation.” But the space chief declined to provide any details or comment on the change in White House leadership. He said his service is moving forward and there was no indication it could be scrapped under a new administration.

“What I will tell you is what isn’t going to change is my focus, and the focus of our team, and that’s on building a service that delivers a national advantage” in space, Raymond said. “What we’re going to do is keep focused on building that service [and] building partnerships [in the government] to be able to do that and do that well and provide our nation with the vital national interest that is space.” [Source: Stars & Stripes | Corey Dickstein | December 15, 2020 ++]

USSF

Update 24: Troops to be Officially Called ‘Guardians’



Troops serving in Space Force are now referred to as Guardians, Vice President Mike Pence announced 18 DEC. "It is my honor on behalf of the president to announce henceforth the men and women of the United States Space Force will be known as Guardians," Pence said during a ceremony to celebrate Space Force's first birthday, which is Dec. 20. "Soldiers, sailors, airmen, Marines and Guardians will be defending our nation for generations to come." The announcement comes after months of troops in the military’s newest branch being referred to using the placeholder title of ‘space professionals’. "The

opportunity to name a force is a momentous responsibility. Guardians is a name with a long history in space operations, tracing back to the original command motto of Air Force Space Command in 1983, 'Guardians of the High Frontier,'" a tweet from the Space Force's account stated following the announcement. Space Force has roughly 2,000 personnel, most of whom are transfers from the Air Force, though the service has recently started enlisting new recruits. Space Force hopes to recruit 300 enlisted service members in 2021 and reach 6,500 members overall in a year. Most of them will come from Air Force transfers. [Source: Stars & Stripes | Steve Beynon | December 18, 2020 ++]

Nuclear Testing

Update 01: B61-12 Gravity Bomb | Video of Nuclear Bomb Drop Test Released



A mock B61-12's strike in the dusty Nevada desert successfully completed the first in a series of flight tests with the U.S. Air Force's newest fighter jet, demonstrating the country's newest nuclear bomb's first release from an internal bomb bay at greater than the speed of sound. As the inert bomb fell toward Earth, there was a flash of light at the tail of the weapon. It then started to rapidly corkscrew until it crashed into its target at the Tonopah Test Range. The test flight was captured in a video viewable at <https://youtu.be/Q3GYfy9ERWo> & <https://youtu.be/cBeDSbafgQA> which recently was posted to Sandia National Laboratories' website.

The weapon in many ways is as New Mexican as green chile. The B61 gravity bomb was designed and engineered at Los Alamos in the 1960s. Now, more than 50 years later, scientists and engineers at Sandia and Los Alamos national laboratories are among those working to give the 13th version of the bomb a multibillion-dollar face-lift. The two New Mexico labs are the design and engineering labs for the B61-12 Life Extension Program, which has become a decade-long, \$10 billion project, by some estimates. Lab officials said the test conducted this summer, the first in a series of tests with the bomb and the F-35A, marked a major milestone, and the bomb could soon enter the production phase.

The bomb has alarmed some nuclear weapons experts because they fear government leaders could be more likely to use it. It's a "variable yield" weapon, which means its explosive power can be adjusted, said Stephen Young, the Washington representative in the global security program at the Union of Concerned Scientists. The new bomb is also more accurate than previous versions, according to National Nuclear Security Administration. Charts from the Nuclear Weapon Archive and the Federation of American Scientists show the bomb's explosive power could be as low as 0.3 kiloton. The bomb dropped on Hiroshima had about 15 kilotons of explosive power. The largest bomb in the country's arsenal, the B83, could have as much as 1,200 kilotons of explosive power, according to the charts.

"The risk is that if you have a low-yield option, you might say, 'I'll just use this one small nuclear weapon to solve this problem I have, and it'll be OK,'" Young said. "No. It's not OK. It could cause a chain reaction that you never predicted. Having a low-yield option is militarily useful but politically dangerous."

The design of the bomb has been a significant project for several years at New Mexico's national labs. Thousands of engineers and other employees have worked on the life extension program, said Christine Mitchell, the senior manager at Sandia for the test flight. The NNSA originally put the estimated cost of the entire Life Extension Program at \$7.6 billion, though an independent estimate projected the total cost at about \$10 billion, according to a report on the bomb by the Government Accountability Office. An NNSA spokeswoman said last week that the estimated cost of the project is \$8.3 billion.

"The capabilities offered by the B61-12 are important to the United States and our NATO allies and partners, demonstrating our commitment to protecting the homeland, assuring allies and above all, deterring adversaries," the spokeswoman said. "The B61-12 LEP will consolidate four variants of the B61 gravity bomb and improve the safety and security of the weapon." Work on the project is spread out across six locations, including the two New Mexico labs. Los Alamos National Laboratory is designing the nuclear explosive package, including producing the detonators and other classified components. Sandia is designing the non-nuclear components and other aspects of the weapons, including the neutron generators, according to the GAO.

The test flight was a critical step in the production of the B61-12 gravity bomb, Mitchell said. The labs posted video of the flight and more information about the test on its website last month. The bomb will never be tested with nuclear materials inside because of international treaties, Mitchell said. So the video of the inert bomb dropping into the Nevada desert is as close as the bomb will get to a full-scale test of the weapon. The video fades to black as soon as the rocket touches the ground, and the size of the target isn't clear. "I can't go into (describing) the target," said Steven Samuels, the flight test manager. "I can say this test met requirements for the objectives of the test."

Mitchell estimated that the life extension program is about 98% through the testing phase before the nuclear bombs will start being produced. Once completed, the B61-12 will replace four earlier versions of the B61 that still remain in the country's nuclear weapon arsenal, according to an NNSA overview of the program. Most of the nuclear weapons in America's stockpile were made in the 1950s and 1960s. And part of the country's nuclear arms strategy is to modernize the weapons with new technology, according to the Department of Energy's website. The report said lower-power nuclear bombs are not intended to "enable nuclear-war fighting," but to serve as a credible deterrent against other countries that have or are developing similar low-yield nuclear weapons.

Sandia officials declined to discuss how powerful the bomb will be or its real-world applications. "Sandia's job is really to provide scientific and technical expertise to bring high-quality weapons to our national leadership," Mitchell said. "The motivations behind why we're doing this is something Sandia doesn't really speculate on. We really try to keep our heads down, do an excellent engineering job and keep our noses clean of all the political motivations of why we're doing this." [Source: Albuquerque Journal, N.M. | Ryan Boetel | December 21, 2020 ++]

Army Artillery

Update 01: ERCA Cannon Hits Target 43 Miles Away



A U.S. Army cannon has hit a target 43.5 miles away, marking a milestone in the push to develop longer range artillery, the service said. Three M982A1 Excalibur weapons were launched from its Extended Range Cannon Artillery, during a test at the Army’s training area in Yuma, Ariz., Army Futures Command said in a statement this week. The weapon hit its target on the third attempt.

For the Army, extending the reach of its cannons is a priority as it seeks to counter advanced potential adversaries like Russia and China. The service is looking to develop systems that put Army units out of the range of enemy ground forces. “I don’t think our adversaries have the ability to hit a target on the nose at 43 miles,” Brig. Gen. John Rafferty, director of the Army’s Long-Range Precision Fires Cross Functional Team, told Defense News following the Saturday test.

The ERCA cannon relies on a M109A7 Paladin howitzer chassis and uses a 58-caliber gun tube, as opposed to the 39-caliber gun tube found on other howitzers. Design work on a final version of the cannon could be finished in 2021, with hopes of fielding the weapon by 2023, the Army said. Service leaders have said long-range precision fires from ground forces are an important part of a modernization effort to give forces “a decisive advantage” in future fights. [Source: Stars & Stripes | John Vandiver | December 23, 2020 ++]

Navy Terminology, Jargon & Slang

‘R&R’ thru ‘Reserve Salute’

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

R&R – Rest and Rehabilitation.

Rank and File – The generic man in ranks. Comes from the terms for a military formation, where a rank is a row (crosswise) and a file is a column (lengthwise) within the formation.

RAST – Recovery Assist Secure and Traverse. A mechanical aid to landing or moving helicopters aboard a small boat, especially during heavy weather.

Ratbags – Foreign currency. **Rate** – Job specialization, e.g. GSM (Gas Turbine Mechanic), GMG (Gunner's Mate, Guns), GMM (Gunner's Mate, Missile), AO (Aviation Ordnanceman), etc.

Rat Guards – Circular or conical metal plates attached to a ship's mooring lines to prevent rats getting aboard (or getting off).

Rate Grabber – One who does something he does not rate, i.e. has not earned. An example would be a First Class Petty Officer acting like a Chief!
Rating - (1) (USN) Enlisted rank. (2) (RN) Enlisted personnel.

Rattle (in the) - (RN) In official trouble, on report.

RCH - Smallest unit of linear measurement known.

Redass - Official flap about something of little consequence. A pain in the butt. "Man, that gender sensitivity training was a real redass."

Red Flag – The US Air Force postgraduate fighter tactics school, based out of Nellis AFB in Nevada.

Red Force – Opposing force in wargames. Sometimes abbreviated as "REDFOR."
Rednose – See ORDER OF THE RED NOSE. **Redout** - A condition caused by excessive negative G's. Temporary loss or obstruction of vision caused by too much blood in the retinas.

Redshirt - Aviation Ordnanceman. Wears a red jersey. Responsible for loading and downloading ordnance from aircraft, and other ordnance- handling duties such as assembling and attaching guidance packages. Aka 'ordie', 'loadtoad'. Members of Crash and Smash Team also wear red jerseys.

Reflash – The reignition of a fire, generally due to hot spots.

Reheat - UK term for afterburners.

REMF – Rear Echelon MotherFucker.

Reserve Salute – A shrug of the shoulders.

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

* Military History *



WWII Pigeon Service

How Some Bra-Wearing Pigeons Saved Thousands of lives



Not even Alfred Hitchcock could have concocted the avian idea — carrier pigeons in bras. Or, at the very least, carrier pigeons in vests made by a brassiere company. In December 1944, undergarment manufacturer Maidenform ditched peddling their usual wares in favor of a government contract to make 28,500 pigeon vests, according to the National Museum of American History. The vests themselves could be attached to American paratroopers and were made out “of porous materials, with a tighter woven fabric underneath so the pigeon’s claws would not damage the mesh,” the NMAH wrote. “The vest was shaped to the body of the pigeon, leaving their head, neck, wing tips, tail, and feet exposed.”

Carrier pigeons, or homing pigeons, were employed by various nations throughout World War II and, despite the seemingly antiquated method, were among the most secure and reliable forms of communication. Rarely intercepted, the Army Signal Corps sent an estimated 30,000 messages via pigeon, with 96 percent reaching their assigned destination. Luddites everywhere, rejoice! As to the age-old question regarding the airspeed velocity of an unladen swallow, homing pigeons were able to fly at a speed of roughly 50 miles per hour and traveled an average of 25 miles per mission, though they were capable of traveling up to 600 miles if needed.

Originally toting messages in a tiny capsule fastened to the pigeons’ legs, the advent of Maidenform’s pigeon bra/vest allowed handlers and service members to attach larger message items to the birds, including maps, photos, reports, and even tiny cameras. Approximately 55,000 pigeons were deployed by the Americans throughout the war. The British, meanwhile, used upwards of 200,000. Thirty-two of those pigeons were presented the People’s Dispensary for Sick Animals (PDSA) Dickin Medal, the highest honor awarded to animals in combat.

One service pigeon, the Duke of Normandy, flew almost 27 hours through “bullets, bombs, and driving rain,” according to the PDSA website, to deliver the message that paratroopers from the 21st Army Group were able to neutralize the Merville Gun Battery in one of the first Allied attacks during the Normandy invasion. The first bird to arrive with a message from behind enemy lines, the Duke’s “heroics delivered critical intelligence to the Allied Command — and saved many lives. Had the mission failed ... [the] HMS

Arethusa [was] to launch an artillery attack on the Battery that would undoubtedly have caused significant Allied casualties,” the PDSA website says.

While ever-evolving technology eventually rendered such communication methods obsolete, the pigeon service is credited with saving the lives of thousands of Allied service members. And thankfully for soldiers, the bra-burning movement had yet to take off. [Source: Observation Post | Claire Barrett | December 24, 2020 ++]

WWII North Africa

Erwin Rommel’s Last Offensive



To his admirers, Field Marshal Erwin Johannes Eugen Rommel had shown a flash of his old form in Tunisia. Recovering from a 1,500-mile retreat from El Alamein in November 1942, he unleashed his Afrika Korps on the newly arrived U.S. Army in mid-February 1943 and crashed through Kasserine Pass, administering a shocking defeat to the green American troops and their ineffectual commander, Major General Lloyd R. Fredendall.

The immediate situation so alarmed Allied commanders that they sent an urgent plea to Rommel’s nemesis at El Alamein, British Eighth Army General Bernard Law Montgomery, to relieve the Americans by stepping up pressure at the Mareth Line, French-built fortifications in southern Tunisia that faced east toward the former Italian territory of Tripolitania. Long-term prospects, however, were more critical for the Axis than the Allies. To begin with, Rommel had fallen out of favor with the Axis high command after El Alamein. The result was a divided leadership. Rommel commanded German and Italian forces in the south, curiously named the First Italian Army, while General Jürgen von Arnim led the Fifth Panzer Army in the north.

To learn more on Erwin Rommel’s last offensive in North Africa, his Afrika Korps performance and the offensive’s outcome, and what led to Rommel’s departure from North Africa refer to the

attachment to this Bulletin titled, “**El Alamein**” [Source: The National Interest Magazine | Warfare History Network | December 12, 2020 ++]

Every Picture Tells A Story

WWII Burma Monsoons



Marine Staff Sergeant A. S. Barnacle shaving at a washstand that is half-submerged following heavy Okinawa monsoon rains in May 1945. The Burma campaign was hard on soldiers, not only because of the nasty terrain and fierce fighting from the Axis, namely Japan, but because of monsoon rains that made it impossible for anyone to campaign for much of the year. Initially, the Allies planned to launch a large-scale invasion of Japanese controlled Burma, but monsoon rains turned anything other than survival into a fools errand for months. Still, soldiers had to keep up with grooming standards, so they made do with what they could. The waters in this shot are so high that they likely destroyed much of the Allied Forces' sleeping quarters, and it's likely that they had to sleep on rafts or at least use some means of floatation to keep from drowning at night.

WWII Tin Can Salvaging

U.S. Effort to Produce Weapons

After Pearl Harbor, tin cans became an alternate currency for kids. Collect the used cans, put them in your wagon and off to the junkyard where they were turned into ready cash. To be sure, cans weren't the only valuable products for child scroungers to make some dough. If you also brought any scrap metal, newspapers, rubber, aluminum foil and the aluminum wrapping from cigarette packages, there was demand. But never like tin cans, which got the most publicity because it was touted as being used for airplane bearings and solder. In fact, on Oct. 19, 1942, the War Production Board mandated that every town with a population greater than 25,000 had to have a tin-can collection process.

TIN IS SAVED NOW IN THE MAKING OF TIN CANS
 HUNDREDS OF MILLIONS OF CANS WILL NOW BE MADE BY THE NEW HIGHLY MECHANIZED ELECTROLYTIC PROCESS. BY THIS ELECTROLYTIC METHOD TIN CAN BE MADE TO COVER STEEL FOR NEARLY 3 TIMES AS MANY CANS AS UNDER THE CONVENTIONAL "HOT DIP" METHOD.

SAVE 'EM-WASH 'EM-CLEAN 'EM-SQUASH 'EM
 THESE ARE THE FOUR STEPS IN THE AMERICAN HOUSEWIFE'S JOB TO HELP SALVAGE STEEL AND TIN BY SENDING TIN CANS BACK TO THE SCRAP HEAP

SALVAGED TIN CANS GO INTO MANY WAR ITEMS...
 THERE IS ENOUGH TIN IN 3 SALVAGED CANS TO MAKE A HAND GRENADE..

ONE TIN CAN YIELDS ENOUGH TIN FOR A PAIR OF BINOCULARS...

A FAMILY OF FOUR SAVING ITS CANS FOR TWO WEEKS WILL SAVE SUFFICIENT TIN TO SUPPLY THIS METAL FOR A PORTABLE FLAME THROWER...

A MONTH'S SAVING OF CANS WILL MAKE THE BUSHINGS FOR 3 MACHINE GUNS

Keep the tin cans rolling into the salvage heap. This plea to housewives is more urgent than ever, since rationing has resulted in less buying of food in cans. Tin is used in many items used by our soldiers on war fronts, so save it and help win the war.

XR

Remember that Japan controlled 70 percent of the world's tin supply. The longer the war went on, the greater the publicity about the uses of tin: for plasma containers, airplane instrument panels, ammunition boxes, morphine syrettes for administering needed pain relief for wounded soldiers. Tin was so valuable that rationing was instituted for canned fruits and veggies on March 1, 1943. And canned dog and cat food, which accounted in 1941 for 91 percent of all morsels for pets, went the way of the wind, necessitating the ingenuity behind developing a dried, baked ingredient that eventually captured 85 percent of the market by 1946.

"Tin cans go to war" read one poster. One of the most popular was entitled "Help pass the ammunition: Prepare tin cans for war." What followed was a bullet train of tin cans. Then there was a picture of a housewife with four clear words: "Of course, I can." And instructions were included for preparation: take off paper label, wash thoroughly and flatten firmly. Or "save 'em, wash 'em, clean 'em, squash 'em." Even the terminology during WWII for turning in tin cans was respectful. The process wasn't dubbed "recycling," but "salvaging," perfect for wartime in which rescuing the cans from destruction was uplifting. A 1945 magazine article said it all in two sentences: "Nothing is more American than the tin can; and Yankee ingenuity never stops. GIs use empty tin cans for literally everything...." [Source: Orlando Sentinel | Thomas V. DiBacco | February 09, 2018 ++]

Military History Anniversaries 01 thru 15 JAN

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 JAN**”. [Source: This Day in History www.history.com/this-day-in-history | December 2020 ++]

WWII Bomber Nose Art [66] Night Mission 2



Medal of Honor Awardees Bruce Crandall | Vietnam



The President of the United States takes pride in presenting the

MEDAL OF HONOR

To

Major Bruce P. Crandall

Organization: U.S. Army, 229th Assault Helicopter Battalion, 1st Cavalry Division (Airmobile)

Place and date: Landing Zone X-Ray, Ia Drang Valley, Vietnam November 14, 1965

Entered service: 1953

Born: Feb. 17, 1933, Olympia, Washington



Army Lt. Col. Bruce Crandall led more than 900 combat missions during two tours in Vietnam. His heroics were numerous, but it was his quick thinking during an aborted mission in 1965 that led him to save the lives of dozens of soldiers — something for which, four decades later, he earned the Medal of Honor. Crandall was born on Feb. 17, 1933, in Olympia, Washington. He grew up like many boys his age, enjoying the game of baseball, and playing it well enough to become a high school All-American. Crandall had dreams of being drafted by the New York Yankees, but instead, he was drafted by the Army in 1953. He went to aviation school and received his commission as an officer a year later.

For roughly the first decade of his military career, Crandall's job was mapping. He flew fixed-wing aircraft for topographical studies in Alaska, then headed to Libya, his first overseas assignment, for two years to help map the desert as an instructor and unit test pilot. In 1956, Crandall married his wife, Arlene. They went on to have three boys. As they built their family, Crandall built his resume. For a while, he was based out of Panama and Costa Rica, where he flew thousands of miles to chart remote mountains and jungles in Central and South America. He then helped develop air-assault tactics as a platoon commander while assigned to the 11th Air Assault Division. In 1963, Crandall reported to Fort Benning, Georgia, to help lead a new air cavalry unit. He was the liaison for the 18th Airborne Corps in the Dominican Republic Expeditionary Force in early 1965 before he left to be a commanding officer on his first deployment to Vietnam.

Once arriving in-country, then-Maj. Crandall took charge of the 229th Assault Helicopter Battalion, the first major division operation of airmobile troops. He was well-respected by his soldiers, who gave him the nickname "Old Snake" — derived from his call sign, which was Ancient Serpent 6. On Nov. 14, 1965, Crandall's flight of 16 helicopters took troops on a search-and-destroy mission from an area called Plei Me to Landing Zone X-Ray, a remote spot in the Ia Drang Valley. On his fifth trip into the valley, the enemy

had targeted the site. As Crandall and eight other unarmed helicopters landed to drop off troops, they came under such intense enemy fire that the ground commander ordered the other helicopters to abort the mission.

As Crandall flew back to his base of operations, he realized that the men who were now surrounded at Landing Zone X-Ray desperately needed more ammunition than they had. So he took it upon himself to help: He adjusted his base of operations to Artillery Firebase Falcon, which was closer to the besieged site. Then he gathered volunteers to help him deliver ammunition to the trapped soldiers and evacuate the wounded. It wasn't his mission, but he couldn't stand by while the men on the ground were suffering. Despite the heavy enemy fire, Crandall and another helicopter piloted by Maj. Ed Freeman, flew back to Landing Zone X-Ray, delivered much-needed ammunition and began loading the chopper with seriously wounded soldiers. Crandall did that flight 21 more times throughout the rest of the day and into the evening, only stopping once. He knew that he had done all he could for the battalion on the ground.

