

# RAO

# BULLETIN

## 15 August 2016



Gender Equality Day 26 AUG

### HTML Edition

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- 72 == Nuclear Weapons ----- (No-First-Use Policy Concerns)
- 74 == Army SRB ----- (Suspended for the 1st Time Since 2006)
- 74 == Military Tattoo Criteria [08] --- (USAF Review| Last Done in 2001)
- 76 == M4A1 Rifle ----- (117,000 Upgrades Completed to Date)
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- 78 == Navy Uniform Changes [02] ----- ( TYPE I | 3-YR Phaseout)
- 79 == MUTT ----- (Gun Mounted Unmanned Vehicle)

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- 80 == BoB Hope ----- (National World War II Museum Exhibit)
- 81 == USS Quincy (CA-39) - (Brothers - Shipmates | 1 Survived - 1 Died)
- 83 == USS Monitor [01] ----- (Sinking)
- 84 == Gold Star ----- (How It Became A Symbol of Ultimate Sacrifice)
- 86 == Hiroshima Peace Memorial ----- (Pokemon No)
- 86 == Operation Downfall ----- (MacArthur's Plan to Invade Japan)
- 88 == Battle of Tarawa Casualty ----- (Marine Pvt. Dale R. Geddes)
- 90 == Military History ----- (USS Laffey | Ship That Wouldn't Die)
- 90 == Military History Anniversaries ----- (16 thru 31 AUG)
- 90 == Medal of Honor Citations ----- (Doss~Desmond P | WWII)
- 92 == Famous Civil War Battles Quiz 2 ----- (Do You Know?)
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**\* HEALTH CARE \***

- 94 == Hydration ----- (Water, Electrolyte, & Calorie Needs)
- 95 == DoD Vaccination Program ----- (Configured to Protect You)
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- 98 == Hepatitis C ----- (Curable Contagious Liver Disease)
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- 100 == USFSPA & Divorce [25] ----- (Amendment to Reform)
- 101 == State Retirement Income Tax ----- (Military Pay)
- 102 == Hulu ----- (Say Goodbye to Its Free Service)
- 103 == Car Leasing Myths ----- ( Is it Cheaper to Buy or Lease)
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- 106 == IRS SPEC ----- (Information for Veterans Website)
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- 107 == Tax Burden for Kentucky Retired Vets ----- (As of Aug 2016)

**\* GENERAL INTEREST \***

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- 112 == Election 2016 | Endorsements ----- (Who Speaks for the Military)
- 113 == Trump RP Relations - (Lawmaker Wants Him Banned from Country)
- 114 == Bizarre Museums ----- (Check Out theses 12)

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- 118 == Car Theft ----- ( Top 10 Targeted in 2015)
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**Note:**

1. The page number on which an article can be found is provided to the left of each article's title
2. Numbers contained within brackets [ ] indicate the number of articles written on the subject. To obtain previous articles send a request to [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net).

**\* ATTACHMENTS \***

- Attachment - Veteran Legislation as of 15 AUG 2016
- Attachment - Delaware Vet State Benefits & Discounts AUG 2016
- Attachment - Military History Anniversaries 16 thru 31 AUG
- Attachment - USS Laffey | Ship That Wouldn't Die

**\* DoD \***



**DoD Mental Health Programs Update 04 ► New Final Rule Issued**

In late JUL 2016 the Department of Defense (DoD) issued its new final rule for mental health and substance abuse disorders. It is a huge step forward. The change was prompted by the 2008 Mental Health Parity and Addiction Equity Act (MHPAEA). After a full review of the TRICARE benefits changes have been made to “meet the spirit and the intent of the Act.” The new rules:

- Bring coverage to parity with TRICARE’s medical/surgical benefit including eliminating limitation on outpatient services including the previous limit of no more than 2 weekly sessions for outpatient services and aligning beneficiary cost-sharing co-pays (example: reduce Retiree and Non Active Duty Dependents’ Prime per diem for partial hospitalization program from \$40 inpatient rate billed to outpatient rate of \$12 per day)
- Expand mental health and substance abuse disorders (SUD)in numerous ways including:” Intensive Outpatient Programs (IOP) for mental health & SUD treatment to provide step-down care from acute inpatient/residential care or partial hospitalization programs...Opioid use disorder treatment via Opioid Treatment Programs (OTPs) and physicians to provide evidence-based medication assisted treatment (i.e.,

buprenorphine, methadone)...Outpatient SUD treatment by individual providers to enhance access to psychotherapy and family therapy currently only authorized in Substance Use Disorder Treatment Facilities (SUDRFs)...Non-surgical treatment for gender dysphoria to cover psychotherapy, pharmacotherapy, hormone treatment (Note: surgical sex change procedures still excluded by statute)

- Grants the director of the DHA to approve the accrediting agencies for the institutional providers. It also improves and makes more generous the reimbursement rates and co-pays.