Crandall's decision also offered a necessary morale boost at a pivotal time. The pilots around him saw what he was doing and were inspired to land their own aircraft to help. Conversely, the soldiers on the ground realized they weren't alone in the fight: They had more supplies coming and a team to evacuate their wounded. Crandall and Freeman were credited with evacuating about 70 wounded soldiers that day. Both men earned Distinguished Service Crosses for their actions. Crandall continued serving heroically in Vietnam. In January 1966, he was commended for rescuing 12 wounded soldiers during a dense jungle operation. Crandall then went back to the states for a bit for more schooling, but he eventually redeployed to Vietnam to fly Huey gunships in support of the 1st Cavalry Division.

About four months into that second tour, Crandall's helicopter went down. He suffered a broken back and other injuries that left him hospitalized for five months. Once he recovered, he remained in the Army and earned a bachelor's degree from the University of Nebraska in 1969. He hopped around to a few more duty stations before suffering a stroke, which ended his flying career. Even then, he continued to serve in the Army in other capacities until he retired in 1977 as a lieutenant colonel. That same year, Crandall earned a master's degree in public administration from Golden Gate University in San Francisco. He spent a few more years in California working for the local government before he and his family moved to Mesa, Arizona, to continue his government service as a civilian.

Around the turn of the century, a decades-long paperwork delay was finally pushed through that nominated Crandall and Freeman's Distinguished Service Crosses be upgraded to Medals of Honor. But — having been known to always put his men before himself — when Crandall found out Freeman had also been nominated, he insisted that his own name be withdrawn. Records show he said that if only one of them could get the high honor, he wanted it to be his wingman. So in 2001, Freeman received the Medal of Honor for his 1965 actions. Six years later, Crandall would finally receive the honor, too. On Feb. 26, 2007, the Medal of Honor was placed around 74-year-old Crandall's neck by President George W. Bush during a White House ceremony. Several of Crandall's fellow soldiers were there to celebrate his achievements.

In the years since his retirement, Crandall has spoken to students and service members about his experiences. He helped consult for the 2002 Mel Gibson movie "We Were Soldiers," which was about the Ia Drang Valley Battle. And, in 2004, he was inducted into the Army Aviation Hall of Fame. Crandall and his wife now have several grandchildren and live back in their home state of Washington. To this day, the 87-year-old is still receiving praise for his distinguished Army career. In November, Crandall visited Joint Base Lewis McChord, Washington, for a building dedication in his honor. The 1-229th Assault

Reconnaissance Battalion's headquarters is now known as Crandall Hall. [Source: DOD News & <https://www.cmohs.org> | Katie Lange | December. 7, 2020 ++]

*** Health Care ***



TRICARE Coverage

Update 08: Covid-19 Testing Yes, No & Depends

If you have symptoms of COVID-19 and go to the doctor to get tested, will TRICARE cover your visit and your test? Will TRICARE cover your COVID-19 test if you don't have symptoms but want to get a test for peace of mind? If you're confused about COVID-19 tests and what TRICARE covers, be sure you check out the latest information on the TRICARE website <https://www.tricare.mil/covid19testing>.

“As COVID-19 cases rise, we know that more and more of our TRICARE beneficiaries may want to get tested,” said Elan Green, chief of the Medial Benefits and Reimbursement Section for the TRICARE Health Plan with the Defense Health Agency. “If you have questions about what’s covered and how to access care you can review TRICARE COVID-19 information at <https://www.tricare.mil/coronavirus> or reach out to your TRICARE contractor or medical provider.”

When it comes to COVID-19 testing, you should first know that TRICARE covers COVID-19 tests when they're medically necessary. To be medically necessary means it is appropriate, reasonable, and adequate for your condition. A TRICARE-authorized provider must order the Test. And the provider must perform the test at a TRICARE-authorized lab or facility. If you got an approved COVID-19 test done and paid a copayment for the test or related office visit, you can file a claim for reimbursement.

An authorized provider is any individual, institution/organization, or supplier that is licensed by a state, accredited by national organization, or meets other standards of the medical community, and is certified to provide benefits under TRICARE. There are two types of TRICARE-authorized providers: Network and Non-Network. DS must order the test. And the provider must perform the test at a TRICARE-authorized lab or facility. To further help you understand your benefits, here are answers to some of the most popular questions about COVID-19 testing and TRICARE. Make note of them before you or a family member gets tested.

Q: Does TRICARE cover COVID-19 testing for active duty service members who have symptoms of COVID-19?

A: Yes. You should get a COVID-19 test at a military hospital or clinic when it's possible. Report your results through your unit and medical channels. If you're a National Guard or Reserve member called or order to active duty for more than 30 days, you must show as TRICARE-eligible in the Defense Enrollment

Eligibility Reporting System, also known as DEERS. Your provider should reflect COVID-19 coding on the claim. Your provider will process the claim under the Supplemental Health Care Program.

Q: Does TRICARE cover COVID-19 testing for active duty service members who don't have symptoms of COVID-19?

A: It depends. TRICARE will cover your test if it's required to support your unit's readiness mission or your deployment status. Report your results through your unit and your medical channels. You should get your test done through your service channels or at military hospital or clinic when possible.

Q: If you have TRICARE For Life, will TRICARE cover your COVID-19 testing?

A: It depends. You must follow the Medicare coverage rules. TRICARE will process your claim as secondary payer for services covered by both Medicare and TRICARE, including testing, treatment, and hospitalization.

Q: If you're an active duty family member with COVID-19 symptoms, will TRICARE cover your test?

A: Yes. Your coverage is based on your health care provider's clinical judgement and if the test is medically necessary and appropriate.

Q: You're an active duty family member with no symptoms, and you've been exposed to a person with COVID-19 for a long period of time. Will TRICARE cover your test?

A: Yes, but not in all cases. Your coverage is based on your provider's clinical judgement. The test must also be medically necessary and appropriate.

Q: Will TRICARE cover your test if you're returning to work and you don't have COVID-19 symptoms?

A: No. TRICARE, won't cover your test unless you're an active duty service member and it's required for mission readiness or deployment.

You can find these scenarios and others, as well as more detail, on the TRICARE COVID-19 testing page <https://www.tricare.mil/covid19testing> . If you have a question about COVID-19 and your benefits that isn't answered, you can contact your TRICARE contractor via <https://www.tricare.mil/regions> or health care provider. You can also visit the TRICARE FAQs at <https://www.tricare.mil/covid19FAQs> and the Centers for Disease Control and Prevention website <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> to learn more. If you get tested, make sure the results are documented in your medical records. [Source: TRICARE Communications | December 15, 2020 ++]

Pharmacy Benefit Managers

Court Ruling on Middlemen Who Control Drug Prices

The Supreme Court ruled unanimously 10 DEC that states can regulate pharmacy benefit managers, the prescription drug "middlemen" whose actions affect 250 million Americans. The ruling is a victory for 45 states, led by Arkansas, and independent pharmacies that sought to stop so-called PBMs, which process prescription drug claims and then reimburse pharmacies, from keeping reimbursement rates low for generic drugs. That has caused thousands of independent pharmacies to close, particularly in rural areas.

The case, which was argued in October, garnered little attention compared to the major health care dispute over the Affordable Care Act that the high court heard in November. That case – in which a

coalition of states led by Texas seeks to have the law declared unconstitutional because Congress eliminated the tax penalty intended to enforce insurance coverage – isn't likely to be decided until the spring. Like three other cases decided Thursday, the pharmacy ruling did not include new Associate Justice Amy Coney Barrett, who was not yet confirmed in October. The court's opinion was written by Associate Justice Sonia Sotomayor. Associate Justice Sonia Sotomayor wrote the Supreme Court's unanimous decision affecting pharmacy drug prices.

During oral argument, several justices expressed concern that state interference in the prescription drug marketplace might subject pharmacy benefit managers to dozens of state laws – something a 1974 federal law was meant to preclude. The Pharmaceutical Care Management Association – the trade group for benefit managers such as CVS/Caremark, OptumRX and Express Scripts – argued that the Employee Retirement Income Security Act of 1974 preempts state laws such as the one Arkansas passed in 2015. The U.S. Court of Appeals for the 8th Circuit agreed with the trade group two years ago.

But during oral argument, held by telephone during the COVID-19 pandemic, Chief Justice John Roberts acknowledged that Arkansas seeks to regulate drug prices, not the insurance plans themselves. The Trump administration sided with Arkansas in the case. It argued that states should be able to regulate the rates that pharmacy benefits managers reimburse pharmacies. The case came to the court at a time when drug prices were an issue in the presidential and congressional elections. Over the past 20 years, spending on drugs has risen by 330%, compared with a 208% increase in health care costs. [Source: USA TODAY | Richard Wolf | December 1, 2020 ++]

Prescription Savings Card

Update 01: Trump's Plan Advances, Though Hurdles Remain

There's still a chance — though small — that some Medicare beneficiaries could receive some money to help with prescription drug costs. Nearly three months after President Donald Trump announced his intent to send \$200 drug-discount cards to millions of people on Medicare, the stalled plan has cleared one big hurdle: An industry group that ensures regulatory standards are met for health-benefit cards gave its approval on Monday night, according to a report in Politico. While the group's blessing was needed for the idea to move forward, other complications remain. For example, the administration would need a plan to let roughly 39 million beneficiaries know the cards are coming, and it's uncertain how many could be sent out before Trump's term ends.

“As a practical matter, there's not much time for [the government] to pull this off, especially given other priorities related to the pandemic,” said Tricia Neuman, executive director of the Kaiser Family Foundation's Medicare policy program. The Biden administration, which takes over 20 JAN, is not expected to support the cards, which have received criticism for their cost (\$7.9 billion) and questionable legality. Trump first pushed his plan during a campaign speech delivered in Charlotte, North Carolina, in late September. The White House has said the cards would be paid for under a Medicare program that's generally intended to test innovations to lower prices or improve health care.

In this case, the idea would be to measure whether the extra money would improve a person's ability to take medications as prescribed because they could better afford them. In Medicare, there is no out-of-pocket limit for Part D prescription drug costs. However, lower-income beneficiaries already get extra help and

appear to be excluded from this proposal. “At this point, a \$200 drug card looks more like a party favor than a serious attempt to address drug costs or test strategies to improve adherence to a drug regimen,” Neuman said. Neither the White House nor the Centers for Medicare and Medicaid Services responded to requests for comment. [Source: CNBC | Sarah O’Brien | December 15 2020 ++]

Cirrhosis

Study Reveals Genetics Link for Alcohol Related



In the largest genetic study to date on alcohol-related cirrhosis, researchers found a new area on the human genome linked to protection from liver damage. People with specific variants of the identified gene are less likely to develop cirrhosis from heavy drinking. The large international study, co-led by Dr. Timothy Morgan of the VA Long Beach Healthcare System, also confirmed several other gene variants thought to be connected to cirrhosis risk.

The results could lead to health benefits for Veterans, according to Morgan. First, he explains, “We may be able to better identify patients who are more likely to develop alcoholic cirrhosis if they continue to drink alcohol regularly based on their genetics. VA and the Veteran might benefit from extra efforts to get such patients to stop drinking.” Second, the results could help researchers better understand how alcohol might injure the liver. Despite decades of research, says Morgan, scientists still aren’t sure exactly how alcohol causes liver damage. The results appeared in the Aug. 27, 2020, issue of the journal *Hepatology*.

Cirrhosis refers to scarring of the liver. It often leads to liver failure. Chronic alcohol use is the leading cause of cirrhosis in the Western world. Despite this connection, only a minority of heavy drinkers develop cirrhosis. An estimated 10% to 15% of heavy drinkers progress to cirrhosis after decades of heavy alcohol use. Scientists have speculated that genetic factors influence whether alcohol use will lead to cirrhosis.

To investigate this link, the researchers performed a genome-wide association study on more than 1,000 people with alcohol-related cirrhosis and over 600 heavy drinkers without liver disease. A genome-wide association study involves comparing the entire DNA sequences of many people to look for genetic similarities and trends. The researchers then performed a meta-analysis, comparing their results to those from other biobanks and genome-wide association studies, with data on more than 9,000 people in all. Combining their initial findings with data from other studies increased the researchers’ ability to find genetic similarities by including more patients, explains Morgan.

The study revealed a previously unknown location on the genome (FAF2) associated with cirrhosis risk. People who had specific gene variants at this location were less likely to develop alcohol-related cirrhosis, even after years of heavy drinking. The researchers also identified two other gene locations related to cirrhosis risk. Gene variants at the location PNPLA3 were linked to a higher risk of cirrhosis. Variants at HSD17B13 were linked to lower risk. The study confirms the link between these two gene locations and cirrhosis, which had been identified by other studies. The researchers were able to identify FAF2's connection to cirrhosis after accounting for the effects of PNPLA3 and HSD17B13 in the analysis. The analysis also identified two other previously known genome locations (TM6SF2 and SerpinA1) that interact with cirrhosis risk.

FAF2 is a gene involved in the metabolism of triglycerides, a type of lipid (fat). Several other genes linked to cirrhosis risk, including PNPLA3 and HSD17B13, also interact with fats. This could help explain how alcohol injures the liver. According to Morgan, the finding suggests that lipids may be involved in the biological development of alcohol-related cirrhosis.

“Recent genetic studies suggest that the ‘lipid droplet’ in the hepatocyte (liver cell) may be important in the risk of developing alcohol-induced liver injury,” Morgan explains. “Importantly, FAF2, the gene we found was associated with risk of developing alcoholic cirrhosis, codes for a protein that is found on the surface of the lipid droplet. Thus, these findings lend more support to the idea that the lipid droplet is involved in alcohol-related liver injury.” Go to <https://www.research.va.gov> to learn more about VA research. [Source: Aging Healthy Today| November 30, 2020 ++]

Muscle Pain

Proven Ways to Get Rid of It



Muscle aches and pain are a common occurrence in people of all ages, including children. Whether it is a viral infection, stress, nutritional deficiency, dehydration, muscle overuse, inappropriate posture, or trauma, muscle pain can arise due to different reasons. Surprisingly, muscle pain can still affect you when you don't use your muscles enough. Muscle pain is inevitable. While most muscle pains and aches are benign, you must see a doctor if it is a persistent concern. But on a positive note, following are eight proven ways can help you get rid of muscle pain.

#1 Rest

Rest is the best solution to relax your stressed muscles. Most people experience acute pain due to certain activities like a high-intensity workout, heavy weight lifting, or during a sports event. In that case, immediately discontinue the activity and avoid using the same muscle group. It is a good idea to wait for 48 hours before you work out with the same muscle group again. While rest is essential, it is often not sufficient alone, and you will need to use several other methods to get rid of aching muscles.

#2 Cold Packs

Cold packs are a tried and tested tool for reducing pain and swelling. It reduces swelling in the muscles, which eventually aids in subsiding pain. For best results, you need to use an ice pack wrapped in a light towel for 15-20 minutes on your aching muscles every 2-3 hours. Ice packs are an excellent way of managing muscle pain, especially during the first 24 hours of the injury. In case you don't have an ice pack, try a bag of your favorite frozen vegetable, and it would work just fine.

#3 Warm Bath

Warmth reduces muscle tension and improves blood circulation. So warm compresses are also a proven way to get rid of muscle pain. In case a larger or several muscle groups are involved, a warm shower or a good soak in a tub can be very relaxing.

#4 Massage

Another great way to get rid of aching muscles is massage. It improves blood circulation and reduces spasms and muscle tension. A good massage also helps reduce stress, which is another major cause of muscle pain. Moreover, it improves the recovery of soft tissue injuries. Massage can surely help you eliminate aching muscles, but it is most effective when done by a professional.

#5 Warm-up

Almost all fitness enthusiasts are aware of the importance of a good warm-up. It improves blood circulation in your muscles and prepares them for some intense movement and activity. But when you do not give enough time to warm up, aching muscles in an inevitable outcome. Warm-up is not only effective in reducing muscle pain after exercise, but it can also improve your overall performance. A warmed muscle stretches better and relaxes more quickly. A light jog, rope skipping, and cycling can be great warm-up exercises that can help you eliminate post-workout aching muscles.

#6 Stretching

Indeed warm-up is essential. But most people forget to relax their body after a workout. As a result, aching muscles are the only outcome. To prevent post-workout muscle pain and fatigue, it is best to stretch your muscles for a good 10 minutes after a workout. It is best to stretch all major muscle groups in your body, including your arms, legs, core, and back. And when you give your body a decent opportunity to cool down, it won't trouble you with aching muscles.

#7 Incorporate Physical Activity in Your Routine

Muscle inactivity is a major cause of muscle pain. It does not mean you are physically inactive, but it refers to a state where the major muscle groups in your body do not get the movement they require to stay healthy. As a result, your muscles grow weak, and you experience muscle pain. It is best to incorporate physical activity into your routine to eliminate muscle pain due to inadequate activity. After consulting with your primary healthcare provider, go for a moderate workout on most days of the week. You may not always need to go to a gym or work with a trainer, but simple activities like walking and cycling can be a great addition to your routine. With these physical activities, you can enjoy overall fitness and better health, and the best part is you get rid of your aching muscles. But remember to start slow and gradually increase intensity.

#8 Stay Hydrated

Water is life, but with a busy schedule and hustle-bustle of daily life, most people often delay drinking water until they feel thirsty. Know that by the time you are thirsty, your body is already dehydrated. So

drink a lot of fluid and keep your body hydrated. It may not help you get rid of pain directly, but it speeds up the recovery process. Moreover, when your body is hydrated, it also aids in reducing the feeling of muscle soreness.

#9 Over-the-Counter Pain Medications

For muscle pain that can be managed at home, OTC pain medications can be particularly beneficial. While simple analgesics may work for some, others go for NSAIDs like ibuprofen. You can always find several OTC creams and gels that can help you get rid of aching muscles.

-o-o-O-o-o-

You May Need to See a Doctor. Most aches and muscle pains may subside when you incorporate one or more methods highlighted above in your daily schedule. However, often, aching muscles may be an indication of an underlying condition such as Vitamin D deficiency. It is best to see a doctor if:

- Muscle pain is a persistent and frequent occurrence,
- Muscle pain is accompanied by fever, swelling, redness or a rash, or
- You are using some other medication that may lead to muscle pain.
- You are experiencing extreme muscle weakness and
- You are unable to move the affected area of your body.

[Source: Aging Healthy Today | December 11, 2020 ++]

Arthritis

Update 03: Best Ways To Deal With Associated Pain

Arthritis pain can be unbearable at times. This article will help you to deal with reducing the pain in several ways. From managing weight to avoiding a negative attitude, it provides some of the best solutions. Arthritis is the inflammation of joints that causes pain and stiffness. It only worsens with time. There are different types of arthritis with different underlying causes and effects. Two main types of arthritis are osteoarthritis (OA) and rheumatoid arthritis (RA).

- *Osteoarthritis* is the result of the rubbing between the bones due to the cartilage's wearing and tearing. The rubbing of the bones can lead to damage such as friction and inflammation.
- *Rheumatoid* arthritis results from the immune system mistakenly attacking the healthy joint tissues, making it an autoimmune disease.

Doctors can prescribe pain relief medications, but usually, they recommend something more natural such as exercise. Do consult your doctor before you try any of these remedies or techniques out. They will only work when you implement them in your day-to-day life. Arthritis may worsen with time, but we can proactively work to make the pain bearable and our lives better. The ways of pain relief for arthritis are as follows.

Manage Weight

Managing your body weight can help with arthritis. Having more weight automatically puts more pressure on the joints, such as the knees and feet. Being overweight makes it way more difficult to deal with arthritis, especially osteoarthritis. With your doctor's help, you can decide a target weight for yourself and reach it

in the right way. By keeping your weight in check, you can improve your mobility. It will further decrease the pain of your joints and prevent any future damage.

Exercise

Exercising can be very effective in tackling arthritis pain. It will keep your joints moving and avoid stiffness. Again, it is best to consult your doctor and chalk out an exercising regime that best suits you. Exercising will help you to keep your weight in check and keep the joints as flexible as possible. Moreover, it will strengthen the muscles around the joints, which in turn will provide extra support. It is best to start with low-impact exercise. There are several ways to get started, such as walking, jogging, cycling, and more.

Hot and Cold Therapy

Another way to relieve some of the arthritis pain is to try hot and cold therapy. It is said to be very effective. The heat treatment usually involves a warm shower or bath right in the morning. It will ease out the stiffness of the joints. You can also use an electric blanket or a heating pad overnight to reduce discomfort and pain. The cold treatment usually involves wrapping a gel ice pack in a towel and applying it directly to the hurting joints. This provides instant relief. You can also use a pack of frozen vegetables instead of gel ice packs. It is very important to note that ice should never be applied directly to naked skin. This way, the cold treatment provides pain relief to the joints and helps with the swelling and inflammation.