These should be major improvements for TRICARE mental health and substance abuse disorder coverage. If you need more information go to the TRICARE website. [Source: TREA | Karen Jowers | July 15, 2016 ++]

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## **Rising Sea Levels** ► **Military Base Impact | Virginia**

The latest scientific conclusion echoes others: It's likely that sea level rise will eventually swallow huge swaths of Hampton Roads' military installations, according to the Union of Concerned Scientists in a report scheduled for release 27 JUL. But if congressional Republicans have their way, the military will be blocked from doing anything about it. Tacked on to defense spending bills passed by the House of Representatives: amendments forbidding the Pentagon from using federal dollars to study climate change or plan for its impacts. Supporters say they want the military focused on enemies such as the Islamic State group, not rising seas. Critics say flooding is a formidable foe as well. "It's kind of hard to attack the enemy when your base is underwater," said Rep. Bobby Scott, a Southeast Virginia Democrat who voted against the ban.

Exactly how far underwater depends on a range of factors, says the report, which paints scenarios similar to those predicted in studies conducted by the Army Corps of Engineers and others. For the US Military on the Front Lines of Rising Seas, the Union of Concerned Scientists looked at 18 East and Gulf coast bases, concluding that the high tide line will creep inland in the decades ahead, stealing training and testing grounds, infrastructure and housing. Storms will intensify the troubles. "By 2050, most of these sites will see more than 10 times the number of floods they experience today," said Kristy Dahl, a co-author of the report. "In 2070, all but a few are projected to see flooding once or twice every day."

Subsidence – a sinking-land phenomenon occurring in Hampton Roads – will speed things up around at least two local bases: The Dam Neck Annex to Oceana Naval Air Station in Virginia Beach and Joint Base Langley-Eustis in Hampton could lose up to 95 percent of their land this century. Norfolk Naval Station will flood roughly 280 times a year by 2050 instead of the current 10, if sea level rise reaches the midrange of predictions. Right now, "a good thunderstorm can leave them not operating on all cylinders," said Ray Toll, a retired Navy captain who works with a sea level rise initiative at Old Dominion University.

Toll says the Navy has been a vital partner in regional efforts to confront rising seas. "We have a challenge here, and the base is right in the middle of it," he said. "They have been very proactive." But climate change is politically divisive in Washington, linked to executive orders for energy, conservation and climate resilience goals across the federal government. To comply, the Defense Department created its own climate change adaption plan. Dam Neck built a one-mile rock-core dune to protect the main part of the installation from storm surge. Langley Air Force Base built a shoreline seawall and door dams, and installed a pump system. Colorado Republican Rep. Ken Buck sponsored one of the amendments that would put a halt to such preparations. "When we distract our military with a radical climate change agenda, we detract from their main purpose of defending America from enemies like ISIS," Buck said in a statement on his website. Scott hopes the amendments will die in the Senate. [Source: The Virginian-Pilot | Joanne Kimberlin | July 27, 2016 ++]

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## **IRR AAFES Use ► Policy & ID Card Procurement**

Servicemembers transitioning to Individual Ready Reserve (IRR) status can continue to visit their local main Exchange, Express, mall and food court. They can also shop online at [ShopMyExchange.com](http://ShopMyExchange.com). Those on IRR status keep their MILITARY STAR card benefits. If they do not have an account, they are eligible to apply for one. To gain access to the installation to shop at the Exchange, shoppers can apply for an IRR ID card at their installation's personnel office 72 hours after discharging from active duty. For more discounts for military service members, families and veterans, visit the [Military.com Discount Center](http://Military.com). [Source: Military.com | August 8, 2016 ++]

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## **BRAC Update 51 ► Outgoing SECNAV | Another Round Needed**

Secretary of the Navy Ray Mabus said submarines have become more important to the national defense and the Navy has less excess capacity than the other armed services, but he also said all Navy facilities would be on the table — even sub bases — if there is a new base-closing round. “It’s very clear (the Defense Department) as a whole has excess capacity, you need something to shrink that,” Mabus said in an interview with the Connecticut Mirror. “I’m sure we’d have something (on the base-closure list), but I don’t know what that would be.”

Once hot in military communities like Groton, the base-closing issue has subsided because of a years-long standoff between the Pentagon and Congress. But attempts to hold another base-shuttering round are expected to continue, even as President Barack Obama leaves office and a new president takes his place. The Pentagon, projecting escalating costs for national defense because of the price and sophistication of new weapon systems, the rise of new threats such as cybersecurity attacks, and growing retiree expenses, is anxious to cut costs wherever it can. For these reasons, Mabus says he supports another Base Realignment and Closure (BRAC) round.

He said all Navy facilities, including sub bases like the one in Groton, would be scrutinized in a new BRAC round, but he indicated the impact on the Navy and Marine Corps would be less severe than on the Army or Air Force. “We have far less excess capacity; the Navy and the Marine Corps have less excess capacity than anybody else,” Mabus said. He also said the importance of submarines has grown in U.S. defense strategy. “The role of submarines, the importance of submarine warfare is rising, and it’s recognized not just by us but just about everybody,” Mabus said. “The Russians and Chinese are the most visible, but there are not many seagoing countries that don’t have submarines.” One other indication of the increased importance of submarines to the Navy is the appointment of the last two chiefs of naval operations, Jonathan Greenert and John M. Richardson. Both have been submariners, Mabus said.

“From the Secretary of Defense’s visit to the base in May to the addition of the Undersea Warfare Development Center and a flag officer being stationed in Groton, it’s clear that the U.S. Navy recognizes what a vital strategic asset the ... submarine base continues to be,” said Rep. Joe Courtney, D-2nd District, who represents the sub base in Congress and has been a staunch opponent of another BRAC round. Despite the base’s long history, it has been targeted in previous base-closing rounds. Every year, the Pentagon asks Congress for a new round of base closings, but those requests mostly have been greeted with hostility on Capitol Hill, where lawmakers insert language in defense bills banning a new BRAC every year, including this one. In spring, the Pentagon sent a report to Congress that said the military’s current network of installations has about 22 percent more capacity than is needed. It found that the Army has 33 percent excess capacity, the Air Force has 32 percent excess capacity and the Navy and Marine Corps are over by 7 percent. “One of the reasons is, the Navy, long before I got here, took BRAC very seriously ... in the first three rounds,” Mabus said of the Navy’s lower percentage of excess capacity.

In the last base-closing round, conducted in 2004-05, the Pentagon put Naval Submarine Base New London on the list of closures. It suggested moving the Groton base's missions to Naval Station Norfolk in Virginia and Submarine Base Kings Bay in Georgia. "The existing berthing capacity at surface/subsurface installations exceeds the capacity required to support the Force Structure Plan," the DOD said. "The closure of Submarine Base New London materially contributes to the maximum reduction of excess capacity while increasing the average military value of the remaining bases in this functional area. Sufficient capacity and fleet dispersal is maintained with the East Coast submarine fleet homeports of Naval Station Norfolk and Submarine Base Kings Bay, without affecting operational capability."

The base was pulled off the hit list by the independent base-closing commissioners at the last minute. Some say it was the lobbying clout of Connecticut's congressional delegation that did the trick. Others say the continuing conflict in Iraq was responsible. The state, local community and base supporters had argued that closing the base would hurt the U.S. military strategic presence in the Atlantic and disrupt synergies among the submarine school and submarine squadron at the base, Electric Boat and the Naval Undersea Warfare Center in nearby Newport, R.I. In any case, the force structure plan and the Pentagon's focus has shifted since 2005.

The Navy has doubled the number of ships assigned to overseas homeports since 2006 and put submarines near the center of national defense strategy. Mabus has set a Navy goal of 308 battle force ships, consisting of aircraft carriers, submarines, surface combatants, amphibious ships, combat logistics ships, and support ships. That plan includes an increase of 10 Virginia-class attack submarines built by Electric Boat. The fleet today numbers 273 ships and subs. "When I got here the fleet was declining, declining precipitously," said Mabus, who took the reins of the Navy in 2009. Also, since the last round of base closings, the need to replace aging Ohio-class nuclear ballistic submarines with a new class of boat has increased.