Another thing you can use is capsaicin. It is extracted from chili peppers. In fact, it is a component inside of many ointments and creams that are used for pain relief. These products create heat when applied to the affected area, and the warmth provides pain relief.

Acupuncture

Acupuncture is a type of treatment in which extremely thin needles are inserted into the skin at specific points or areas with varying depths. It helps to relieve pain. It is said that it works by changing the course of the energies and bringing back the body's balance. This can reduce pain caused by arthritis. There is no harm or risk of acupuncture, but you should only get it done by a licensed and certified practitioner.

Meditation

This works in reducing the pain caused by arthritis as it relaxes the individual and reduces stress. Reduced levels of stress lead to less pain and inflammation. Yoga, tai chi, and various breathing techniques are recommended. Many psychologists have recommended mindfulness meditation to arthritis patients. With chronic pain comes stress, anxiety, and depression. It is important to care for both the body and the mind simultaneously.

A Healthy, Balanced Diet

It is essential to have a healthy, balanced diet rich in fruits, vegetables, beans, and more. This helps to boost your immune system and your health. It helps with both types of arthritis: osteoarthritis and rheumatoid arthritis. A plant-based diet is preferred because it has antioxidants that reduce inflammation. Avoid a diet rich with red meat, processed food, fat, added salt, and sugar because it only increases the inflammation. This, in turn, leads to joint pain. A properly balanced diet is the way to go.

Turmeric

The yellow spice turmeric is widely known for its anti-inflammatory properties. It is because it is rich with antioxidants and is excellent for reducing arthritis pain. You can add a little turmeric to your food. It has no harm and only benefits. Turmeric is commonly used to flavor or color curry powders, mustards, and

other foods. Turmeric has been used in alternative medicine as a possibly effective aid in reducing blood cholesterol, reducing osteoarthritis pain, or relieving itching caused by chronic kidney disease. Turmeric has also been used to treat stomach ulcers. However, research has shown that turmeric may not be effective in treating this condition. It is not certain whether turmeric is effective in treating any medical condition. Medicinal use of this product has not been approved by the FDA. Turmeric should not be used in place of medication prescribed for you by your doctor.

Massage

Getting a massage is not only a good way to relieve the pain, but it is a feel-good experience. It helps with the pain in your joints, the general discomfort, and is super relaxing. Although there is no evidence of massage having effects on arthritis, it has no harm for people who have arthritis. You can go to a massage therapist and book a session.

Herbal Supplements

Herbal supplements are very healthy and are beneficial. They are known to reduce joint pain. But there is no scientific evidence to support it. These herbs usually contain bromelain, ginkgo, thunder god vine, Boswellia, devil's claw, and stinging nettle. Make sure to buy these supplements from a reputable company, but before you do, consult your doctor because they could have side effects.

Avoid Smoking

Contrary to popular belief, smoking causes stress. This then leads to more pain. It is best to avoid smoking and other tobacco products. This will significantly reduce joint pain.

Non-Negative Attitude

Negative thoughts help no one. They only make things worse for the individual. In fact, staying in a negative loop only increases your joint pain. Your mental, emotional, and physical health are correlated. Taking care of one takes care of the other. Indulge in hobbies, talk to friends, and also attend therapy if needed.

[Source: Aging Healthy Today | December 22, 2020 ++]

Acute Bronchitis **Unpleasant and Persistent Cough**



In acute bronchitis, the lower airways (bronchi of the lungs) are temporarily inflamed. The inflammation is usually caused by cold viruses, so it often occurs together with other symptoms of a cold. It is also known

as a chest cold. The main symptom of acute bronchitis is a cough that can be unpleasant and persistent. In people who are otherwise healthy, the illness typically clears up on its own. Complications are rare. Treatment with medication usually isn't necessary. At the most, it can help to relieve the symptoms.

Symptoms

The main symptom of acute bronchitis is a cough. This is usually a dry cough at first, but it may later develop into a phlegmy cough, where you cough up mucus (sputum). Doctors call this a "productive" cough. The color of the coughed-up mucus may change during the course of the illness – for instance, from whitish to a greenish yellow. People often cough at night, which wakes them up. Because acute bronchitis often occurs together with a cold, many people also have other symptoms such as a mild fever, a stuffy nose, a sore throat and a hoarse voice. Frequent coughing can lead to pain behind the breastbone, and it is sometimes harder to breathe. When children have a high temperature and a cough, parents often wonder whether to take them to the doctor or not. But acute bronchitis usually doesn't have to be treated with medicine. So there's nothing wrong with staying at home and waiting to see if it gets better first.

Causes

Acute bronchitis is usually caused by the same viruses that cause respiratory infections such as colds, the flu or sinusitis. In rarer cases, acute bronchitis is caused by bacteria. Other rare causes include harmful substances that have been breathed in, for instance in smoke or at the workplace (e.g. when welding without wearing a protective mask). Fungal infections may cause acute bronchitis too, but that is very rare. Viruses and bacteria can get into the bronchi in your lungs when you breathe in. There they can settle in the mucous membranes and start multiplying (grow in number). In order to fight them, your body reacts with an inflammation: The infected membranes become swollen and produce more fluids and mucus to make it easier to cough up viruses, bacteria and dead cells. When you cough, droplets of fluid containing the germs are released into the air. If other people come into contact with these droplets, they may become infected too. When germs spread in this way it is sometimes referred to as a "droplet infection."

Return to top

Prevalence and Outlook

Every year, about 5 out of 100 people in Germany go to their family doctor because of acute bronchitis, especially because of the cough. Most of them get it in the autumn or winter. Acute bronchitis usually goes away without treatment and doesn't have any lasting effects – unless the lungs were already damaged beforehand. Common cold symptoms such as a stuffy nose or fever usually get a lot better within a few days. But it might take several weeks for the cough to go away if you have acute bronchitis. It's a good idea to see your doctor if the cough lasts longer than eight weeks. If you cough up phlegm for several months, you could have chronic bronchitis. This is often triggered by smoking, and can develop into chronic obstructive pulmonary disease (COPD) over time.

Effects & Diagnosis

In people who have a weakened immune system or a chronic heart or lung condition, acute bronchitis may develop into pneumonia in rare cases. The inflammation then spreads from the mucous membranes lining the lungs to the lung tissue itself. If someone has COPD, acute bronchitis can trigger a COPD flare-up

If you go to your doctor because of a persistent cough, they will usually ask you about your symptoms and general health. The answers to these questions are often enough for the doctor to determine whether it's acute bronchitis or more likely to be something else. In the physical examination that follows, the doctor

will usually feel the lymph nodes in your neck, look into your throat and ears, gently tap your sinuses, and listen to your lungs and heart with a stethoscope. He or she may also measure your temperature, pulse and blood pressure. You will be diagnosed with “acute bronchitis” if the talk with the doctor and physical examination confirm that you have the typical symptoms, and if there is no reason to believe that the symptoms are being caused by a different medical problem. It is often not necessary to see a doctor. But you should see a doctor if you have any of the following warning signs:

- A cough that lasts longer than eight weeks
- A fever that is very high or returns after going away for a while
- A cough accompanied by a feeling of being very unwell, chills and night sweats
- Blood in coughed-up mucus
- Frequent breathing difficulties and noticeable wheezing sounds when you breathe

If you have any of these symptoms, doctors will do more testing (e.g. x-rays or blood tests) to rule out more serious causes. People who have a weakened immune system or a chronic heart or lung condition may be advised to already go to the doctor if they have milder symptoms.

Prevention

People who take steps to prevent common colds will also be less likely to get acute bronchitis. As with all respiratory infections, hygiene plays an important role here: Washing your hands regularly, and trying not to touch your face with your fingers, lowers the risk of getting a common cold. In order to stop colds from spreading to other people, you can

- Cough or sneeze into your elbow, not into your hand,
- Throw away used tissues immediately,
- Avoid shaking hands and hugging or kissing people, and
- Stay at home until you are no longer contagious.

Some studies have looked into whether things like vitamin supplements, probiotics, herbal medicines or regular exercise can prevent respiratory tract infections. But it wasn't possible to draw any clear conclusions about whether these measures can lower the risk of acute bronchitis in particular.

Treatment

Acute bronchitis gets better on its own without treatment. If you feel weak and ill, it's best to take it easy for a few days. This includes not doing any sports or other strenuous physical activities. Many people find that drinking hot tea or broth has a soothing effect. But there's no scientific proof that drinking a lot more fluids than usual helps. If you go to the doctor, they may give you a sick note so that you can get enough rest at home and recover. But they won't prescribe medicine specifically for acute bronchitis. It can sometimes make sense to take medicine such as acetaminophen (paracetamol) or ibuprofen, though, to relieve cold symptoms such as fever and pain.

There hasn't been enough research on the effectiveness of cough medicines that are designed to make you cough less (cough suppressants) or make it easier to cough up phlegm (expectorants). Because coughing has the important function of getting rid of mucus and foreign objects, cough suppressants should only be used for short amounts of time, and only for really unpleasant, dry coughs that keep you awake at night. Honey and some herbal medicines may help to relieve the cough somewhat. Because the symptoms are usually caused by viruses, antibiotics hardly help in the treatment of acute bronchitis. But they can have

side effects and increase the likelihood of the bacteria becoming resistant (ineffective). So antibiotics aren't recommended as a treatment for acute bronchitis.

[Source: InformdHalth.org | December 15, 2020 ++]

Eyeglasses

Update 02: Ophthalmic Practice Rules

The Federal Trade Commission (FTC) has sent 28 letters to unnamed eyeglass prescribers warning them of potential violations of Ophthalmic Practice Rules, known as the Eyeglass Rule, which ensures consumers the right to comparison-shop for prescription eyeglasses. Under the Rule, prescribers:

- Must provide patients with a copy of their eyeglass prescription immediately after an eye exam that includes a refraction, even when not requested.
- Cannot require patients to buy eyeglasses as a condition of providing them with a copy of their prescription.
- Cannot place a liability waiver on the prescription.
- Cannot require patients to sign a waiver.
- Cannot require patients to pay an additional fee in exchange for a copy of their prescription.
- Cannot refuse to perform an eye exam unless the patient buys eyeglasses, contact lenses, or other ophthalmic goods from them.

Some unnamed prescribers who provide contact-lens fittings in addition to eye examinations were also warned of potential violations of the agency's Contact Lens Rule, which is similar to the Eyeglass Rule. Violations of either rule can result in legal action, including civil penalties of up to \$42,530 per violation. The FTC's Understanding your prescription rights for glasses and contact lenses provides useful guidance for consumers. [Source: FTC Press Release | December 8, 2020 ++]

Yoga

Have You Tried Chair Yoga?

As the temperatures drop and days get shorter, it may be time to think about different ways to get yourself moving. Chair yoga is a great way to move your body and tap into your breath. You don't need any special equipment to do it – just a chair preferably without wheels, or with the wheels in the locked position. Check out or oin Central Arkansas VAMC Health and Wellness Program Manager Yoga instructor Mandie Johnson for this brief 9-minute chair yoga practice at <https://youtu.be/BQ-B8hpPgkxk>.

Yoga is not a religion. Yoga is a mind/body practice with origins in ancient Indian philosophy, aimed to help people feel calmer and more relaxed. There are many different styles of yoga that can be adapted for people of all abilities. Yoga can help improve flexibility, strength and balance. Research shows it may also help with numerous conditions, including,

- Decrease pain in osteoarthritis.
- Improve balance.

- Control blood sugar in type-2 diabetes.
- Reduce risk factors for heart disease.
- Decrease fatigue.
- Decrease menopausal hot flashes.
- Lose weight.

Yoga involves physical activity as well as breathing exercises and mediation to help increase body awareness. Being physically active is an important step you can take to improve your health. Some activities increase stamina, while others improve strength, mobility, balance or flexibility. An important consideration for any movement practice is how we listen to our body. Bringing awareness to your physical body before, during and after movement activities can help prevent adverse events or injury. Yoga is one way to reduce stress, improve sleep and increase self-awareness. For more Whole Health resources on how to live happier and healthier, check out the Circle of Health: <https://www.va.gov/WHOLEHEALTH/circle-of-health/index.asp>



Click on <https://www.va.gov/WHOLEHEALTH/images/components-of-whole-health.svg>

Looking for more ways to move your body? To learn more about being physically active go to [https://www.prevention.va.gov/Healthy Living/Be Physically Active.asp](https://www.prevention.va.gov/Healthy_Living/Be_Physically_Active.asp) from VA’s Health Promotion and Disease Prevention Healthy Living Tips. [Source: Vantage Point | December 14, 2020 ++]

Coronavirus Vaccines

Update 21: More in the Pipeline as US Effort Ramps Up

A huge U.S. study of another COVID-19 vaccine candidate got underway Monday as states continue to roll out scarce supplies of the first shots to a nation anxiously awaiting relief from the catastrophic outbreak. Public health experts say more options in addition to the two vaccines now being dispensed — one made by Pfizer and its German partner BioNTech, the other by Moderna — are critical to amassing enough shots for the country and the world.

The candidate made by **Novavax Inc.** is the fifth to reach final-stage testing in the U.S. Some 30,000 volunteers are needed to prove if the shot — a different kind than its Pfizer and Moderna competitors — really works and is safe. “If you want to have enough vaccine to vaccinate all the people in the U.S. who you’d like to vaccinate — up to 85% or more of the population — you’re going to need more than two companies,” Dr. Anthony Fauci, the top U.S. infectious disease expert, told The Associated Press on 28 DEC.

The coronavirus is blamed for about 1.8 million deaths worldwide, including more than 330,000 in the U.S. This has been the deadliest month of the outbreak in the U.S. yet, with about 65,000 deaths in December so far, according to the COVID Tracking Project. The nation has repeatedly recorded more than 3,000 dead per day over the past few weeks. And the U.S. could be facing a terrible winter: Despite warnings to stay home and avoid others over Christmastime, nearly 1.3 million people went through the nation's airports on Sunday, the highest one-day total since the crisis took hold in the U.S. nine months ago.

The Trump administration’s Operation Warp Speed expects to have shipped 20 million doses of the Pfizer and Moderna vaccines to states by the beginning of January, fewer than originally estimated to the frustration of states and health officials trying to schedule the shots. There is no real-time tracking of how quickly people are getting the first of the two required doses. As of 26 DEC, the Centers for Disease Control and Prevention had reports of more than 1.9 million vaccinations, out of more than 9.5 million doses shipped — but the agency knows that count is outdated. It can take days for reports from vaccine providers to trickle in and get added to the site.

“Just because a vaccine arrives doesn’t mean we can put an on-the-spot clinic up and running,” said Jenny Barta, a public health official in Carlton County, Minnesota. But on 29 DEC, her agency aims to vaccinate 100 people in a drive-thru clinic for emergency medical workers that Barta hopes could become a model for larger attempts at mass vaccination. Nurses will wheel vaccine to cars lined up in a county-owned snowplow garage. Once the drivers get their shots, they will wait in parking spaces to be sure they don’t have an allergic reaction before heading home. “Vaccinating one individual at a time is how we’re going to work our way out of this pandemic,” she said. Yet another worry hanging over the vaccine scramble: Will shots block a new variant of the coronavirus that emerged in Britain and appears to spread more easily? Fauci said that there is no evidence it could outsmart the vaccine and that National Institutes of Health researchers will be “looking at it very intensively” to be sure.

A look at the frontrunners in the global vaccine race:

GENETIC CODE VACCINES

The U.S. based its emergency rollout of the Pfizer-BioNTech vaccine and a similar one made by Moderna and the NIH on studies suggesting they are both roughly 95% effective. Europe over the weekend began its first vaccinations with the Pfizer shot, and on Jan. 6 will decide whether to add Moderna's. These shots are made with a brand-new technology that injects a piece of genetic code for the spike protein that coats the coronavirus. That messenger RNA, or mRNA, induces the body to produce some harmless spike protein, enough to prime the immune system to react if it later encounters the real virus.

Both vaccines must be kept frozen, the Pfizer shot at ultra-low temperatures that complicate its delivery to poor or rural areas. Additional companies are working toward their own mRNA candidates, including Germany’s CureVac, which has begun a large study in Europe.

PROTEIN VACCINES

The Novavax candidate is made differently, using what Fauci called a “more tried and true” technology that needs only ordinary refrigeration. The Maryland company grows harmless copies of the coronavirus spike protein in the laboratory and mixes in an immune-boosting chemical. Novavax already has enrolled 15,000 people in a late-stage study in Britain and 4,000 in South Africa. The newest and largest study, funded by the U.S. government, will recruit volunteers at more than 115 sites in the U.S. and Mexico and target high-risk older adults along with volunteers from Black and Hispanic communities, which have been hit hard by the virus. “We've got to protect our community and our people,” said the Rev. Peter Johnson, 75, a prominent civil rights activist in Dallas who was among the first volunteers.

Two-thirds of participants will receive vaccine and the rest dummy shots, a twist from earlier vaccine studies that gave half their volunteers a placebo. That should help researchers recruit people who wonder whether it's better to take part in a study or wait their turn for an existing shot, said Dr. Gregory Glenn, research chief at Novavax. For many people, that would be a long wait: The Pfizer and Moderna shots are slated first for health care workers and nursing home residents, followed by people 75 and older and essential workers. “If you wanted to hedge your bets, for most people who aren't in those very high-risk groups, the shortest route to getting the vaccine would be to sign up for a trial,” said NIH Director Dr. Francis Collins.

TROJAN HORSE VACCINES

The next big vaccine news may come from Johnson & Johnson, which is aiming for a one-dose COVID-19 vaccine. Made in yet another way, it uses a harmless virus – a cold virus called an adenovirus -- to carry the spike gene into the body. In mid-December, J&J finished enrolling about 45,000 volunteers in a final-stage study in the U.S. and a half-dozen other countries. Fauci expects early results sometime next month. In Britain, regulators also are considering clearing a similar vaccine made by AstraZeneca and Oxford University.

Tests of the shots in Britain, South Africa and Brazil suggested they are safe and partially protective — about 70%. But questions remain about how well the vaccine works in people over 55 and how to interpret results from a small number of people given a different set of doses. A U.S. study of the AstraZeneca shots is still recruiting volunteers; Fauci said researchers hope it will provide a more clear answer. Companies in China and Russia also are producing adenovirus-based vaccines and began administering them before the results of final testing came in. Argentina is expected to soon use the Russian vaccine.

“KILLED” VACCINES

Spike-focused vaccines aren't the only option. Making vaccines by growing a disease-causing virus and then killing it is a still older approach that gives the body a sneak peek at the germ itself rather than just that single spike protein. China has three such “inactivated” COVID-19 vaccines in final testing in several countries and has allowed emergency use in some people ahead of results. An Indian company is testing its own inactivated candidate.

[Source: Associated Press | Lauran Neergaard | December 28, 2020 ++]

Covid-19 Victims

Update 03: Survivor's Riskiest Time

Being discharged from the hospital following a serious bout of COVID-19 is far from a clean bill of health, new research warns, and the risk of rehospitalization or death peaks early. In the study, more than one-quarter of such patients ended up back in the hospital or died in the weeks after discharge. The researchers tracked almost 2,200 U.S. veterans discharged at 132 VA hospitals this past spring and summer. All had been hospitalized for COVID-19, and their post-hospital experience was compared with 5,300 peers who had been released following hospitalization for either non-COVID-related pneumonia or heart failure.

The findings showed that COVID-19 patients were 40% to 60% more likely to be rehospitalized or die within 10 days following discharge compared with the other patients. In absolute terms, 9% of the discharged COVID-19 patients ended up dying within two months, while one-fifth ended up rehospitalized. "We found a very high rate of readmission or death among COVID-19 patients surviving to discharge within the first 60 days after leaving the hospital," said study author John Donnelly. He's a research investigator in the department of learning health sciences at the University of Michigan, in Ann Arbor.

While the COVID-19 patients fared better two months out than the heart failure or pneumonia patients, the big concern appears to be "a period of extremely high risk within the first 10 days after discharge," Donnelly explained. "This pattern was somewhat surprising as we might have expected consistently worse outcomes for COVID-19 patients out to 60 days. But that was not the case," he said. So what's going on? "COVID-19 patients who were readmitted or died within 60 days tended to be older," said Donnelly. Other factors "might drive outcomes after discharge, but nothing beyond age stood out in our results," he noted.

The study was published online Dec. 14 in the Journal of the American Medical Association. Almost all of the veterans in the study were men (95%) and about half were Black. Among the COVID-19 patients, nearly one-third had been in an intensive care unit (ICU) when first hospitalized, and 13% had been placed on a ventilator. In all, just over 80% survived their initial stay. Following discharge, nearly one-quarter of those who were readmitted to the hospital ended up in the ICU, and 7% required ventilators.