The Navy has given Electric Boat the lead in building the new class, which Mabus disclosed will be called the "Columbia class." Those subs may join other ballistic-missile boats at Kings Bay, but there also will be an increase in the construction of Virginia-class attack submarines that are docked at Naval Submarine Base New London. "As the ranking member of the seapower subcommittee (of the House Armed Services Committee), I can tell you that nearly every Navy official who has appeared before our committee this year has made it clear that we need additional submarine capability — not less," Courtney said. [Source: The Connecticut Mirror | Ana Radelat | August 9, 2016 ++]

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## **DoD Fraud, Waste, and Abuse** ► **Reported 01 thru 15 AUG 2016**

**Boca Raton** — A financial adviser who faked his death last year, setting off an expensive and pointless U.S. Coast Guard rescue mission, pleaded guilty on 1 AUG to communicating a false distress message. Under the terms of his plea agreement, Richard **Winsor Ohrn**, 46, has agreed he owes \$1 million in restitution for the cost of the search. He is under court order to sell his Estuary Drive home and reveal details of all his assets to the government before he is sentenced in October. The home currently has an assessed value of \$550,000, according to the county property appraiser, but has a significantly greater market value. The maximum penalty for the offense is six years in federal prison and a \$250,000 fine but Ohrn may be sentenced to probation, records show. Ohrn has been free on \$1 million bond since shortly after he was charged in February.

Ohrn, a Navy veteran who worked as a bank financial adviser, admitted he faked his disappearance during a mental health crisis, reportedly brought on by allegations he was stealing from some of his elderly clients. No charges were filed but Wells Fargo Advisers, a division of the bank, fired him in 2012 and he was stripped of his brokerage privileges. Investigators initially thought it was a crime scene because blood was smeared around the vessel and a pair of broken eyeglasses were on board. The Coast Guard launched a three-day air and sea rescue

effort that cost more than \$1 million, according to court records, but found nothing useful before ending the search on April 2, 2015.



Ohrn showed up in Palm Beach County 10 days later. Under questioning, Ohrn "admitted to faking his disappearance, stating that he decided to 'just go away' due to his anxiety," according to his plea agreement. Investigators found out he had stayed at an unfurnished apartment in Albany, Ga., which was rented under his nephew's name. He also admitted he had rented the SeaRay and towed an inflatable vessel he bought, using a friend's account, out to sea. After staging a struggle or incident on the boat, he told investigators he used the inflatable to return to shore and drove to Georgia in his pickup truck. The Palm Beach County Sheriff's Office found evidence that he had been collecting items to help him vanish for at least a week before the boat was found. [Source: Palm Beach Sun Sentinel | Paula McMahon | August 8, 2016 ++]

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### **Air Force Installation Access ► Gate ID Needed in MN/MO/WA/AS**

Beginning 15 AUG, identification cards or driver's licenses issued by Minnesota, Missouri, Washington state or American Samoa will no longer get people past the gate at Air Force installations. The Air Force said 4 AUG that those identifications don't meet the security and data-collection guidelines required by the Real ID Act. That law aims to improve the reliability of state-issued identification documents, and help stop people from using fake IDs. People with cards from those states and American Samoa can use an alternate form of identification, such as a valid passport, an employment authorization document with a photograph, or an ID card issued by other federal, state or local government agencies that includes a photo and biographic information. Individuals without a DoD ID card will be subject to a background check. Anyone who does not have the required documentation will not be able to come on base without an escort. [Source: Air force Times | August 8, 2016 ++]

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### **Transgender Troops Update 01 ► DoD Policies And Procedures**

Following the Defense Department's lifting of the ban on transgender service members in June, the Navy Department is preparing to provide medical and administrative support for transitioning sailors and Marines, train personnel on the particulars of serving in a transgender-inclusive force and, by next summer, accept transgender recruits into boot camp. For the department's purposes, a transgender service member is defined as someone who has been diagnosed by a military medical professional who determines that a transition is medically necessary, according to ALNAV 053/16.



**Military members run in a Pride Month 5K on Scott Air Force Base, Ill. Starting this fall, sailors and Marines who are transitioning will be able to petition to have their gender markers changed in the Defense Enrollment Eligibility Reporting System.**

Starting this fall, sailors and Marines with a diagnosis who are beginning, in the process of, or have completed transitioning will be able to petition to have their gender markers changed in the Defense Enrollment Eligibility Reporting System. And next summer, boot camps will begin accepting transgender prospects at boot camp, officer candidate schools, ROTC and the Naval Academy "These policies and procedures are premised on the conclusion that open service by transgender Sailors and Marines, while being subject to the same standards and procedures as other members with regard to their medical fitness for duty, physical fitness, uniform and grooming, deployability, and retention, is consistent with military readiness," Navy Secretary Ray Mabus wrote in the message.

As of the message's 5 AUG release, transgender sailors and Marines may serve openly and cannot be involuntarily separated or denied re-enlistment for their gender identity. By 1 OCT, the Defense Department will have training handbooks for commanding officers, transgender troops and the rest of the force, as well as guidance for medical professionals overseeing transitions. At that point, the Military Health System will also be required to provide medical care for transitions, including hormone therapy and counseling. Sailors will develop and execute a transition plan in coordination with their health care providers and commands, according to a chief of naval personnel spokeswoman. Once that is completed, they can change their genders in DEERS.

"When they're in transition, they're in the initial gender," Lt. Jessica Anderson told Navy Times. Transition plans will be tailored to the individual, but a completed transition will require at least a legal identity change, such as a passport or birth certificate, Anderson said. Surgery, she added, will not be required. During transition, sailors will be recognized as their birth gender. For instance, a male sailor transitioning to life as a woman will continue to stay in male berthings, be subject to male fitness standards and observe male grooming rules. "There could be exceptions but as of right now, that's not where we're going," Anderson said.

The guidance transition plans will be firmed up by 1 OCT she added. And starting in November, there will be fleetwide training on the integration of transgender troops. That training must be completed by July 1, 2017, according to the ALNAV, when the Navy and Marine Corps begin accepting transgender troops. DoD will also revise its anti-discrimination guidelines to include gender identity, the message said. While the Navy Department puts together its guidelines for completing a gender change in DEERS, sailors and Marines are required to submit requests to have their transgender status recognized through the first general or flag officer in their chain of command, and it will be fed up to the assistant secretary of the Navy for manpower and reserve affairs for a final decision. [Source: Navy Times | Meghann Myers | August 8, 2016 ++]

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## **NDAA 2017 Update 17 ► Military Housing Allowance Amendment**

A leading defense analyst is calling the Senate’s plan to reform military housing allowances a potential disaster for troops’ finances. The proposal, included in the Senate draft of the fiscal 2017 defense authorization act, would require the Defense Department to reimburse only troops’ exact rent and utilities costs, instead of issuing stipends that estimate cost of living in different areas. The move could pull hundreds of dollars a month out of some families’ military payouts, although Senate planners argue those troops are receiving more than their share of housing costs.



But Todd Harrison, director of defense budget analysis at the Center for Strategic and International Studies, in an editorial in Politico this week called the housing plan “perhaps the most misguided proposal with the greatest potential for unintended consequences” in the annual budget bill. “What the Senate proposal fails to recognize is that the housing allowance, despite its name, is not really about housing at all,” he wrote. “Congress has used the housing allowance to increase cash compensation for the military, and it’s a smart way to do that because it doesn’t incur additional liability for retirement pensions.”

In an interview with Military Times, Harrison said he doesn’t think the proposal has a likely path to becoming law. House lawmakers have shown little interest in the housing overhaul, and congressional negotiators have numerous other reform issues to tackle before serious consideration of the housing plan. “I think the Senate is serious about doing something, but I don’t think they have thought this through,” he said. “I think they just don’t like the idea of married couples getting two [housing allowances], and they’re trying to find a solution.” Under the Senate plan, married military couples would essentially receive only one housing payout for the cost of their rent or mortgage, instead of two separate payouts. Troops who room with other service members would also see their stipends cut to only the cost of housing, eliminating the practice of pocketing any leftover savings.

Harrison acknowledged that the proposed change sounds “perfectly reasonable on the surface” but in practice would discourage troops from rooming together, encourage families to spend more on mortgage costs, and potentially destabilize housing markets around military bases. “If Congress wants to control costs, it should focus on cutting the forms of compensation that are less valued by service members and leave cash compensation alone,” he wrote. “There are tremendous savings that could be achieved by tweaking benefits many service members don’t even know they have.” He lists the Medicare Eligible Retiree Healthcare benefit, a pricey and little known one, as a reform that would be better suited for legislative action.