Donnelly emphasized that the vast majority of coronavirus patients have either no symptoms or symptoms that can be managed at home. "And we would expect outcomes to be much more favorable for individuals who tested positive for COVID-19 but did not present with symptoms that were severe enough to merit hospitalization," he added. But for those who do, are there ways to minimize risk during the immediate post-discharge period? Donnelly said the study was "not able to address the question of whether readmissions after COVID-19 are preventable or not, and it is difficult to give a blanket recommendation for all patients." But his team suggested that post-discharge vigilance is definitely called for. "And when in doubt, getting in contact with a physician for guidance on the most appropriate treatment would help patients and loved ones to best decide whether [rehospitalization] makes sense or not," Donnelly advised.

In New York City, a good place to turn to is the Post-COVID Recovery Center at Northwell Health's Staten Island University Hospital (SIUH). Established this past September, its director is Dr. Thomas Gut, an associate chair of medicine at SIUH. "We set up a place specifically for COVID patients looking for further care after discharge because there really was no resource for patients who are no longer sick enough to be in the hospital, but their primary care doc perhaps isn't familiar enough with an illness that we're really just learning about as we go," Gut explained.

"Of course, not everyone is going to be able to access a center like ours," he noted. "But I would say that COVID patients who are out of the hospital are right to be concerned by any lingering or worsening of symptoms, like persistent fatigue or brain fog. Because we do know that during this 10-day period, you're at high risk for the kinds of things -- like heart attacks and strokes -- that you normally would not see with other types of viral infections, which suggests that COVID may inflict long-term damage to the heart, lungs or brain." Gut's bottom line: "If your situation seems to be getting worse after discharge, in any measurable amount, you do need to seek medical care again." [Source: U.S. News & World Report | Alan Mozes | December 22, 2020 ++]

Covid-19 Misinformation

Update 03: Medical License of Anti-Mask Doctor Suspended

The Oregon Medical Board has issued an order of emergency suspension of the medical license of Steven Arthur LaTulippe, M.D., until otherwise ordered by the Board, due to the Board's concern for the safety and welfare of his current and future patients. The Board found that Dr. LaTulippe engaged in unprofessional and negligent conduct that included:

- Telling a patient who requested a COVID-19 test that symptom-free persons should not be tested, that wearing a mask does not prevent transmission of COVID-19, and not to self-isolate because being around other people would produce immunity to COVID-19
- Refusing, along with staff, to wear a mask in the clinic and urging people who enter the clinic to remove their masks
- Regularly telling his patients that masks are ineffective in preventing the spread of COVID-19 and should not be worn
- Discharging a patient who questioned the appropriateness of his advice that, because virus particles are so small, they will pass through the recommended N95 masks and most other face coverings people are wearing
- Directing patients to a youtube video providing false information about mask-wearing
- Regularly advising, particularly his elderly and pediatric patients, that it is "very dangerous" to wear masks because masks exacerbate COPD and asthma and cause or contribute to multiple serious health conditions, including, but not limited to, heart attacks, strokes, collapsed lungs, MRSA, pneumonia, and hypertension
- Asserting that masks are likely to harm patients by increasing the body's carbon dioxide content through rebreathing of gas trapped behind a mask
- Having COVID-19 protocols for his clinic that call for patients to be masked only if they present with cough, fever or a "suspicious" viral illness and that do not call for any of the health-care providers to wear masks unless these conditions exist
- Having signage posted in his clinic asserting the clinic is complying with COVID-19 protocols, but containing no information on what those protocols were

A Board investigator who visited LaTulippe's clinic on 2 DEC observed that (a) neither patients nor health-care providers were wearing masks, (b) no screening procedures were in place or being conducted (e.g., taking patient temperatures upon or before entering the clinic), (c) no hand sanitizer was available in the waiting area, (d) a sign was posted in the clinic with "warning signs" of carbon dioxide toxicity due to

mask-wearing, and (e) an article posted in the clinic that claimed that 94% of the individuals who experience serious effects of COVID-19 have co-morbidities.

On 7 NOV during a "Stop the Steal" rally in support of President Donald Trump outside the State Capitol in Salem, LaTulippe dismissed COVID-19 as a "common cold." [. Oregon doctor's license revoked over refusal to wear mask during pandemic. [Source: NBC News | Lozano AV | December 4, 2020]

Covid-19 Headgear

Update 13: Proper Mask Use & Potential Health Impact

Your face mask has a dual duty: it stops you from transferring the bacteria and can prevent certain bacteria from entering you. The masks, however, can also cause unpleasant side effects, especially when used ignorantly. Here's what they are and how they can be avoided. Read on and don't miss these sure signs if you have the viral disease to maintain public health or others' safety.

Problem for Eyes

Wearing a face mask causes the exhaled air to meet the skin, creating an unpleasant sensation and a desire to touch the eyes. You're infecting yourself because both palms are contaminated. After contact with substances such as door handles, elevator buttons, packages, or anything where bacterias live, avoid the urge to contact the face, and wash your hands with soap for a few seconds. Since our nerves are connected, it might also affect your brain.

Comfortability

Using the correct mask begins by finding the proper material. Cotton material is considered to have good ventilation and will trap less of the moisture that builds up. Make sure that it's snug, not tight. You don't want it to be so close that it affects your skin, but you want it to fit well to help stop vapor droplets from leaking or going in.

Restricted Airflow

Through the article at <https://www.bmj.com/content/369/bmj.m1435/rr-40> it is pointed out that face masks make ventilation harder. For women with COPD, a respiratory failure that causes reduced air quality, face masks are unbearable to wear because their shortness of breath worsens. Also, for each breath-hold, a portion of carbon dioxide already breathed is inhaled. These two effects improve respiratory frequency. This can exacerbate COVID-19's burden if more pollution is released by infected patients wearing gas masks, he continues. If the improved breathing forces the virus to load back into the lungs, this could also be life-threatening for infected people. You should isolate yourself away from others and drop the masks if you are suspected of having COVID-19. To discuss the next steps, contact a medical professional.

Glasses Fog Up

It dissipates into the surrounding air as you breathe heated air while wearing a mask. It appears to shoot up into your reading glasses if you ever do it wearing masks, fogging them up. Wash your glasses in soapy water and allow them to air dry. The film must prevent fogging. Another strategy is to evaluate the fit of your face mask. Positioning a folded tissue between your mouth and the mask is a simple hack, but it might give you a dry mouth if you keep the mask on for too long due to lack of oxygen. The tissue will absorb the

humid water droplets, preventing them from touching your glasses. Also, make sure that the top of your mask is tight and that the bottom is loose to help steer the expiratory air away from your eyes.

A False Sense of Security

Do not think of your face mask as the cape of Superman, a kind of bullet-resistant shield which covers you from the coronavirus. In addition to the evidence-based, strong recommendations that are already in place on physical distance, regular handwashing, and regular disinfection of frequently touched surfaces, masks must be worn.

Skin Irritation

CNet reports it's best to wash your face before wearing a mask if you have skin problems. This will help avoid inflammation of the skin from where the mask rubs the face. If you have skin irritation, you may want to completely forget the makeup under your mask and cleanse your face before wearing a mask. Not to mention, your mask could also rub off by the foundation, resulting in reduced air filtration, making it more difficult to breathe.

Harmful For Some

Cloth face veils should not be used by small children under the age of 2. Also, anybody who has breathing issues, or is unconscious, debilitated, or unable to remove the mask without assistance, must not be placed on cloth face veils. According to the CDC cloth head coverings should —

- Align against the side of the mouth snugly yet comfortably,
- Ties or ear loops should be secured when worn
- Include several fabric layers
- Allow unlimited breathing
- Be washable and dryable without harm or shapeshift.

Distancing

There is a major difference in the quality and volume of expression between 2 people wearing gas masks, and they can unintentionally come closer. They might forget about social distancing while talking.

Conclusion

In the United States, surgical masks treated with nano-functional materials were shown to have a significant capacity to inactivate bacteria. It is necessary for one to understand:

- The effect on heat stress and discomfort of wearing various types of facemasks.
- The filtration efficiency is comparable among surgical and N95 face masks.
- The micro treatment impacts heat discomfort.

[Source: Aging Healthy Today | December 18, 2020 ++]

Covid-19 Treatment

Update 07: New Remote Monitoring Program | Recover at Home

Kathlyn Chassey was shocked when she was diagnosed on 21 DEC with COVID-19 after experiencing a low-grade fever and a bad headache at Joint Base San Antonio-Fort Sam Houston, Texas, A former lung transplant recipient, Chassey had been staying close to home for months to avoid the respiratory risks

associated with the virus. She figured she had an infection or the flu when she arrived at Brooke Army Medical Center's emergency department. "When the doctor told me I had COVID-19, I had a panic attack because I'm extremely high risk, and I know what COVID-19 can do," Chassey, who had undergone a lung transplant in December 2016, said.

Fortunately, the 28-year-old had a mild case of COVID-19 and was ready to be discharged after a day in the hospital. However, due to her medical history, her medical team didn't want to send her home empty-handed. Chassey became one of the first BAMC patients to be enrolled in the new COVID-19 Remote Monitoring Program, a joint effort of the Virtual Medical Center and BAMC. The program equips COVID-19 patients needing additional monitoring with a home health care kit and 24/7 oversight from registered nurses to ensure a higher level of post-hospital care. "This is an exciting and unique new capability," Army Maj. Daniel Yourk, deputy director for operations, Virtual Medical Center, said. "We are able to move our patients from an inpatient to a home setting with round-the-clock monitoring and reach-back care."

Through the use of the home kit and self-assessments, health care professionals are able to provide continuous monitoring of a patient's temperature, respiratory rate, heart rate and oxygen saturation with intermittent monitoring of blood pressure and spirometry, which measures the movement of air in and out of the lungs. The system also enables secure video consultations. In effect, the program "bridges the continuum of care" from inpatient to outpatient, Army Lt. Col. Robert Walter, the program's clinical lead and BAMC's chief of pulmonary and critical care medicine, said. "We are offering an additional level of safety, support and monitoring."

The pilot concept, first developed by the Virtual Medical Center and BAMC, now spans the services and the nation. Participating military treatment facilities include

- Naval Medical Center San Diego, California;
- Madigan Army Medical Center, Joint Base Lewis McChord, Washington;
- Walter Reed National Military Medical Center, Bethesda, Maryland;
- Mike O' Callaghan MMC, Nellis Air Force Base, Nevada;
- David Grant U.S. Air Force Medical Center, Travis Air Force Base, California;
- Carl R. Darnall AMC, Fort Hood, Texas; and Fort Belvoir Community Hospital, Virginia.

The process starts in the hospital inpatient unit or emergency department prior to discharge and in consultation with designated providers at each MTF. If the patient qualifies for enrollment, they are equipped with the FDA-approved home monitoring kit and detailed verbal and printed instructions. The kit contains a tablet, a network hub that operates independently of Wi-Fi and an arm band containing a coin-sized monitor. The system also pairs with a blood pressure cuff, a temperature patch and a spirometer. Patients fill out customized questionnaires daily to report how they are feeling. Together, the system enables continuous bio-physiologic and symptom-based monitoring.

"Real-time data is compiled into a single dashboard where we can review all patients, grouped by risk," Walter explained. A team of teleworking nurses, located in the San Antonio area, monitor patients across the eight participating MTFs. Additionally, each site has on-call medical staff in case of an alert or patient concern. Each tablet has a button for assistance that initiates nurse engagement and, if needed, a Health Insurance Portability and Accountability-compliant connection for face-to-face video evaluation with a nurse or on-call physician. "I felt secure knowing the nurses were keeping an eye on me," Chassey said. "One night I was having a nightmare. They texted me because my heartrate had increased and wanted to

know if I was ok. It's like being in the hospital, but in the comfort of your own home." After a patient no longer needs monitoring or requires a higher level of inpatient care, the patient receives prepaid shipping boxes to pack up the equipment and calls a courier for a contactless pickup. The company then sanitizes, services and repackages the kit for mailing back to the MTF.

The idea for the program was spurred by lessons learned in New York last spring during the initial COVID-19 wave, Walter explained. "The hospitals were so busy; they were having to move patients through the continuum of care, from inpatient to outpatient, at a more rapid pace to accommodate incoming COVID-19 patients." Some of these patients were still symptomatic or had higher oxygen requirements, he said, but with new patients flowing in, the care teams were faced with tough decisions. To mitigate risk, some hospital systems established a program in which paramedics would check on patients in their home to ensure they weren't declining or needing readmission. "Reflecting on these experiences, we began to explore the idea of leveraging virtual health in the event we are faced with a COVID-19 surge in the hospital and need to move patients more quickly through the facility," Walter said. "If that happens, it becomes vital to retain capacity without compromising the safety or quality of care for our patients."

With a global vs. local program in mind, Walter and Yourk approached the Defense Health Agency, which assisted in obtaining and funding 200 home kits that could satisfy the requirement of a "high fidelity of monitoring in an outpatient environment," Walter said. "It is truly incredible how the clinical leads from each military treatment facility and the Virtual Medical Center came together to take this pilot from a concept to reality in under six months to support beneficiaries from the East to West coast," Yourk added.

With the ongoing threat of the pandemic and to preserve bed capacity, the program is mainly intended for COVID-19 patients at this time, but there is a much broader application potential, Walter noted. "We are exploring the long-term benefit for a number of conditions that often require frequent admissions, such as congestive heart failure, chronic obstructive pulmonary disease, cystic fibrosis and asthma," he said. "As with COVID-19 patients, the system can alert us to issues, enabling us the ability to adjust a care plan or facilitate a more rapid assessment if someone's condition worsens." An additional population is patients who come to the emergency department who may not meet admission criteria, but could still benefit from elevated care, he added. Further down the line, Yourk hopes the program can be expanded to deployed service members and pediatric patients.

In the meantime, Walter and Yourk are focused on ensuring each MTF has the tools and support needed to successfully carry out this program, particularly as COVID-19 rates increase across the nation. The program will roll out in a phased approach to gauge the efficacy of the system, Walter said, before expanding to additional MTFs. "We are truly at the leading edge," he noted. "There are well-validated use cases for single-data monitoring platforms, such as for patients with specific medical conditions such as heart arrhythmia, but we're helping break ground on a system that can monitor a number of different data points simultaneously for patients with varying diagnoses in the comfort of their home."

The kits have been disbursed to participating hospitals and 13 patients were enrolled in the first week, saving approximately 15 bed-days and improving the care delivered to patients, Yourk said. Chassey said she's now on the road to recovery and is thankful for the safety net the remote patient monitoring pilot offered. "I felt safer going home knowing that I had assistance standing by. I know from experience how quickly things can take a bad turn," she said. "I wish I had something like this before my transplant," she added. "I spent so much time in the hospital over the years, and this type of technology would have given me more time at home."

Walter said the program is mutually beneficial. "This program enables patients to return home sooner, be with family, while mitigating COVID-19 risks to patients and staff," he said. "It's a game-changer for us as we continue to battle this pandemic." [Source: Brooke Army Medical Center| Elaine Sanchez | December 28, 2020 ++]

* Finances *



Coronavirus Vaccines

Update 20: Loophole Fees

Although there are rules in place to protect Americans from paying anything out-of-pocket for a COVID-19 vaccine, consumer advocates fear that patients still may face surprise vaccine bills, according to The New York Times. This spring, Congress passed legislation to prevent insurers from applying member cost-sharing, which includes copays, deductibles and coinsurance, to costs associated with coronavirus vaccinations. It also tacked on rules barring pharmacies, physicians and hospitals from billing patients for vaccine administration. The increased protections around vaccine administration costs are unique in that there are requirements on both the insurers and providers, according to the Times.

However, consumer advocates say that surprise vaccine bills may end up in patients' hands, just like they did with COVID-19 testing and treatment earlier this year. "It is the American healthcare system, so there are bound to be loopholes we can't anticipate right now," Sabrina Corlette, co-director of the Center on Health Insurance Reforms at Georgetown University, told the Times. Americans vaccinated this year and early next year won't be on the hook for the vaccine itself, because the federal government is purchasing the doses for them. Currently, the federal government has purchased 100 million doses from Pfizer and plans to purchase up to 200 million from Moderna, pending FDA approval.

Even with increased consumer protections, consumer advocates see ways patients may end up with bills, including "grandfathered" health insurance plans that were established before the ACA and not required to cover preventive services like the coronavirus vaccine. Additionally, experts are worried about uninsured Americans. There is no national program that will cover their vaccination costs. Instead, the federal government said health providers should submit applications for vaccine cost reimbursement to HHS, which will come from the \$175 billion Provider Relief Fund.

The Times also reports that more fees may be associated with vaccine administration. In particular, some providers charge a visit fee for in-person appointments. The laws passed by Congress this spring do not address whether this fee can be billed to patients. "The question that I'm still not clear on is what happens if someone walks into an outpatient department that charges a facility fee and gets a vaccine," Kao-Ping Chua, MD, PhD, an assistant professor of pediatrics at the University of Michigan in Ann Arbor, told the Times. "Is there a possibility they could get charged? I think the answer is yes." [Source: Beckers Hospital CFO Report | Alia Paavola | December 18, 2020 ++]

Coronavirus Financial Planning

Update 24: Groups That Won't Get a Second Stimulus Payment

The House of Representatives and Senate passed the new coronavirus stimulus package 21 DEC — paving the way for the federal government to start sending stimulus payments of \$600 per person to those who are eligible. The last step is for President Donald Trump to sign the legislation into law. Then, IRS will aim to make the automatic payments “in late 2020/early 2021,” according to the House Ways and Means Committee. The eligibility criteria for a payment under the new stimulus bill are largely the same as those for the payments authorized by the CARES Act earlier this year. So if you received a payment the first time around, you can expect a second one.

There have been a couple of changes to the eligibility criteria, though. So here's a look at the groups that should not expect to receive another economic impact payment, as the IRS calls them.

1. High earners

The new stimulus payments are available to most folks with an adjusted gross income (found on your tax return) of \$75,000 or less — or \$112,500 or less for heads of households, and \$150,000 or less for joint tax returns. Such households will receive \$600 per eligible adult and \$600 per qualifying child. For households with higher AGIs, the stimulus payments start phasing out, meaning they will be reduced. Specifically, such a household's payment will be reduced by \$5 for every \$100 by which their AGI exceeds the applicable threshold. That means individuals without children would not receive any payment at all if their AGI exceeds \$87,000. A couple without children would not receive anything if their AGI exceeds \$174,000. A family of four would not receive anything if their AGI exceeds \$198,000.

2. Dependents

Dependents themselves — meaning people who are claimed as dependents on someone else's tax return — are not eligible for a stimulus payment under the new bill.

3. Children age 17 and older

The new stimulus bill defines “qualifying children” as those who are **under** age 17. So households with dependent children age 17 or older will not receive an additional \$600 for those children.

4. Nonresident aliens

Like the CARES Act, the new stimulus bill explicitly excludes “any nonresident alien individual” from the bill's definition of an “eligible individual,” as far as economic impact payments are concerned. The IRS defines a nonresident alien as someone who is not a U.S. citizen or U.S. national and has not passed the green card test or the substantial presence test. Or, as a Q&A from the House Ways and Means Committee puts it, someone who lacks “a valid work-eligible Social Security number.”

Someone who is otherwise eligible for an economic impact payment (EIP) but lives with someone who does not have a Social Security number (SSN) can receive an economic impact payment, though. This is a change — and a retroactive one, at that — from the CARES Act. The Ways and Means Committee explains: “This legislation modifies the taxpayer identification requirement in the CARES Act to include families where some, but not all, members have SSNs. ... This modification is made retroactively to the date of

enactment of the CARES Act, meaning that it also applies to the first round of EIPs. Eligible families who did not receive an EIP earlier this year because one spouse does not have an SSN will be able to claim a credit on their 2020 tax return.”

5. Deceased people

You might think it goes without saying that folks who have passed away would not receive a stimulus check. But that’s not quite how it worked with the first round of economic impact payments authorized by the CARES Act, which was signed into law on 27 MAR. An investigation by the U.S. Government Accountability Office found that by 31 MAY, the IRS and U.S. Treasury had made “payments to more than a million deceased individuals.” This time around, lawmakers sought to prevent such an embarrassment from recurring. “In order to stop payments to dead people, this legislation will remove hurdles to reducing improper payments,” as a blog post from the House Ways and Means Committee puts it. Specifically, Congress will authorize the Social Security Administration to share the entirety of its death information with the Treasury’s “Do Not Pay” portal, which federal agencies use to prevent improper payments.

6. Estates and trusts

In case you were wondering whether your estate or trust can receive \$600 as well, the answer is no. Like the CARES Act, the new stimulus bill excludes “an estate or trust” from its definition of “eligible individual.” To learn more about the second round of economic impact payments straight from the horse’s mouth, check out:

- [“Second Round of Economic Impact Payments: Frequently Asked Questions”](#) from the Democratic side of the House Ways and Means Committee
- [“Q&A: Economic Impact Payments”](#) from the Republican side of the Ways and Means Committee
- [“H.R. 133: Division-by-Division Summary of COVID-19 Relief Provisions”](#) from the House Appropriations Committee (Skip to the section titled “Additional 2020 recovery rebates for individuals.”)

[Source: MoneyTalksNews | Karla Bowsher | December 23, 2020 ++]

Coronavirus Financial Planning

Update 25: Trump Demands Direct Payment Increase to Americans

President Trump slammed the recently passed \$900 billion COVID-19 relief package as a “disgrace” on Tuesday evening 22 DEC, urging Congress to amend the bill and increase the amount of money in direct payments to Americans. “I am asking Congress to amend this bill and increase the ridiculously low \$600 to \$2,000, or \$4,000 for a couple,” Trump said in a video posted to Twitter. Trump argued that the relief bill in its current form, which is included with \$1.4 trillion in omnibus spending, has “almost nothing to do with COVID.”

“Congress found plenty of money for foreign countries, lobbyists and special interests while sending the bare minimum to the American people who need it,” Trump said. He noted that small businesses, particularly restaurants, have not been given enough money after their owners have suffered so grievously. “They were only given a deduction for others to use in business, their restaurant, for two years,” Trump added. “This two year period must be withdrawn, which will allow the owners to obtain financing and get

their restaurants back in condition. Congress can terminate it at a much later date, but two years is not acceptable it's not enough."

The package includes increased jobless benefits, another round of funding for the Paycheck Protection Program for small business loans, a direct payment of \$600 to individuals, and funds to help distribute COVID-19 vaccines. The president warned that if the "wasteful and unnecessary items" are not removed from the legislation, the next administration will have to deliver a COVID-19 relief package. "Maybe that administration will be me," Trump added. "And we will get it done."

Senate Minority leader Chuck Schumer (D-NY) responded to Trump's request in a tweet, arguing that Democrats "spent months trying to secure \$2000 checks but Republicans blocked it." "Trump needs to sign the bill to help people and keep the government open and we're glad to pass more aid Americans need," Schumer added. "Maybe Trump can finally make himself useful and get Republicans not to block it again." House Speaker Nancy Pelosi said Republicans "repeatedly refused to say what amount the President wanted for direct checks," and applauded the president for pushing for more money to be included in stimulus checks to the American people.]"At last the President has agreed to \$2,000," Pelosi wrote. "Let's do it!" Pelosi added that Democrats would be ready to bring an amendment to a vote this week by "unanimous consent."

Sen. Bernie Sanders (I-VT) called the president's announcement "great," noting he introduced a bill for \$2,000 stimulus checks with Vice President-elect Sen. Kamala Harris (D-CA) and Sen. Ed Markey (D-MA) seven months ago. "Mr. President, get Mitch McConnell and your Republican friends to stop opposing it and we can provide working class Americans with \$2,000," Sanders added. "Let's do it." Reps. Alexandria Ocasio-Cortez (D-NY) and Rashida Tlaib (D-MI) both issued tweets noting that the pair already co-wrote the COVID amendment for \$2,000 checks, so it's ready to go. "Glad to see the President is willing to support our legislation," Ocasio-Cortez added. "We can pass larger checks this week if the Senate GOP agrees to stand down." Senate Majority Leader Mitch McConnell and House Minority Leader Kevin McCarthy did not immediately return Fox News' requests for comment.

However, President Donald Trump signed the \$900 billion COVID-19 relief package 27 DEC, despite a remarkable video message he posted to social media days earlier in which he called [the bipartisan legislation a "disgrace"](#). I am signing this bill to restore unemployment benefits, stop evictions, provide rental assistance, add money for PPP, return our airline workers back to work, add substantially more money for vaccine distribution, and much more," Trump said in a statement announcing he had signed the bill.

In response to Trump's urging the House passed another bill on 28 DEC to pay the \$2,000 per person and sent it to the Senate. In the Senate the next day Republicans led by Senate Majority Leader Mitch McConnell blocked a swift vote on it which was proposed by Democrats who split within their own ranks over whether to boost spending or defy the White House. Biden supports the \$2,000 checks and said the aid package is merely a "down payment" on what he plans to deliver once in office.

The latest round of stimulus – the fifth passed by Congress since the pandemic began nearly a year ago – was the result of intense negotiations in recent days as lawmakers and their staff worked on a compromise that drew criticism from the far right for being too costly and from the far left who said it didn't go far enough to help Americans. [Source: Fox News & USA Today| Lucas Manfredi, John Fritze & Courtney Subramanian | December 22 & 28, 2020 ++]

VA Copay

Update 16: You May Be One of the Many Veterans Getting a Big Bill

Veterans who typically pay the Department of Veterans Affairs for their medical care could be hit with a big bill in January after the VA halted all collections in April 2020 -- including those copays. The VA warned in a 17 DEC announcement the January copay bill letter will ask the recipient to pay for all "new copay charges for medical care and prescriptions they received during the period April 6, 2020 through December 31, 2020." The bills could also include unpaid amounts for care received before April, it said. On 30 DEC VA announced in a press release they were resuming overpayment notifications.

In addition to the 17 DEC release, which was shared by the VA through email, affected veterans might have received a letter in the mail this month notifying them of an upcoming bill. That letter advised veterans of their account balance, which includes any uncollected copays from 6 APR and any outstanding medical debt incurred prior to that date. It also said the VA would begin collecting that money in January, and that no interest or fees will be charged on the outstanding debt until that time. VA officials said veterans who owe might be able to set up repayment plans or request debt relief. "We understand this may impose a financial burden on some of our Veterans, and we're doing everything we can to help," officials said in the release.

The notice sent by mail also included instructions for viewing and paying the debt online by visiting <https://pay.gov/public/home> and entering your VA account number. But that account number was not included on the notice. Calls by Military.com to all four of the toll-free numbers listed on the letter were unsuccessful in reaching a live person to explain the debt or help locate an account number. Lawmakers this month urged VA officials to once again defer debt collections. Administration officials, however, said they plan to move forward with repayment notices.

Veterans and beneficiaries with questions regarding benefit overpayments may submit requests or call 800-827-0648. Call volume is generally lower Tuesday – Friday. For health care co-payment debts, Veterans should contact the Health Resource Center at 866-400-1238 or <https://www.pay.gov> for payments.

About VA Copays

Typically, if you have an injury or disability caused by your military service, you are eligible to be treated for that condition by the VA for free. Also, some veterans with lower income levels are exempt from having to make copays for their medical care. And if your disability or injury is severe enough for the VA to rate you at least 50% disabled for compensation benefits, all of your medical care from the department is free.

But veterans with a lower level of disability rating may have to pay the VA a copayment for care, depending on what type of medical services you get and what condition you are being treated for. For example, if you are rated 10% disabled for high blood pressure, you can get your doctor's appointments for that condition and blood pressure medication from the VA for free. But you must pay a copay for any medicine or treatment that isn't related to your high blood pressure.

[Source: Military.com & VA PR | Jim Absher | December 21 & 30, 2020 ++]

SSA Payroll Tax Break

Update 01: Payback Extended from 4 to 12 Months



Members of the armed forces and federal employees have 12 months instead of four to pay back Social Security taxes that haven't been collected since September, officials said this week. The so-called payroll tax deferral, which was put in place by the Trump administration for the last four months of 2020 to help workers during the coronavirus pandemic, meant that many working Americans — including service members and federal employees — had an extra 6.2% of money in each paycheck. But starting with the first pay period of 2021, the extra money had to be paid back. And, on top of that, Social Security taxes would start being collected again.

Initially, the money was supposed to be repaid by 30 APR in equal amounts, which would have meant a dip in paychecks of 12.4%. But this week, the Defense Finance and Accounting Service announced the period to collect the deferred tax has been extended until Dec. 31, 2021, meaning the money will be deducted in even amounts over 26 pay periods instead of eight. The extended period for paying back the money means some troops and civilians could see smaller paychecks in 2021 – but not as small as they would have been if they'd had to pay back the money over four months. The deferral affected civilians who made \$4,000 or less per pay period and military members who cleared \$8,666 or less of basic pay per month.

Many private sector employers chose not to be a part of the deferral, which they saw as kicking the can down the road. But participation was mandatory for federal government employees and service members including enlisted personnel, service academy cadets, second lieutenants and majors, most warrant officers and some lieutenant colonels and colonels. An E5 with eight years of service and monthly basic pay of \$3,306.30, for instance, will once again have \$204.99 deducted from his or her paycheck starting next month, and an additional \$68.33 will be taken out to start paying back the deferred amounts. If the repayments had been spread over four months, the member would have seen his or her paycheck shrink by more than \$400 a month.

When the deferral was announced, military leaders advised troops to budget so that they wouldn't be caught short when they face the double whammy of having to pay back the deferred taxes at the same time as the 6.2% Social Security taxes were collected again. Financial education classes have also been made available in some locations.. The repayment extension was included in the \$2.3 trillion government funding and COVID-19 relief bill passed by Congress and signed into law Sunday by President Donald Trump. [Source: Stars & Stripes | Jennifer H. Svan | December 30, 2020 ++]

Surprise Medical Bills

Update 02: Coming to an End for Patients

One of the issues high on The Senior Citizens League’s agenda this year was putting an end to the practice of “surprise billing.” Surprise billing is when patients incur “surprise” medical bills when they unexpectedly receive out-of-network services in an emergency, or for services such as anesthesia and radiology that were provided by doctors or others who do not accept the patient’s insurance plan. Out-of-network care is usually more expensive than in-network care with higher coinsurance rates or no coverage at all.

As a result, patients have ended up with thousands of dollars in medical bills they thought were covered by their health insurance. Because of the new legislation, patients will no longer have to worry about those surprise bills. Instead, doctors are going to have to fight it out with insurance companies about how much to pay. It should be noted that transportation of a patient by a ground ambulance is not covered by the legislation and patients will still be liable for the cost if their insurance does not cover it.

In an article in Politico, it was pointed out that doctor groups have spent millions of dollars fighting to stop legislation that would end surprise billing. And it turns out their investment paid off. According to Politico, “Powerful hospital and physician groups that tied up Congress for nearly two years on how to end “surprise” medical bills saw their efforts pay off with the compromise lawmakers inserted in the giant year-end spending package.

“The health care providers — including private-equity backed physician staffing groups — chipped away at leading legislative proposals through high-profile lobbying and tens of millions of dollars’ worth of attack ads while promoting a solution that would submit their payment feuds with insurers to independent mediators.” The article continued with this: “Elizabeth Mitchell, president of the Pacific Business Group on Health, which represents large employers including Walmart and major tech companies, predicted the legislation will yield an ‘opaque, expensive bureaucratic process’ favoring ‘those with the resources to navigate that most effectively.’ ““These bills will still end up driving up premiums overall,’ Mitchell said.”

And then there is this: “One insurance lobbyist said the outcome showed how private equity-backed physician groups and hospitals dictate policy, adding, ‘For consumers, this will mean higher and higher costs, year over year, forever.’” So, while patients will no longer receive surprise bills, in the long run insurance companies may increase premiums on everyone to cover the costs. That, at least, is the opinion of insurance companies and large employers. Nonetheless, TSCL is pleased that individual patients will no longer face these unexpected and costly medical bills. [Source: TSCL Weekly Update | December 22, 2020 ++]

Car Annual Cost

New Vehicle Own and Operate Average Now \$9,561

It now costs an average of \$9,561 per year to own and operate a new vehicle, according to AAA’s latest annual driving costs study. If that amount sounds steep, it’s because it reflects every cost associated with owning and driving a new car for five years — from financing and insurance to gas and maintenance. The biggest cost of all — by far? Depreciation. AAA found that if you buy a new car, depreciation will cost you

\$3,721 per year, on average. That figure is based on the difference between the new-car purchase price and estimated trade-in value after five years and 75,000 miles.

One way to lower your car ownership costs is to choose your vehicle wisely. AAA found that the average cost to own and operate a new car varies widely by vehicle type. Here's the motor club federation's breakdown of new-car ownership and use costs by vehicle type, assuming you drive 15,000 miles annually:

- Small sedan — \$5,185 per year, on average
- Small SUV — \$5,699
- Medium sedan — \$6,054
- Hybrid vehicle — \$6,141
- Medium SUV — \$6,831
- Minivan — \$7,004
- Electric vehicle — \$7,450
- Pickup truck (half-ton with crew cab and four-wheel drive) — \$7,705
- Large sedan — \$8,013

So, choosing a large sedan like a Toyota Avalon over a small sedan like a Toyota Corolla or Honda Civic would mean you'll pay an additional \$2,828 in ownership and operating costs each year. Now, here's another way to knock thousands of dollars off your car ownership and use costs: Buy used. After all, depreciation is the No. 1 reason that Money Talks News routinely advises that folks should always buy used vehicles. "The value of a new car drops like a rock as soon as you drive it off the lot. Rather than be upside down on your car loan five minutes after signing the paperwork, look for a quality used car that has already taken the huge depreciation hit."

According to Edmunds, cars lose the greatest amount of their resale value in their first year. So, even buying a 1-year-old used car can save you thousands of dollars. To further decrease your depreciation losses, hang on to your car as long as possible. Depreciation costs generally drop off over time. Keeping your car in good working order and looking good also can minimize depreciation, helping it fetch a higher resale value when you sell it or trade it in. [Source: MoneyTalksNews | Karla Bowsher | December 16, 2020 ++]

Home Renovations

Impact on Home Value & Insurance



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

1. Renovating your roof: decrease

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

2. Building a pool: increase

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

3. Adding an office for a home business: increase

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

That said, depending on your insurance provider, you may have a few options:

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

4. Expanding your space: increase

Sometimes a home needs to grow to accommodate an expanding family. That can mean adding more livable square footage, such as in a dank basement or humid attic above the garage. In other instances, a new

addition may be in order. Your insurance will need to be altered to account for the value of the new space. You may need to consider other types of coverage for the newly built areas of your home. A finished basement with new carpet, drywall and insulation may need water backup coverage if the sump pump is located there.

5. Upgrading your kitchen or bath: both

Sometimes nothing can give a house the facelift it needs quite like making over a kitchen into a chef's dream or a master bathroom into a spa sanctuary. But unless you give your home insurance a makeover, too, the renovation may be at risk. For example, say your insurer based your coverage on a kitchen with laminate countertops and generic cabinets. But then you spend \$40,000 on granite countertops, custom cabinets and top-of-the-line appliances. Would your existing coverage be sufficient to rebuild your remodeled kitchen after a disaster? Not if you don't update your policy.

Call your insurer about the renovation and provide records and photos to validate what you've done. Your premium most likely will go up because your home is now worth more. One small bonus: If your contractor upgrades the home's electrical or plumbing systems during a kitchen or bath renovation, you could wind up with an insurance discount. Depending on the type of upgrade, it could be as much as 20%. However, you will need to ask if you qualify for a discount. It won't be given to you automatically.

-o-o-O-o-o-

Updating Home Insurance

To protect the full value of your home, you will need to update your home insurance after a renovation. To be on the safe side, you should let your insurer know before you make the renovations in case something goes wrong during the process. Even though experts estimate that remodeling projects increase home values at least by 25%, many homeowners don't increase their coverage. When you chose your insurance provider, part of your premium was established by your home's square footage and the cost that would be required to fix or rebuild it. This means that when you increase the value of your home, you also need to increase the cost of your coverage.

Without increased coverage, should a disastrous event occur, any improvements you've made will not be covered. Another thing you need to consider is that If you make significant improvements outside of your home, meaning you add structures like a high-end shed or pool, they will not be covered unless you purchase add-on coverage for other structures.

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

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

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

[Source: MoneyTalksNews | Bankrate.com | June 4, 2020 ++]

Deficit Reduction

13 Options That Could Cost You Thousands of Dollars

Every two years, just before a new Congress is sworn in, the Congressional Budget Office (CBO) releases a report offering ways the incoming legislators could tackle the nation's growing budget deficit. But while this year's version calculates potential savings over five- and 10-year windows from 2021 to 2030, it does little to nothing to calculate what these options would mean for the bottom line of those in the crosshairs. When it comes to servicemembers, retirees, and veterans, the Military Officers Association of America (MOAA) has attempted to fill in those gaps.

The CBO's deficit-cutting proposals are consistent over the years, even predictable. But the current fiscal climate, combined with uncertainties highlighted by a pandemic nearing its first year, are far from normal and nowhere near predictable. While many government agencies are not fans of these options — several may seem too extreme — the harsh reality of our national debt, combined with a \$3.3 trillion deficit, may redefine tolerance for the measures offered by the CBO. And it is worth noting the CBO provides these options with no recommendations as to their use.

The list includes options to reduce mandatory and discretionary spending, along with plans to increase federal revenue. Of the 83 options, MOAA identified 13 you should know – items that, if enacted, could cost retirees, veterans, or those now in uniform quite a bit, all in the name of finding solutions to reduce our national deficit. Here's the focused list by category:

Mandatory Spending

- Introduce Enrollment Fees Under TRICARE for Life
- Increase Premiums for Parts B and D of Medicare (Part B key to MOAA's interests)
- Raise the Full Retirement Age for Social Security
- End VA's Individual Unemployability Payments to Disabled Veterans at the Full Retirement Age for Social Security
- Reduce VA's Disability Benefits to Veterans Who Are Older Than the Full Retirement Age for Social Security
- Narrow Eligibility for VA's Disability Compensation by Excluding Veterans With Low Disability Ratings (30% and lower)
- Use an Alternative Measure of Inflation to Index Social Security and Other Mandatory Programs (what's known as "chained CPI" – a move that would change the cost-of-living adjustment calculation for retired pay)

Discretionary Spending

- Reduce the Department of Defense's Budget

- Cap Increases in Basic Pay for Military Service Members (Employment Cost Index, or ECI, minus 0.5%)
- Reduce the Basic Allowance for Housing to 80 Percent of Average Housing Costs
- Reduce the Annual Across-the-Board Adjustment for Federal Civilian Employees' Pay

Revenues

- Include Disability Payments From the Department of Veterans Affairs in Taxable Income
- Increase the Payroll Tax Rate for Social Security

Capping Pay Increases

This proposed option caps basic pay raises for all eight of our uniformed services at 0.5% below the ECI starting in January 2022 and continuing through 2027. Note that the current pay raise slated for the FY 2022 National Defense Authorization Act (NDAA), which would affect pay starting Jan. 1, 2022, sits at 2.7%. Let's look at what this option would mean for an E-7 with 16 years in service on January 2022, assuming she makes E-8 in January 2024 and retires on Jan. 1, 2028:

- For her last six years in uniform, she loses \$6,840. But it gets worse.
- Because of those losses, she'll start out \$1,700 behind in her first year of retirement pay (as calculated by the average of her last 36 months, or High-3).
- Assuming an average ECI at 2.5% (then subtracting 0.5%, per the CBO proposal) and a 2.5% COLA, she'd lose a total of \$44,000 over the next 20 years.

Reducing BAH

The proposal to reduce the Basic Allowance for Housing (BAH) to 80% of average housing costs would increase the out-of-pocket share paid by uniformed servicemembers by 15 percentage points (DoD covers 95% now, a figure that had been at 99% before other recent changes). The reductions would take place over nine years, with 1.7 percentage points knocked off each year. It sounds minor, but at the end, here are two examples of the impact on our servicemembers:

- For a Marine E-7 with kids stationed in San Diego, the \$3,165 monthly benefit becomes \$2,665, a loss of \$6,000 per year.
- For an Army O-5 with kids serving at the Pentagon, the \$3,144 monthly benefit becomes \$2,647, a loss of \$5,964 per year.

This benefit cut is more than just financial: Servicemembers seeking to live within their new financial means will find smaller houses in worse neighborhoods with longer commutes. This lower quality of life would lead to a lower retention rate. For more on previous attempts to overhaul BAH with negative impacts to servicemembers, check out this MOAA video from 2017 at <https://youtu.be/kiBXDVtnVXc>

-o-o-O-o-o-

These two examples -- pay caps and BAH reductions -- bring the CBO's options to the kitchen table, where our servicemembers and their families will discuss the impact to them and their quality of life ... and likely their thoughts on whether to stay in the service or build their future elsewhere. Stay tuned for deeper analysis on other report items. MOAA will not stand idly by while the new Congress gets read in on these options. It will be up to us to engage them here on the Hill, and for our members -- either individually or through our councils and chapters -- to engage them back home. Future analyses will be accompanied with calls to action as soon as the 117th Congress is sworn in and the furniture and boxes are out of the hallways.

[Source: MOAA Newsletter | Col. Dan Merry, USAF (Ret) | December 23, 2020 ++]

Freebie Scams

"Like" to Win? Think Twice Before Entering

Who doesn't want \$500 in gift cards, free groceries, or designer clothes? When budgets are tight, it's easy to be tempted by a phony social media giveaway. But before you "like" or comment on a social post in hopes of winning a prize, make sure that giveaway is the real deal.