Congressional staffers are working through differences between the House and Senate passed versions of the authorization bill while lawmakers are at home for recess this summer. Leaders are hopeful a compromise bill can be finalized later this fall. [Source: Military Times | Leo Shane | August 3, 2016 ++]

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## **TRICARE Medical Identity Theft ► Watch for Signs**

Did you know that health care is the number one target, nearly as much as retail, finance, and banking combined, for identity theft and fraud? Your health information is important to you and your health care provider. But in the wrong hands, it can be valuable to someone else. Would you know if someone stole your medical identity? Identity theft

affects millions of people every year. The Federal Trade Commission offers several steps you can take to make sure your health care information remains secure.

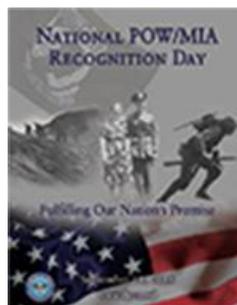
- First, read your medical and insurance statements regularly and completely. They can show warning signs of identity theft. Look for services you did not receive or providers you did not see. This is like seeing charges on your credit card statement that were not yours.
- Next, read the Explanation of Benefits (EOB) statement or Medicare Summary Notice that your health plan sends after each treatment. Again, check the name of the provider, the date of service, and the service provided. Do the claims paid match the care you received? If you see a mistake, contact your health plan and report the problem.
- You should also watch for bills if you know part of your care was not covered. If a bill doesn't show up when you expect it, look into it.

Being cyber fit requires us to be mindful of your health information even when you're not using health IT. You are the center of your healthcare. Empower yourself to protect your information. For more information about cyber fitness, visit the TRICARE website at <http://www.tricare.mil/Privacy/Cyberfit>. [Source: TRICARE News Release | August 4, 2016 ++]

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## **POW/MIA Recoveries ► Reported 1thru 15 Aug 2016 | Twenty-One**

"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 are: World War II (73,515) Korean War (7,841), Cold War (126), Vietnam War (1,627), 1991 Gulf War (5), and Libya (1). 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 personnel accounted for since 2007 refer to <http://www.dpaa.mil/> and click on 'Our Missing'. 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; or 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 remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

**Vietnam**

*The Defense POW/MIA Accounting Agency announced the identification of remains and burial updates of 1 U.S. serviceman who had been previously listed as missing in action from Vietnam. Returning home for burial with full military honors is:*

-- Marine Corps 1st Lt. **Stanley Johnson**, was co-piloting a UH-34D Choctaw helicopter when it was shot down west of Tam Ky Town in South Vietnam on Dec. 3, 1965. Three Americans and nine Vietnamese soldiers were killed in the crash. Interment services are pending. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/906069/marine-missing-from-vietnam-war-accounted-for-johnson> ..



**Korea**

*The Defense POW/MIA Accounting Agency announced the identification of remains and burial updates of 6 U.S. servicemen who had been previously listed as missing in action from Vietnam. Returning home for burial with full military honors is:*

-- Army Cpl. **Ronald M. Sparks**, of Cambridge, Mass., is scheduled to be interred Aug. 19 in Everett, Mass. On Feb. 12, 1951, Sparks was a member of Company D, 1st Battalion, 3rd Infantry Regiment, 2nd Infantry Division, and was declared missing in action when his unit was clearing a roadblock held by enemy forces in the vicinity of Hoengsong, South Korea. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/885472/soldier-missing-from-korean-war-accounted-for-sparks>.



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-- Army Cpl. **Curtis J Wells**, 19, of Huron, Mich., is scheduled to be interred Sept. 10 in Harbor Beach, Mich. In late November 1950, Wells was assigned to Company C, 65th Engineer Combat Battalion, 25th Infantry Division, when his company joined with Task Force Wilson to fight the Chinese in the vicinity of Unsan, North Korea. Wells was reported missing in action following the engagement. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/901112/soldier-missing-from-korean-war-accounted-for-wells/>.

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-- Army Master Sgt. **Charles J. Brown** is scheduled to be interred Sept. 26 in Sarasota, Fla. In early November 1950, Brown was a member of Company L, 3rd Battalion, 8th Cavalry Regiment, when Chinese forces attacked the regiment and forced the unit to withdraw to the village of Ipsok, North Korea. The survivors attempted to set up a defensive perimeter, but many soldiers became surrounded and attempted to escape and evade the enemy. The

majority were captured and marched to POW camps. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/901163/soldier-missing-from-korean-war-accounted-for-brown> .