How the Scam Works:

- You see a post promoting a giveaway on Facebook, Instagram, or other social media platform. In order to win \$500 in groceries or another substantial prize, all you need to do is comment on the post, and you'll be entered in the drawing.
- Sounds easy, right? The catch is that many of these "giveaways" don't really exist. They are created by scammers as a way of accumulating as many social media "likes" and comments as possible.
- As with many scams, this technique, known as "like-farming," has several different aims. Often, the giveaway post itself is initially harmless – albeit fake. But when the scammer collects enough likes and shares, they will edit the post and add something malicious, such as a link to malware. Other times, once scammers reach their target number of likes, they strip the page's original content and use it to promote spammy products or sell it on the black market.

Protect yourself from phony giveaways:

- Look for the blue checkmark. Many social media platforms verify pages from brands and celebrities so that users can tell real pages from copycats. Make sure you look for that trust mark before liking and sharing content.
- Watch out for new accounts. If you think a giveaway is real, click on the business or celebrity's profile. If it's a new account with very little other content, that's a big red flag.
- The giveaway asks you to complete too many tasks. If a giveaway asks you to comment on multiple posts, follow several accounts, and tag a couple of brands, it becomes almost impossible to keep track of everyone participating and pick a winner at random (as required by law).
- There are no terms and conditions. Online giveaways should include contact details of the organizer, how to take part, how the winner will be selected, and eligibility requirements. If you don't see information, that's an instant red flag.

For More Information

For more about sweepstake scams, [read these tips](#) from the Federal Trade Commission. If you've been the victim of this or a similar scam, report it to [BBB Scam Tracker](#). Your report can help educate other consumers by raising awareness of scammers' tactics.

[Source: BBB Scam Alerts | December 18, 2020 ++]

Fraudulent Charge Scam

Beware Phony Notification's

Want some advice about scams? Stay calm. Con artists use that feeling of alarm to trick victims to acting before they can think. [BBB Scam Tracker](#) is seeing reports of a con that claims that your Amazon, PayPal, or other account has been compromised. Scammers hope you'll panic and fall for their scheme.

How the Scam Works:

- You receive an email, call, or text message informing you there's been suspicious activity in your bank or another account, such as Amazon, Netflix, or PayPal. You need to take immediate action to prevent your account from being compromised or to avoid being charged for a fraudulent purchase. Don't fall for it!
- The email version of this con uses the company's logo, colors, and language to make the message look just like an official alert. A link in the message leads to website that asks for your account number, login and password information, or even your Social Security or Social Insurance number. If you share this information, you could become the victim of identity theft and fraud.
- In the phone version, the caller claims to have noticed an expensive charge, which you didn't make, on your account. Some victims told BBB Scam Tracker that the caller pushed them to download phony "security software" to their phone or computer. This is really malware, which gave scammers access to sensitive information, such as passwords, stored on their devices. In other versions, the caller insists you need to buy pre-paid gift or debit cards in order to reverse the fraudulent charges and secure your account.

How to Spot this Con:

- Be extra cautious with unsolicited calls, emails, and texts. Don't be quick to believe claims from unsolicited communications.
- Understand how businesses handle communications. If you know how disputes and suspicious activity is handled, it will be easier to spot a scam. For example, PayPal clearly states that they will never send you an email asking you for sensitive information like your password or ask you to download attachments or software.
- Look into the claims. Don't take action without first verifying the claims. Log into your account or look up the company's official phone number (check your bill or welcome email) and call them to confirm that there really is a case of suspicious activity associated with your account before you decide what to do.
- Don't panic and don't feel intimidated. Scammers want you to panic. They may use [intimidation tactics](#) to pressure you into giving up your personal information or making payments. Legitimate businesses will not intimidate you in this way. Stay calm and think things through before you act.
- Never give your personal information to strangers. If you aren't speaking or corresponding with someone you know and trust, don't give them sensitive information.

For More Information

On BBB.org, read more about [scams impersonating Amazon](#) and how to [protect yourself from phishing cons](#). If you've been the victim of this or a similar scam, report it to BBB Scam Tracker. Your report can

help educate other consumers by raising awareness of scammers' tactics. Amazon, Netflix, and Paypal are BBB Accredited Businesses.

[Source: BBB Scam Alerts | December 11, 2020 ++]

COVID-19 Scams

Update 05: Scammers Cash in on New COVID Relief Check News

The new pandemic relief bill includes stimulus checks (or direct deposit) for most Americans, and scammers are already taking advantage of the news. BBB Scam Tracker has reports of con artists claiming that you need to either pay for your stimulus check or provide personal information to receive it. Watch out for scam calls as this new government initiative rolls out.

How the Scam Works

- As always, there are several versions of this con. BBB Scam Tracker has received reports from people contacted through text message, email, and phone calls about the new COVID-19 stimulus checks.
- According to BBB Scam Tracker reports, watch out for email or text messages instructing you to click a link to "request benefit payments." The link will take you to an application, which prompts you to enter information in order to "make sure you are getting all the payments owed to you." Of course, this "application" is really a way to phish for personal details and opens you up to risk of identity theft.
- In a phone variation, the scammer pretends to be calling from a government agency. The con artist insists you need to pay money - or "confirm" your personal information - before you can receive your stimulus check. Other times, scammers claim that you can get additional money or even receive your funds immediately. All you need to do is pay a small "processing fee" through a pre-paid debit card.

Protect yourself from government imposters:

- Stay calm. If you receive any of these impostor calls, resisting the urge to act immediately, no matter how dramatic the story is. Scammers try to get you to act before you have a chance to think.
- Don't reply directly. Don't respond to the call, text, or email. If you think the message may be real, find the government agencies' contact information on their website and contact them directly.
- Check for look-alikes. Be sure to do your research and see if a government agency or organization actually exists. Scammers often make up names of agencies and/or grants.
- Do not pay any money for a "free" government grant or program. If you have to pay money to claim a "free" government grant, it is not really free. A real government agency will not ask you to pay an advanced processing fee. The only official list of all U.S. federal grant-making agencies is Grants.gov.

For More Information

Read more about government grant scams in this [BBB tip](#). For more information about scams in the wake of coronavirus, see [BBB.org/Coronavirus](https://www.bbb.org/coronavirus). If you've been the victim of this or a similar scam, report it to [BBB Scam Tracker](#). Your report can help educate other consumers by raising awareness of scammers' tactics.

[Source: BBB Scam Alerts | December 23, 2020 ++]

Tax Burden for Louisiana Retired Vets

As of DEC 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 the state of Louisiana:

Sales Taxes The Louisiana state sales tax rate is 4.0% which is lower than 92.3% of states, and the average LA sales tax after local surtaxes is 8.91%.

- Groceries are exempt from the Louisiana sales tax as are prescription drugs, electricity, natural gas, and water sold directly to the consumer for residential use.
- Unlike many states, Louisiana treats both candy and soda as groceries for sales tax purposes. Other items including gasoline, alcohol, and cigarettes are subject to various Louisiana excise taxes in addition to the sales tax.
- Sales tax applicable to the sale of cars, boats, and real estate sales may vary by jurisdiction.
- Counties and cities can charge an additional local sales tax of up to 7%, for a maximum possible combined sales tax of 11%
- Parishes (equivalent to counties) and cities in Louisiana are allowed to charge an additional local sales tax on top of the state sales tax. Baton Rouge, for example, has a 5% city sales tax on top of the Louisiana sales tax.
- Louisiana has 667 special sales tax jurisdictions with local sales taxes in addition to the state sales tax. Refer to <http://www.tax-rates.org/louisiana/sales-tax-by-county> for those rates.
- Louisiana has five sales tax holidays, during which certain items can be purchased sales-tax free. For more details, see the Louisiana sales [tax holiday calendar](#).

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 Louisiana 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 Kentucky Sales Tax. The Louisiana 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. Louisiana's excise taxes, on the other hand, are flat per-unit taxes that must be paid directly to the Louisiana government by the merchant before the goods can be sold. Even though excise taxes are collected from businesses, virtually all Louisiana merchants pass on the excise tax to the customer through higher prices for the taxed goods. Louisiana collects an average of \$575 in yearly excise taxes per capita, higher than 76% of the other 50 states.

- **Alcohol:** Liquor \$2.50 per gal | Wine: \$0.11 per gal | Beer: \$0.32 per gal. The excise tax on liquor one of the lowest liquor taxes in the country and is ranked #43 out of the 50 states. The excise tax on wine is one of the lowest in the country and is ranked #45 out of the 50 states. The excise tax on beer is ranked #19 out of the 50 states.
- **Cannabis Tax:** none

- **Cellphone:** The average tax collected on cell phone plans in Louisiana is \$6.28 per phone service plan, one of the lowest cellphone taxes in the country. Louisiana's average cellphone tax is ranked #44 out of the 50 states. The Louisiana 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"
- **Cigarettes:** The Louisiana excise tax on cigarettes is \$0.36 per 20 cigarettes, one of the lowest cigarettes taxes in the country. Louisiana's excise tax on cigarettes is ranked #48 out of the 50 states. The Louisiana cigarette tax of \$0.36 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
- **Fuel:** The Louisiana excise tax on gasoline is 20¢ per gallon, one of the lowest gas taxes in the country. Louisiana's excise tax on gasoline is ranked #41 out of the 50 states. The Louisiana gas tax is included in the pump price at all gas stations in Louisiana. This is in addition to the federal excise tax of 18.4¢ per gallon on gasoline and 24.4¢ per gallon, on diesel. The gas tax is included in the pump price at all gas stations. For all state and federal taxes by type of fuel refer to <https://www.salestaxhandbook.com/vermont/gasoline-fuel>
- **Vehicle:** Louisiana 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 Louisiana Department of Transportation and receive documentation (registration and title papers) proving the fees were paid.

Personal Income Taxes

Louisiana collects a state income tax at a maximum marginal tax rate spread across tax brackets. Like the [Federal Income Tax](#), Louisiana's income tax allows couples filing jointly to pay a lower overall rate on their combined income with wider tax brackets for joint filers. Notably, Louisiana has the highest maximum marginal tax bracket in the United States. You can deduct tax paid to local jurisdictions like parishes or municipalities. Unlike other states which have explicit standard deductions and personal exemptions, Louisiana has a combined exemption that serves as both a standard deduction and personal exemption. The average family pays \$1,060.00 in Louisiana income taxes

Tax Rate Range: Low - 2%; High - 6%

Income Brackets: Three: For single filing \$0 to \$12,500 at 2%; 4% on next \$12,501 to \$50,000 at 4 %, above \$50,000 at 6%. For joint returns, the taxes are twice the tax imposed on half the income.

Personal Exemptions: Single, Married, blind, and 65 and older included in filing status on tax tables

Standard Deduction: Included in filing status on tax tables

Medical/Dental Deduction: None

Federal Income Tax Deduction: Full. Deduct from state taxable income.

Retirement Income Taxes: Social Security benefits received are not taxed. Persons 65 years or older may exclude up to \$6,000 of annual retirement income from their taxable income. Taxpayers that are married filing jointly and are both age 65 or older can each exclude up to \$6,000 of annual retirement income. If only one spouse has retirement income, the exclusion is limited to \$6,000. Federal retirement benefits received by federal retirees, both military and nonmilitary, may be excluded from Louisiana taxable income. Individuals receiving benefits from certain retirement systems (shown when you click the following detail link) are allowed to exclude those benefits from their Louisiana tax-table income. In addition, deferred income from the municipal and state police employee's retirement is exempt from state income tax. Refer to <http://www.rev.state.la.us/sections/FAQ/default.aspx?type=GEN&cat=PER#faq-277> or call 225-219-0102 for details or more information

Retired Military Pay: Not taxed.

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

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

Military SBP/SSBP/RCSBP/RSFPP: Generally subject to state taxes for those states with income tax. Check with state department of revenue office as not mentioned specifically on their website.

Delinquent Fee: For individual income tax, the delinquent payment penalty is one-half of one percent for each 30-day period that the failure to pay continues, not to exceed 25 percent of the total tax.

Website: <http://www.revenue.louisiana.gov> & <https://www.revenue.louisiana.gov/IndividualIncomeTax>
Louisiana Department of Revenue.

Tax Forms:

- ITi-540 2019 Instructions [http://revenue.louisiana.gov/TaxForms/IT540i\(2019\).pdf](http://revenue.louisiana.gov/TaxForms/IT540i(2019).pdf)
- IT-540 2019 Louisiana Resident Income Tax Return
[http://revenue.louisiana.gov/TaxForms/IT540-WEB\(2019\)F.pdf](http://revenue.louisiana.gov/TaxForms/IT540-WEB(2019)F.pdf)
- Louisiana 2019 Tax Tables [http://revenue.louisiana.gov/TaxForms/IT540iTT\(2019\).pdf](http://revenue.louisiana.gov/TaxForms/IT540iTT(2019).pdf)
- All Tax forms <http://www.revenue.louisiana.gov/Forms/ForIndividuals>

Property Taxes

The median property tax in Louisiana is \$243.00 per year for a home worth the median value of \$135,400.00. Counties in Louisiana collect an average of 0.18% of a property's assessed fair market value as property tax per year. Louisiana has the lowest median property tax rate in the United States. Louisiana's median income is \$54,216 per year, so the median yearly property tax paid by Louisiana residents amounts to approximately 0.4% of their yearly income. Louisiana is ranked 50th of the 50 states for property taxes as a percentage of median income. The exact property tax levied depends on the county in Louisiana the property is located in. [St. Tammany Parish](#) collects the highest property tax in Louisiana, levying an average of **\$1,335.00** (*0.66% of median home value*) yearly in property taxes, while [St. Landry Parish](#) has the lowest property tax in the state, collecting an average tax of **\$202.00** (*0.25% of median home value*) per year. For more localized property tax rates, find your county on the property tax map of Louisiana at <http://www.tax-rates.org/louisiana/property-tax#Counties>.

Taxes are assessed and collected at the local level — 64 parishes and 7 municipal districts. The Louisiana State Tax Commission has a regulatory role regarding property assessments. Property assessments are based on 10% of the fair market value of the property. Homeowners receive a homestead exemption in the amount of \$7,500. Exemption is applied against the assessed value of the home which is equal to 10% of the fair market value. Therefore, only homes with a market value over \$75,000 would be subject to the parish (county) property tax. However, this exemption does not generally apply to municipal taxes.

A Special Assessment applies to the homestead of persons who are 65 years of age and older if the adjusted gross household income is below a certain level. For the tax year 2016, that level was \$71,491. The level may change from year to year, so it is advisable to check with the assessor's office to determine whether you qualify. This special assessment will freeze the assessed value of the homestead

for as long as the applicant owns and resides in the home and income does not exceed the maximum allowed. It will be lost if improvements in excess of 25% of the home's value are added. Call 225-925-7830 for details.

Inheritance and Estate Taxes

Effective January 1, 2008, the inheritance tax is not applicable to deaths that occur after June 30, 2004. See [Acts 2008, No. 822](#). Louisiana does levy an estate transfer tax. [Revised Statute 47.2436](#) requires that an estate transfer tax return be filed by or on behalf of the heirs or legatees in every case where estate transfer tax is due or where the value of the deceased's net estate is \$60,000.00 or more. See <http://www.legis.state.la.us/lss/lss.asp?doc=101637> . For more information call 225-219-7462.

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>.

-o-o-O-o-o-

For further information, visit the [Louisiana Department of Revenue](#) site or call 255-219-0102. Additional information can be found at the [Louisiana Tax Commission](#) site and in the Louisiana Tax Fact Booklet – [click here](#).

[Source: <http://www.retirementliving.com/taxes-kansas-new-mexico#Louisiana> | December 2020 ++]

VA Mortgages

5 Tricky Tactics Some Lenders Use To Confuse Borrowers

For active service members and military veterans, VA loans provide a valuable perk. But borrower beware — federal regulators say some lenders bombard current and former soldiers with breathless come-ons, too-good-to-be-true rates and phony deadlines. The U.S. Consumer Financial Protection Bureau this year cracked down on nine VA lenders for making misleading claims to potential customers. The alleged ploys included understating interest rates, touting fictional escrow rebates and mislabeling variable rates as fixed.

The CFPB's enforcement sweep came as the volume of mortgages backed by the U.S. Department of Veterans Affairs has exploded. No longer a niche product, VA loans have entered the mainstream of the mortgage market. VA loans once accounted for just 2 percent of mortgages. Now, they make up 10 percent of mortgage volume, says Chris Birk, director of education at Veterans United Home Loans. For active service members and military veterans, VA loans boast a number of advantages — the mortgages require no down payment and impose loose requirements around credit scores, allowing veterans to accelerate their homebuying schedules. However, fees can be steep.

The surge in popularity comes with a downside: Some private companies that originate VA loans engage in unsavory marketing practices. As part of its enforcement action, the CFPB sanctioned nine VA lenders. Sovereign Lending Group, Prime Choice Funding, Go Direct Lenders, PHLoans, Hypotec, Service 1st Mortgage, Accelerate Mortgage, ClearPath Lending and Low VA Rates entered into consent orders.vAs

part of the regulatory process, the lenders neither admitted nor denied the CFPB's allegations. Eight of the lenders paid six-figure penalties. The ninth, Low VA Rates, agreed to pay \$1.8 million. Low VA Rates, the largest of the nine lenders sanctioned by the CFPB, declined to comment. It issued 7,150 loans in 2020, ranking 31st among VA lenders for the fiscal year. Based on Bankrate's review of court papers filed in those cases, here are five tricky tactics to watch out for:

1. That low rate? It might be too good to be true.

In one example, Accelerate Mortgage in 2018 advertised a VA cash-out refinance loan with a fixed rate of 3.75 percent. In fact, the CFPB said, the lowest available rate at the time for a VA cash-out refinance loan offered by Accelerate was 4.875 percent. In another example, Sovereign claimed in 2018 that borrowers would pay an annual percentage rate (APR) of 3.5 percent. The actual figure was 3.75 percent, the CFPB said. Similarly, Prime Choice touted APRs of 2.99 percent, when the true number was north of 3.26 percent, the CFPB said. Service 1st advertised an APR of 2.61 percent; the correct figure was 3.39 percent. Another common ploy involved marketing low rates available only to borrowers with pristine credit scores as if the rate were available to everyone, the CFPB said.

2. That promise of 'no closing costs'? Probably bogus.

Accelerate sent advertisements to more than 7,000 consumers dangling the possibility of "No Closing Costs." In fact, the CFPB said, such an offer didn't exist. "All VA loans have closing costs, and Accelerate has never closed a VA loan without closing costs," the CFPB said in a court filing. No marketing claim can wave away such expenses as the appraisal fee, the credit check, title insurance, origination fees or, where applicable, state taxes.

3. That letter that looks like it's from the IRS? It's not.

VA loans are backed by Uncle Sam, and the mortgages are made available to borrowers who have served in the military. However, no one at the Pentagon or the Treasury directly markets VA loans. That task falls to the private sector. VA lenders are private companies and independent of the federal government. However, the CFPB says, many of the companies cited in its crackdown used wording and imagery to make it seem as if they had close ties to the VA, the IRS or the Federal Deposit Insurance Corp.

Accelerate, for instance, made it seem as if its promotions were coming directly from the IRS, the CFPB says. The lender copied the IRS's distinctive format for the tax year by using a typeface with block letters showing the first two digits in outlined white and the last two digits in black, regulators said. (An executive of Accelerate Mortgage told Bankrate the company had no intention of impersonating the IRS, and that its logo clearly appeared on the mailing.) Accelerate also claimed to be "member FDIC," something the CFPB said was not true. (Accelerate Mortgage said the claim was a mistake that it corrected as soon as it spotted the error.)

4. That limited-time offer? VA benefits don't expire.

Once a veteran, always a veteran — so be skeptical of claims that your eligibility for a VA loan program is up against an imminent deadline. For example, an Accelerate ad in 2019 claimed: "This VA Cash-Out program is available to Veterans like you! This offer is available to you through July 15, 2019." The deadline conveyed a sense of urgency, but the timetable was meaningless. "In fact, that representation was false because a veteran's eligibility for and access to the benefits of a VA loan never expire," the CFPB said.

5. No, you're not really delinquent on your loan.

Only a tiny share of VA borrowers fell behind on their payments in 2019. Even so, Sovereign sent 237,000 mailers that year with all-caps warnings about “LATE PAYMENTS.” The misleading marketing materials had nothing to do with the actual status of recipients’ accounts. The language was designed to startle recipients into reading the sales pitches, the CFPB said. Two of the lenders sanctioned by the CFPB told Bankrate they settled their cases because they couldn’t afford protracted battles with the federal government.

Most of the lenders did not respond to Bankrate’s requests for comment, or declined to comment. “We vigorously denied their assertions,” said Jeff Brohawn, chief operating officer of Accelerate Mortgage. “We continue to deny that we violated any applicable laws or regulations.” He said Accelerate Mortgage had no intent to mislead consumers but did make “some unintentional errors” in its marketing materials. The company settled “to avoid the considerable cost” of fighting the CFPB’s charges, Brohawn said. The company has adjusted its marketing materials to comply with the consent order, he said. Service 1st President Robert Cole similarly said in a written statement that his company settled with regulators “to avoid the considerable cost of defending its position in court.” “Service 1st continues to maintain that they violated no applicable laws or regulations,” Cole wrote.

[Source: Bankrate | Jeff Ostrowski | December 29, 2020 ++]

* General Interest *



Notes of Interest

16 thru 31 DEC 2020

- **VARO Manila.** VA Clinic Mgr. Daniel Gutkoski advises if and when they receive the COVID-19 vaccine, it will be provided to only veterans, not family members. Unknown if older vets will be first receiving the vaccine. Also, as of 6 NOV the Foreign Medical Program (FMP) was processing claims received on 24 JUL 20.
- **VARO Manila Appointments.** Primary and Specialty Doctors appointments are being scheduled at the Manila VA Clinic. Their telephones are now operating from 08-1500 M-F. They are providing an option to schedule a telephonic or video interview utilizing the ‘wait while’ scheduling application.
- **Lung disease.** In 2018, there were more than 36 million people in the United States living with chronic obstructive pulmonary disease (COPD), asthma, and other chronic lung diseases. A 2016 [study](#) led by VA found an increase in lung disease among Veterans who served in Iraq and Afghanistan.
- **Christmas at Longwood Gardens.** Check out the 8 min video at <https://youtu.be/xjRUbwT6zno> with relaxing music that brings the world class Christmas displays at Longwood Gardens to life. It was created to bring a few minutes of calm to friends and family during the busy holiday season.

- **NATO.** As the U.S. military scrambles to meet a mid-January deadline to draw down to 2,500 troops in Afghanistan, a milestone in the conflict has passed almost unremarked: The combined NATO force on the ground now outnumbers the U.S. contingent.
- **Baby Oil.** If you have a document shredder keep things running smoothly with an occasional oiling. Put a couple of pieces of paper on a baking sheet and squirt on some baby oil. Once the paper has absorbed the oil, run it through the shredder.
- **TRICARE Select.** If you didn't enroll by 31 DEC you have 180 days to reenroll. You must contact your regional contractor to request reinstatement. You're also responsible for all enrollment fees dating back to Jan. 1, 2021. If you don't take action, you'll only be able to get care from a military hospital or clinic if space is available.
- **AntiCancer Vitamin.** TruthInAdvertising.org has found that Amazon steers customers to purchase the phony vitamin, B17, which is another name for amygdalin, a chemical constituent of apricot pits that was [debunked in the 80s](#) as an “alternative” cancer treatment. In 2019, after customers had complained of “severe poisoning,” the FDA arrested a U.S.-based apricot seed vendor for repeatedly refusing to stop selling his products as a cancer cure in violation of a court order.
- **117th Congress.** When elected officials gather on Capitol Hill to formally convene the 117th Congress on 3 JAN, they'll do so with 91 veterans among their ranks, the lowest total since at least World War II. 17 will serve in the Senate, 74 will serve in the House of which 28 are Democrats, 63 are Republicans. 13 served in the military in the 1960s or earlier and 50 served in the military after 2000.

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

Confederate Monument Controversy

Update 01: National Park Service Sites Excluded from Removal



The Alabama memorial at the Gettysburg National Military Park in Pennsylvania & the Emancipation Memorial in Boston

Confederate symbols immortalized in bronze at National Park Service sites dodged a bullet this week. The final version of the fiscal 2021 spending package excluded language pushed by House Democrats that would remove the monuments from those sites. Republicans had described the provision as a “poison pill” and “veto bait,” given President Donald Trump’s opposition. But Democratic supporters say dropping the provision represents a temporary truce rather than a white flag on their part. The Senate cleared the spending bill 21 DEC.

House Interior-Environment Appropriations Subcommittee Chairwoman Betty McCollum (D-MN) lamented the absence of the monument provision. “I am disappointed that Senate Republicans and President Trump refused to include House-passed provisions to remove hateful Confederate symbols from our national parks as a step toward confronting our nation’s legacy of racial injustice,” McCollum said in a statement. “I look forward to working with the Biden administration to pursue these critical provisions in the next Congress.”

At the heart of the issue are National Park Service sites commemorating Civil War battlefields such as Gettysburg that include monuments honoring Confederate soldiers who fought and died there. Such monuments have come under renewed criticism as the country wrestles with questions of racial justice and dark aspects of its history. Speaker Nancy Pelosi called for Confederate statues at the Capitol to go. Earlier in the week, the statue of Confederate Gen. Robert E. Lee was removed from the Capitol’s crypt. Language in an appropriations package passed by the House earlier this year that included Interior-Environment spending and other measures would require the National Park Service to “remove from display all physical Confederate commemorative works, such as statues, monuments, sculptures, memorials, and plaques” within 180 days. It also would bar the service from purchasing or displaying a Confederate flag “with the exception of specific circumstances where the flags provide historical context.”

Sen. Cindy Hyde-Smith (R-MS) has described the monument removal language as outside the jurisdiction of the House Appropriations Committee. The Vicksburg Post quoted Hyde-Smith criticizing the House for including an “obscure provision” in a larger package rather than attempting to amend the National Historic Preservation Act. “If enacted, this provision would effectively remove the names from the headstones of thousands of soldiers and civilians who died in one of the most decisive battles in Civil War history,” Hyde-Smith said, according to the newspaper. “This is not anything I can support.” Trump has threatened to veto the defense policy bill in part over objections to renaming U.S. military bases that honor Confederates.

Democrats said they decided the monuments language wasn’t worth risking a government shutdown, particularly with Trump’s imminent departure from the White House. They say Biden could take executive action or quietly support including the same proposal in next year’s spending bills. The Biden transition team did not respond to a request for comment about the issue. But Biden was asked generally about such monuments during a June news conference. At that time, he made a distinction between recognizing slave-owning founding fathers such as George Washington and Thomas Jefferson and honoring those who committed treason by rebelling against the Union in an effort to preserve slavery. “I think all those Confederate monuments to Confederate soldiers and generals, etc., who strongly supported secession and the maintenance of slavery and going to war to do it, I think those statues belong in museums,” Biden said at the time. “They don’t belong in public places.”

A statue of Abraham Lincoln with a freed slave appearing to kneel at his feet — optics that drew objections amid a national reckoning with racial injustice — has been removed from its perch in downtown Boston. Workers removed the Emancipation Memorial, also known as the Emancipation Group and the Freedman’s Memorial, 29 DEC from a park just off Boston Common where it had stood since 1879. City officials had agreed in late June to take down the memorial after complaints and a bitter debate over the design. Mayor Marty Walsh acknowledged at the time that the statue made residents and visitors alike “uncomfortable.” The bronze statue is a copy of a monument that was erected in Washington, D.C., three

years earlier. The copy was installed in Boston because the city was home to the statue's white creator, Thomas Ball.

It was created to celebrate the freeing of slaves in America and was based on Archer Alexander, a Black man who escaped slavery, helped the Union Army and was the last man recaptured under the Fugitive Slave Act. But while some saw the shirtless man rising to his feet while shaking off the broken shackles on his wrists, others perceived him as kneeling before Lincoln, his white emancipator. [Source: Stars & Stripes | Joseph Morton CQ-Roll Call / William J. Kole | December 23 & 29, 2020 ++]

Map Comparisons **Los Angeles County vs. U.S.**



Blue States Have A Smaller Population Than Los Angeles County.

Covid-19 Victims

Update 02: Island Nursing Home Loses 13



Maria Reddaway's daughter thought if her mother could survive growing up in Nazi Germany, she could survive the COVID-19 pandemic, too. But earlier this month, Reddaway, 91, became one of 13 residents to die from the disease in an outbreak at Island Nursing Home in Deer Isle, which has become the site of Maine's fourth largest outbreak at a long-term care facility. All 62 residents as well as 31 staff members have tested positive for COVID-19 since late November. Maria Mishkind said her mother weathered tough times as a girl growing up in Germany. Reddaway became a teenager during World War II, and lost all her

teeth due to malnutrition. "She's tough," said Mishkind, who lives in Sedgwick. "I thought if she could make it through that, she could make it through this."

As Allied forces advanced into Germany toward the end of the war, U.S. troops arrived in Reddaway's village of Goldbach in the spring of 1945, just before the Battle of Aschaffenburg. A U.S. Army soldier drove a tank into Reddaway's yard, frightening the girl and her family, and motioned for Reddaway to come toward him. Her mother screamed "please don't hurt her," Mishkind said, but the soldier handed her a large wedge of cheese to take to her family. "She knew then they were there to help her," she said of her mother's attitude toward the U.S. troops. At one point, an American fighter plane was shot down in her town, Mishkind said. Reddaway and her friends were impressed by the surviving pilot, who sported a bomber jacket and a gold watch.

A few U.S. soldiers lived in Reddaway's house for a while but were always very respectful to the girl and her family, Mishkind said. The Americans gave them food, drink and security while a few miles away in Aschaffenburg, the desperate Nazis were using hangings to motivate German soldiers and citizens to fight the Allied advance. After the war, Reddaway married an American soldier and then immigrated to the U.S. in 1952 with him and their son, Mishkind's older brother. She did not speak English at the time, but was immersed in American culture living at Fort Benning in Georgia. She learned to speak English and cook turkey at Thanksgiving — though the first time she neglected to take out the bag of giblets inside the bird before she put it in the oven, her daughter said.

She became an American citizen in 1969. "She loved America," Mishkind said. "The horrific Nazi tactics, coupled with mom's great personal wartime losses versus the generosity and respect shown to her by the American soldiers forever cemented an image of the American savior in her mind. Mom left this earth as one of the most patriotic Americans I have ever known." Reddaway moved in with her daughter and son-in-law in 2008, when they lived in Florida, as her dementia became apparent. She moved with them to Maine a few years ago, and had lived at Island Nursing Home for two years. She couldn't communicate well, though she could speak, Mishkind said.

When the nursing home went into lockdown in March, after Maine saw its first COVID-19 cases, Mishkind said her mother otherwise was in relatively good health and remained healthy through Thanksgiving. Mishkind resumed her visits to the nursing home this past summer, though they took place outside and she and her mother had to stay on opposite sides of a fence. Then on Thanksgiving, a few days after the nursing home detected its first positive COVID test, the nursing home told Mishkind her mother also had tested positive. "It was devastating," said Mishkind, whose husband is a doctor at Northern Light Blue Hill Hospital. "I knew what the impacts could be. They had done so well."

The nursing home had done what it could to keep the coronavirus out, Mishkind said, letting only staff come and go from the building and screening both staff and residents. The home passed a state inspection in June aimed at determining whether it was following rules meant to prevent the spread of COVID-19. Nursing home officials have said that the outbreak occurred after an asymptomatic staff member unknowingly introduced the disease into the facility. Direct visits were no longer allowed after the nursing home got its first positive test result, but Mishkind said the staff kept her "well informed" on how her mom was doing and helped them keep in touch, connecting mother and daughter on the phone or via video chat.

Reddaway initially was asymptomatic when she tested positive, but later developed gastro-intestinal discomfort, Mishkind said. She then became lethargic and slept a lot, but appeared comfortable. She died

in her sleep just after midnight on 9 DEC. "She wasn't struggling," her daughter said. "She wasn't in any pain."

Janet Rice, a Deer Isle resident, said it was an adjustment to visit her husband, Marshall Rice Jr., at the nursing home after it went into lockdown in March. He, too, suffered from dementia, she said, and couldn't communicate on the phone. She resorted to sending him cards, which the staff set aside for three days before giving them to him as a precaution against spreading the disease. Rice said she started visiting her husband again in June, having her temperature taken when she arrived and then staying 6 feet apart and wearing a mask during their outside visits.

Her husband suffered from Parkinson's disease and died of kidney failure in early September — more than two months before the nursing home received its first positive test result. "I'm thankful he passed before it got to this point," she said. It was "very difficult" not being able to visit in the spring and then having to socially distance during her half-hour visits this summer, she added. "I just pray for them," Rice said of the staff. "I just can't imagine what it's like as a caregiver, under these conditions. It's a hard enough job as it is."

Some residents have lived there for many years, and some employees are related, representing multiple generations of area families who have worked at the 70-bed nursing home and assisted living center, said Matthew Trombley, Island Nursing Home's executive director. "It's like losing our own grandmother or grandfather," he said of losing residents. "We have staff who have taken it very hard." As challenging as the situation has been — the nursing home even got training and cleaning assistance from the Maine National Guard for a week after the outbreak was first detected — things are improving, Trombley said. He expects all who have survived to test negative in the coming days. The nursing home has passed all of its inspections and site visits, Trombley noted. He said he doesn't know what else it could have done to prevent the disease from making its way inside. "How do you stop something you can't detect?" Trombley said. "It came and it came very quick, and it is leaving very quick." [Source: Bangor Daily News | Bill Trotter | December 20, 2020 ++]

U.S. Russia Tensions

Update 07: Putin Says Arms Race has Already Started

An arms race between Washington and Moscow “has already begun,” according to Russian President Vladimir Putin. “This is obvious,” the Kremlin boss told reporters, before blaming the United States for the competition. “Everything began after the U.S. pullout from the” Anti-Ballistic Missile Treaty.

Putin’s marathon annual press conference featured a litany of complaints about U.S. policy, which he portrayed as aggressive and anti-Russian. His protestations centered on George W. Bush’s withdrawal from a 2002 deal that banned the development of missile defenses, as well as NATO’s expansion to include eastern European countries that hope that their membership in the transatlantic alliance will deter any future Russian invasions. “Compared to you, yes, it is a fact, we are harmless and squeaky-clean because we agreed to release from an unequivocal Soviet dictate those countries and nations that wanted to develop independently,” Putin told a BBC reporter, per a state media translation. “We heard your assurances that NATO won’t expand to the east, but you didn’t keep your promises.”

He delivered the broadside as negotiators try to secure an interim extension of a 2010 nuclear weapons treaty, the last remaining arms control deal after the collapse of other pacts due to Russian violations of the deals. “Our partners withdrew from the treaty on long-range and medium-range missiles. Did we come out? No.” Putin said, in reference to the 1987 INF Treaty that barred intermediate-range land-based cruise missiles, which President Trump scrapped due to Russia’s illicit deployment of the banned missiles. The U.S. “withdrew from the Open Skies Treaty. What should we do in this regard? Will you, as a NATO member, fly over us and gather everything?”

Trump’s team exited the Open Skies Treaty last month, in response to Russia’s refusal to allow flights over its military exercises and to restrict surveillance over the Kaliningrad Oblast — a heavily armed, Russian-administered territory bordering NATO members Poland and Lithuania. “The Open Skies Treaty was designed decades ago to increase transparency, cooperation, and mutual understanding,” Pentagon officials said earlier this year. “Instead, Russia has increasingly used the Treaty to support propaganda narratives in an attempt to justify Russian aggression against its neighbors and may use it for military targeting against the United States and our Allies.” [Source: Washington Examiner | Joel Gehrke | December 17, 2020 ++]

National Statuary Hall

Virginia's Robert E. Lee Statue Has Been Removed



A statue of Confederate Gen. Robert E. Lee that has represented Virginia in the U.S. Capitol for 111 years has been removed. Virginia Gov. Ralph Northam said in a statement that workers removed the statue from the National Statuary Hall Collection on 21 JAN in the early morning. Northam had requested the removal and a state commission decided that Lee was not a fitting symbol for the state. Lee's statue had stood with George Washington's statue since 1909 as Virginia’s representatives in the Capitol. Every state gets two statues.

The state commission has recommended replacing Lee's statue with a statue of Barbara Johns. She protested conditions at her all-Black high school in the town of Farmville in 1951. Her court case became part of the landmark Brown v. Board of Education decision by the U.S. Supreme Court. The ruling had struck down racial segregation in public schools. Confederate monuments have reemerged as a national flash point since the death of George Floyd, a Black man who died after a white Minneapolis officer pressed

his knee into his neck for several minutes. Protesters decrying racism have targeted Confederate monuments in multiple cities, and some have been taken down.

“The Confederacy is a symbol of Virginia’s racist and divisive history, and it is past time we tell our story with images of perseverance, diversity, and inclusion,” Northam said in a statement. The Democratic governor added: “I look forward to seeing a trailblazing young woman of color represent Virginia in the U.S. Capitol, where visitors will learn about Barbara Johns’ contributions to America and be empowered to create positive change in their communities just like she did.” U.S. House Speaker Nancy Pelosi also hailed the removal, saying in a statement there “is no room for celebrating the bigotry of the Confederacy in the Capitol or any other place of honor in our country.”

The presence of statues of generals and other figures of the Confederacy in Capitol locations such as Statuary Hall — the original House chamber — has been offensive to African American lawmakers for many years. Former Rep. Jesse Jackson Jr., an Illinois Democrat, was known to give tours pointing out the numerous statues. But it’s up to the states to determine which of their historical figures to display. Jefferson Davis, a former U.S. senator from Mississippi who was president of the Confederate States of America, is represented by one of two statues from that state. Pelosi, a Democrat from California, noted in June that Davis and Confederate Vice President Alexander Stephens, whose statue comes from Georgia, “were charged with treason against the United States.” [Source: Associated Press | December 21, 2020 ++]

Life Hacks

Update 01: A Few More Things to Make Your Life Easier

Bad Egg—No Problem

From time to time we will find ourselves reaching into the fridge, and pulling out a carton of eggs. At that moment it will dawn on us that we can’t remember just how long ago those very eggs were bought. No problem—just water test them. Drop the egg into a bowl of water, and you can judge by how it reacts to know how fresh it is. Really fresh eggs will sink to the bottom, laying on their sides. Slightly older eggs will sink at a tilted somewhat, almost upright position. Old or out of date eggs will float on top of the water indicating that they are past their prime date—throw those ones out immediately.



Stinky Sneakers No More

The plague of smelly sneakers have been around since, well, the invention of sneakers I guess. The odor is one that can not be mistaken, and once it is in the lining of the sneaker seems to be the most daunting problem to rid oneself of. Not only is it a nuisance, in particular, social situations it can be an embarrassment as well. However, there is a way to get that persistent funk out, but it requires a four-step process to work. First, wash the sneakers and allow them to air dry. Once that is done, sprinkle them with deodorizing power, preferably a homemade version. Next, stuff them with newspaper and allow them to set overnight. Finally, place them into your deep freezer.

Sleeping With Socks On

Among the great rivalries of all time: Coke versus Pepsi, McDonalds versus Burger King, Red Sox versus Yankees ... and sock-sleepers versus barefoot-sleepers. Turns out, sleeping with your socks on is a net positive for overall quality of sleep and aids in falling asleep faster. Socks help your feet warm up quicker, which in turn dilates the blood vessels in your feet, which in many studies correlates to a signal being sent to your brain that it's time to switch off, and doze off to sleep.

A couple recent sleep studies have shown sock-sleepers to fall asleep up to 40% faster than barefoot-sleepers. Now, if only Burger King could make fries that taste as good as McDonalds.

Baking Soda for Produce

For years, baking soda is touted as one of the most versatile must-have items for your kitchen. Considered a staple that can be used for just about any cleaning task—from bi-carbonate to cleaner. By just adding a couple of teaspoons to 1-2 cups of water, you will have yourself an all natural produce scrub. Combine the mixture in a large mixing bowl, or add the ingredients into a spray bottle and shake well. Once mixed, you will have the perfect all-natural solution for ridding your produce of pesticides, dirt, and unwanted yuck from every nook and cranny. Once cleaned, make sure to rinse your produce thoroughly and enjoy.

Great Avocado Every Time

Avocados are one of the most expensive food items on the market today. Having been used for years in a plethora of recipes and as bases for condiments, they are a treasured and essential cooking staple. However, when you find that the avocado you have purchased is rotten, it is understandable to become upset. However, the next time you are shopping for avocados, flick the dry stem off the bottom. If there appears to be a brown patch under the stem, put that one back—it is definitely going bad. However, if you see a bright yellow-green color, you are good to go.

Marshmallow for Sore Throat

You wake up to find you are suffering from a sore throat. It is raw, scratchy, and just plain ol sore. What do you do? You could use a lozenge, or cough syrup to help get past it. Or you could try another method. What would that method be? Well, you simply bust out a big ol bag of marshmallows. Yep, you heard me right—marshmallows. Sap from marshmallow plants has been used for centuries in the treatment of coughs, cold and yes, sore throats. According to health officials, the marshmallow coating which consists of gelatin is what aids in soothing and relieving a sore throat. Who knew, that everyone's favorite s'more ingredient did double duty to soothe your throat as well.

[Source: Lifestyle | Tracy Few | November 16, 2020 ++]

Edible Insects

Delicious Ones in Case You Need to Survive

Have you ever wondered how you would survive if the food that is now so readily available to us, was limited? If food was being rationed and would only last you for a week and not a month, how would you supplement your diet? Insects! That's how! The protein found in edible insects will give you healthy alternatives and sustain you. You may have a hard time seeing yourself eating insects but with a lot of creativity and seasonings, it's very possible. Never eat insects that release an odor, are brightly colored, or found where pesticides are used such as farms. Surviving pesticides does not mean that they can be eaten.

About 1,700 insects out of a total of more than 1 million species are edible, but please remember that not every insect or bug that you find, should be eaten. Always take into consideration that all insects cannot be prepared in the same manner. Insects have a hard outer shell called an exoskeleton and parts of this exoskeleton, such as legs and stingers, can cause damage to our throats when eaten, therefore they would have to be removed in most cases. Some insects will need to be prepared so that any toxins within them can either be reduced or neutralized. If this is going to be a survival option, do as much research as possible and keep an open mind. At the end of the day, over 2 billion people can't be wrong!



Grasshoppers

They are herbivores and are usually found in very grassy areas, quite possibly where they got their names from. Some species of grasshoppers eat only certain types of plants, whereas other species eat any type of plant that they can find. They are medium to large insects and range in size from 2 inches to 5 inches in length. Grasshoppers are high in protein and one of the most popular insect foods. They can be deep-fried or sautéed and seasoned with salt.

Crickets

They vary in length from 0.12 to 2 inches and are known to be nocturnal and like to dig shallow burrows. Their common habitat is under logs, bark, or leaves. Crickets are very nutritious and are a great source of lean protein, minerals, and vitamins such as vitamin B-12. The taste of crickets has been described as nutty. In Africa, Asia, and South America crickets are turned into a powder and mixed with flour, they can also be prepared like grasshoppers.

Ants

They are known to have a citrus flavor due to the formic acid found in their glands. In South America, ants are added to soups due to their flavor. Ants are also added to salads as a seasoning. Another delicacy is prepared using the larvae and pupae of the ants and rice. This delicacy is normally served on banana leaves. European scientists have found that ants contain more antioxidants than orange juice and can even be used to protect the body from cancer. It has been noted as well, that approximately 3.5 ounces of red ants contain 14 grams of protein and 5.7 milligrams of iron.

Bees

Once the stingers are removed from the bees, they can be added to soups and eaten in salads. Just like ants, the larvae when prepared is a very popular delicacy. Bees in their mature state are hardly eaten. Bees are said to have a buttery texture. Their mineral and vitamin content is known to be very high.

Beetles

Different species of beetles range in size from the smallest measuring 0.01 inches to the larger ones that measure over 6 inches. Just about 20 grams of protein can be found in a giant water beetle. 14 grams of protein can come from 3.5-ounces of the palm worm beetle. Just like many other insects, beetles are high in protein, vitamins, and minerals. Beetles may be found under fallen trees, usually in damp conditions. In countries where beetles are widely eaten, they are roasted on a baking sheet in the oven or in a cast iron pan.

June Bugs

They are known for their protein content as well, usually providing around 13.4 grams of protein for every 100 grams of June bugs. June bugs range in size from 0.5 to 1 inch, which is considered a good size for a bug. They mainly eat leaves at night and can cause considerable damage to foliage. During the day June bugs can be found under plants and trees and trees during the day.

Rolly Pollies

The roly-poly is officially known as the pill bug and its scientific name is *Armadillidium Vulgare*. Its origin is in Europe and is known to be some of the oldest bugs on the earth. Rolly pollies have a defense mechanism that enables them to roll into a perfectly shaped ball. They have segmented bodies and range in size from ¼ inch to ½ inch in length. Rolly pollies are known to have a shrimp flavor. They can be found in the soil under logs and also in the bark of trees. Preparation of these creatures involves boiling them and adding them to pasta.

[Source: TheOutdoor | December 14, 2020 ++]

News of the Weird

December 16 thru 31, 2020

Hand Holder – Engineers at Japan's Gifu University have developed a robotic device that re-creates the experience of holding another person's hand -- without the other person. "My Girlfriend in Walk" attaches to the user's forearm, and the metal hand is covered with a soft, gel material that simulates human skin, even allowing custom fragrances to be added to the artificial sweat. A heater provides warmth and a pressure sensor duplicates the strength of the wearer's grip, according to Oddity Central. An accompanying smartphone app can emit sounds including footsteps, breathing and the sound of clothes rubbing against skin. [Oddity Central, 11/5/2020]

-o-o-O-o-o-

It's Come to This -- China's Civil Aviation Administration issued updated COVID-19 safety guidelines in early December that drew attention by encouraging flight crews to wear diapers and avoid airplane lavatories. Titled "Technical Guidelines for Epidemic Prevention and Control for Airlines," the document included information on wearing masks and other personal protective equipment and also stated, "It is recommended that cabin crew members wear disposable diapers and avoid using the lavatories barring special circumstances to avoid infection risks," United Press International reported. [UPI, 12/10/2020]

-o-o-O-o-o-

Only in Canada -- Police in Sarnia, Ontario, arrested two suspects after they allegedly broke into the wrong house on Dec. 11 and offered to pay damages after they realized their mistake. CTV reported that residents of the home were watching television when two unnamed 27-year-old men broke through a door, one holding a hammer, and demanded money they claimed was owed to them. They apologized and left the home after discovering their error, according to police, who quickly apprehended them. [CTV, 12/15/2020]

-o-o-O-o-o-

Suspicious Confirmed -- Twenty-year-old Kaleb Kleiss was arrested in Clearwater, Florida, on Dec. 12 after a witness saw him driving with the barrel of an AR-15 rifle sticking out the driver's side window of his 2016 Volkswagen, The Smoking Gun reported. Kleiss, who was intoxicated, according to arrest affidavits, told officers he carries the gun for self-defense because he's "seen crazy stuff since moving to Florida." When police tracked him down, Kleiss was standing next to his car outside a laundromat, with the assault weapon "displayed carelessly ... on the dashboard ... in plain view of everyone walking by the store," police said, and the gun was "loaded with a full magazine and a round in the chamber." Kleiss was charged with drunk driving and improper exhibition of a dangerous weapon. [The Smoking Gun, 12/14/2020]

-o-o-O-o-o-

'Tis the Season -- While children across the world await Santa's visit, naughty kids in some parts of Europe have already been visited by Krampus, the Christmas devil, a half-goat, half-demon with horns, who, according to legend, appears on Krampusnacht, Dec. 5, bearing whips and chains to beat wicked children before stuffing them in a sack and taking them away. The Mirror reports the centuries-old tradition takes place in Austria, Germany, Hungary, Slovenia and the Czech Republic and had its origin in German and Norse mythology. [Mirror, 12/15/2020]

-o-o-O-o-o-

Bad Dog -- An unnamed "pug-like" dog was found at the wheel of a family's van after it plummeted into a ditch on Dec. 9 in North Grenville, Ottawa. The Ottawa Citizen reported that police determined the owners had left the dog in the running car, and it probably bumped the gear shift into reverse, causing the van to slowly back up as the driver ran alongside, trying to get in. "Of course, the dog wasn't charged," said Grenville County police acting Sgt. Anne Collins. [Ottawa Citizen, 12/16/2020]

[Source: <https://www.uexpress.com/news-of-the-weird> | December 25, 2020 ++]

Vocabulary

Some Words to Enhance Yours

- Abscond [ab-skond] to depart in a sudden and secret manner, especially to avoid capture and legal prosecution.

- Calumny [kal-uhm-nee] -- a false and malicious statement designed to injure the reputation of someone or something.
- Credulity [kruh-doo-li-tee] -- Willingness to believe or trust too readily, especially without proper or adequate evidence; gullibility.
- Descry [dih-skrahy] -- to see (something unclear or distant) by looking carefully; discern; espy.
- Impugn [im-pyoon] -- to challenge as false (another's statements, motives, etc.); cast doubt upon.
- Innate [ih-neyt] -- existing in one from birth; inborn; native.
- Monotonous [muh-not-n-uhs] -- 1: having very little inflection; limited to a narrow pitch range. 2: lacking in variety; tediously unvarying.
- Paraselene [par-uh-si-lee-nee] -- Meteorology—a bright moonlike spot on a lunar halo; a mock moon.
- Plenteous [plen-tee-uhs] -- plentiful; copious; abundant.
- Pithy [pith-ee] -- brief, forceful, and meaningful in expression; full of vigor, substance, or meaning; terse; forcible.
- Remonstrate [ri-mon-streyt] -- to say or plead in protest, objection, or disapproval
- Repugnant [ri-puhg-nuhnt] -- extremely distasteful; unacceptable | in conflict with; incompatible with.
- Scintillating [sin-tl-ey-ting] -- witty; brilliantly clever.

Have You Heard or Seen?

Humorous Stories (1) | *Dad Jokes* (2) | Latest Satirical Cartoons

Humorous stories (1)

Fly Southwest: Little Johnny was looking out of the plane’s window enjoying the experience of his first flight. Deep in thought he suddenly turned to his mother and asked, “If big dogs have baby dogs and big cats have baby cats, why don’t big planes have baby planes?” Well his mother was a little perturbed by this question and she struggled to think of an answer, so she said, “Johnny why don’t you ask the flight attendant?”

Little Johnny was not a child lacking in confidence, so he walked down the aisle and politely said to the flight attendant, “Excuse me, mam, if big dogs have baby dogs and big cats have baby cats, why don’t big planes have baby planes?” The flight attendant had heard it all before of course but she smiled sweetly at Johnny and then asked, “Did your mom tell you to ask me that?” Little Johnny returned her smile and said, “Yes mam, she did.”

“Well“, said the flight attendant, “you can tell your mom that there are no baby planes because Southwest always pulls out on time. You can ask your mom to explain that to you.”

Voluntary donations: Jim was driving home from the office one day when he found himself stuck in traffic because all the cars ahead of him had come to a complete standstill on the freeway. Nothing was moving at all. Suddenly Jim noticed that there was a police officer walking down the line of traffic and approaching the car in front.

So Jim got out of his car and asked the police officer why there was a problem. “Sir I’m so sorry for the inconvenience but the city’s Mayor is sitting in the middle of the road ahead and he’s in a state of extreme agitation,” said the police officer. “He says he’s deep in debt and he’s threatening to douse his body with gasoline and then set fire to himself,” the police officer added. “So what are you doing?” asked Jim.

“I’m going from car to car asking for donations,” the police officer responded. “And how much have you collected so far?” Jim inquired. “Well sir,” said the police officer, “we’ve only just started but drivers ahead have given us fifteen gallons so far and other drivers are still siphoning as we speak.”

Bubba’s tragic demise: Sadly, Bubba was killed in suspicious circumstances in a terrible fire, suffering severe burns that left him completely unrecognizable. In order to identify the body formally, the Los Angeles County medical examiner called in Bubba’s two close friends Jim-Bob and Joe-Bob.

The medical examiner showed Jim-Bob the body and he responded with a sharp intake of breath and then said, “Oh jeez, he’s burnt to a crisp. Could you roll him over please sir?” So the medical examiner rolled the body and Jim-Bob responded immediately saying, “No sir, that ain’t Bubba.” “Are you sure?” said the medical examiner. “Yes sir, I’m sure,” Jim-Bob responded, “but you can ask Joe-Bob if you like.”

So Joe-Bob was brought into the mortuary and shown the body. “Jeez,” said Joe-Bob, “he’s burnt to a crisp. Could you roll him over please sir?” Though puzzled to receive this request once again, the medical examiner dutifully obliged and rolled the body. Joe-Bob paused momentarily and then said, “No sir, that ain’t Bubba.” The medical examiner was mystified by this turn of events. So he asked, “How can you possibly tell that it isn’t Bubba just by rolling him over?”

“Well sir,” said Joe-Bob, “Bubba had two assholes.”

“What do you mean, he had two assholes?” exclaimed the medical examiner.

“Yes sir, everyone knew that around here,” said Joe-Bob.

“How do you know?” the medical examiner asked.

To which Joe-Bob responded, “Because every time the three of us walked down Main Street together, you’d hear people say, ‘Here comes Bubba with two assholes.’”

-o-o-O-o-o-

Dad Jokes 2

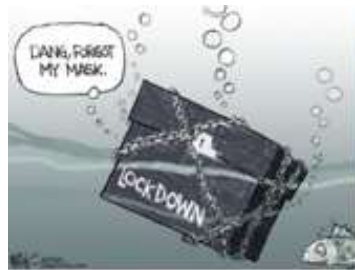
- Did you hear about the mathematician who’s afraid of negative numbers? He’ll stop at nothing to avoid them.
- Why do we tell actors to “break a leg?” Because every play has a cast.
- Yesterday I saw a guy spill all his Scrabble letters on the road. I asked him, “What’s the word on the street?”
- Once my dog ate all the Scrabble tiles. For days he kept leaving little messages around the house.

- A woman in labor suddenly shouted, “Shouldn’t! Wouldn’t! Couldn’t! Didn’t! Can’t!” “Don’t worry,” said the doc. “Those are just contractions.”
- Did you hear about the actor who fell through the floorboards? He was just going through a stage.
- Did you hear about the claustrophobic astronaut? He just needed a little space.
- Why did the chicken go to the séance? To get to the other side.
- How do you keep a bagel from getting away? Put lox on it.
- What do you call a parade of rabbits hopping backwards? A receding hare-line.
- What does Charles Dickens keep in his spice rack? The best of thymes, the worst of thymes.
- Why should the number 288 never be mentioned? It’s two gross.
- What did the bald man exclaim when he received a comb for a present? Thanks— I’ll never part with it!
- Two guys stole a calendar. They got six months each.
- What did one hat say to the other? You wait here. I’ll go on a head.
- Why did the frog take the bus to work today? His car got toad away.
- What did the buffalo say when his son left for college? Bison.
- What do you call an apology written in dots and dashes? Re-Morse code.
- Why did the Oreo go to the dentist? Because he lost his filling.

-o-o-O-o-o-

Latest Satirical Cartoons





Thought of the Week

Even if you are on the right track, you'll get run over if you just sit there.

– Will Rogers

-o-o-O-o-o-

FAIR USE NOTICE: This newsletter may contain copyrighted material the use of which has not always been specifically authorized by the copyright owner. The Editor/Publisher of the Bulletin at times includes such material in an effort to advance reader's understanding of veterans' issues. We believe this constitutes a 'fair use' of any such copyrighted material as provided for in section 107 of the US Copyright Law. In accordance with Title 17 U. S. C. Section 107, the material in this newsletter is distributed without profit to those who have expressed an interest in receiving the included information for educating themselves on veteran issues so they can better communicate with their legislators on issues affecting them. To obtain more information on Fair Use refer to: <http://www.law.cornell.edu/uscode/17/107.shtml>. If you wish to use copyrighted material from this newsletter for purposes of your own that go beyond 'fair use', you must obtain permission from the copyright owner.

-o-o-O-o-o-

TO READ and/or DOWNLOAD THE ABOVE ARTICLES, ATTACHMENTS, OR PAST BULLETINS GO Online To:

- <http://www.nhc-ul.org/rao.html> (PDF Edition w/ATTACHMENTS)
- <http://www.veteransresources.org> (PDF & HTML Editions w/ATTACHMENTS)
- <http://frabr245.org> (PDF & HTML Editions in Word format)
- <http://veteraninformationlinksasa.com/emos-rao.html> (PDF & HTML Editions w/ATTACHMENTS)
- <https://www.cgretirenw.org> (Listed under VET & RETIREE LEGISLATIVE & GENERAL NEWS)
- <http://www.veteransresources.org/rao-bulletin> (past Bulletins)

Note: The above websites are blocked by some, if not all, USAF & USCG military commands for security purposes. To gain access you may need to open them using a non "..@us.af.mil" / "..@uscg.mil" source. **Also, due to the Bulletin's size/content recommend you whitelist my email addrees raoemo@sbcglobal.net & raoemo77@gmail.com in your computer as indicated at <https://connectthedot.com/email/mean-whitelist-email-whitelist-email> to avoid them being blocked as spam.**

== To subscribe send to raoemo@sbcglobal.net or raoemo77@gmail.com your full name plus either the post/branch/chapter number of the fraternal military/government organization you are currently affiliated with (if any) "AND/OR" the city and state/country you reside in so your addee can be properly positioned in the Bulletin mailing directory for future recovery. Subscription is open at no cost to all veterans, dependents, military/veteran support organizations, and media.

== Anyone who wants to remove or change their email addee from the Bulletin mailing list can use the automatic "UNSUBSCRIBE" or "Change of Address" tabs at the bottom of this message or send a message to raoemo@sbcglobal.net or raoemo77@gmail.com with the word "DELETE" or "COA" in the subject line.

Notes:

1. New subscribers and those who submit a change of address should receive a message that verifies their addition or address change being entered in the mailing list. If you do not receive a message within 3 days it indicates that either I never received your request, I made an error in processing your request, or your server will not allow me to send to the email addee you provided. Anyone who cannot reach me by email can call (858) 842-1111 to ask questions or confirm info needed to add them to the directory.
2. If you have another email addee at work or home and would like to receive Bulletin notices there also, just provide the appropriate addee to raoemo@sbcglobal.net or raoemo77@gmail.com.
3. Bulletin recipients with interest in the Philippines, whether or not they live there, can request to be added to the Bulletin's Philippine email directory for additional receipt of notices on U.S. Embassy Manila, TRICARE in the RP, and Clark Field Space 'A' if it is ever reinstated.

4. Past Bulletin articles are available on request. Bear in mind that the articles were valid at the time they were written and may have since been updated or have become outdated. To request provide original article title. If unknown provide a brief description of what the article was addressing.
5. The Bulletin is normally published on the 1st and 15th of each month. It is provided as a website accessed document vice email direct access. If you do not receive an email Bulletin Availability notice check to see if it is posted on the website www.nhc-ul.org/rao.html, www.veteransresources.org, <http://frabr245.org>, or <http://veteraninformationlinksasa.com/emos-rao.html>, before sending me an email asking if one was published. If you can access the Bulletin at any of the aforementioned sites it indicates that something is preventing you from receiving my email. Either your server, considers it to be spam or I have somehow incorrectly entered or removed your addee from the mailing list. Send me an email so I can verify your entry on the mailing list.
6. Note that some email servers (especially SBCGLOBAL) allow many, but not all, of their users to receive the Bulletin if sent to them in its normal fashion via my mailing list provider (MLP). For those subscribers adversely impacted by this I maintain a separate direct mailing list (DML) to send in an alternate manner for those not allowed by their servers to receive their Bulletin Availability notices. If you are impacted by this let me know so I can add you to that mailing list.
7. Articles within the Bulletin are editorialized information obtained from over 100 sources. At the end of each article is provided the primary source from which it was obtained. The ++ indicates that that the information was reformatted from the original source and/or editorialized from more than one source. Because of the number of articles contained in each Bulletin there is no way that I can attest to their validity other than they have all been taken from previously reliable sources. Also, just because an article appears in the Bulletin it does not necessarily mean I support its content. If an article is based on the author's opinion vice a government entity I try to note that after the author's name. Readers who question the validity of any article's content are encouraged to go to the source provided to have their questions answered or express their opinions. I am always open to comments but, as a policy, shy away from anything political. Too controversial and time consuming.
8. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations. This Bulletin Availability notice was sent to the 18,834 subscribers.

-o-o-O-o-o-

RAO Bulletin Editor/Publisher:

Lt. James (EMO) Tichacek, USN (Ret) Tel: (858) 842-1111 Email: raoemo@sbcglobal.net or raoemo77@gmail.com
 Bulletin Web Access: <http://www.nhc-ul.org/rao.html>, <http://www.veteransresources.org>, <http://frabr245.org>,
 and <http://veteraninformationlinksasa.com/emos-rao.html> [PDF & HTML Editions w/ATTACHMENTS]

RAO Baguio Director:

SSgt Terrance (Terry) Parker, USAF (Ret), PSC 517 Box 4107, FPO AP 96517-1000, Tel: Smart 0921824728 or Globe 09454073380, Email: rao.dir.baguio@gmail.com

RAO Baguio Office: Mountain Lodge, 27 Leonard Wood Road, Baguio City, 2600 Philippines
 FPO Mail Pickup: TUE & THUR 09-1100 --- Outgoing Mail Closeout: THUR 1100

Warning:

DELETE the end-paragraph (i. e. UNSUBSCRIBE Option) of the Bulletin before you forward it to others. The option following this warning is required by law and offers the recipient an opportunity to "UNSUBSCRIBE", if they choose to. This "unsubscribe" link contains **YOUR** email address vice theirs and whoever receives your re-distribution has the opportunity, whether purposely or inadvertently, to terminate your future receipt of Bulletin messages if they should click on it.