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-- Army Sgt. 1st Class **Lahwrence J. Smit** is scheduled to be interred Sept. 30 in Crowley, La. On Feb. 11, 1951, Smith was a member of Company A, 1st Battalion, 38th Infantry Regiment, supporting South Korea's attack on Chinese forces in an area known as the central corridor. The Chinese launched a massive counterattack, forcing the Americans to fight at Changbong-ni. Smith would be reported as missing the next day. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/901188/soldier-missing-from-korean-war-accounted-for-smith> .

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-- Army Cpl. **Larry M. Dunn** was a member of Company B, 2nd Engineer Combat Battalion, 2nd Infantry Division, when his unit was fighting through a heavily defended roadblock near Sonchu, North Korea. He would be declared missing in action on Dec. 1, 1950. Interment ceremonies have yet to be announced. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/878696/soldier-missing-from-korean-war-accounted-for-dunn> .

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-- Army Pfc. **William R. Butz**, 19, of Glendive, Mont., is being buried today in Vancouver, Wash. He was declared missing in action on Dec. 12, 1950, after his unit was heavily attacked by enemy forces near the Chosin Reservoir in North Korea. Butz was a member of Company K, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. Learn more at: <http://www.dpaa.mil/News-Stories/News-Releases/Article/906224/soldier-missing-from-korean-war-accounted-for-butz/>.



#### **World War II**

*The Defense POW/MIA Accounting Agency announced the identification of remains and burial updates of 14 U.S. servicemen who had been previously listed as missing in action from World War II. Returning home for burial with full military honors are:*

- Army Air Forces Flight Officer **Judson B. Baskett**, 26, of Harris County, Texas, is scheduled to be interred Aug. 12 in Houston. As previously announced, he went missing on Nov. 28, 1946, while piloting a C-47B Dakota aircraft with two other crewmen over Malaysia. He was assigned to the 1305th Army Air Base Unit. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/879947/airman-missing-from-world-war-ii-accounted-for-baskett> .



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-- Army Air Forces 1st Lt. **Robert L. McIntosh**, 21, is scheduled to be interred Aug. 13 in his hometown of Tipton, Ind. On May 12, 1944, McIntosh was piloting a single-seat P-38 aircraft on a strafing mission against an enemy airfield in Piacenza, Italy. As visibility worsened, his formation was ordered to climb above the overcast. McIntosh's aircraft was observed diving through the clouds and was not seen again. He was assigned to the 27th Fighter Squadron, 1st Fighter Group. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/881579/airman-missing-from-world-war-ii-accounted-for-mcintosh> .

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-- Marine Pvt. **Dale R. Geddes**, 21, is scheduled to be interred Aug. 22 in his hometown of Grand Island, Neb. In November 1943, Geddes was assigned to Company H, 2nd Battalion, 8th Marines, 2nd Marine Division, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. Over several days of intense fighting, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded. Geddes died sometime on the first day of the battle, Nov. 20, 1943. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/885554/marine-missing-from-world-war-ii-accounted-for-geddes> and the article in this newsletter titled "**Battle of Tarawa Casualty**".

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-- Marine Pfc. **George H. Traver** is scheduled to be interred Aug. 28 in Chatham, N.Y. In November 1943, Traver was assigned to Company K, 3rd Battalion, 8th Marine Regiment, 2nd Marine Division, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. Over several days of intense fighting, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded. Traver died sometime on the first day of the battle, Nov. 20, 1943. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/879998/marine-missing-from-world-war-ii-accounted-for-trave/> .



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-- Army Cpl. **Frederick G. Collins**, 23, was a member of the 263rd Quartermaster Company, Quartermaster Corps, stationed at Nichols Field in Manila, Philippines, when the Japanese invaded on Dec. 8, 1941. Following the April 9, 1942 surrender, Collins and thousands of others began the torturous 65-mile "Bataan Death March" northward. On Nov. 19, 1942, 14 Americans, including Collins, were reported to have died and were buried by their fellow prisoners in a common grave. Interment ceremonies have yet to be announced. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/840711/soldier-missing-from-world-war-ii-accounted-for-collins> .

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-- Army Air Forces 2nd Lt. **Marvin B. Rothman** was piloting a single-seat P-47D Thunderbolt on a bomber escort mission over New Guinea, when he was attacked by enemy fighter aircraft. He would be declared missing on April 11, 1944. He was a member of the 311th Fighter Squadron, 58th Fighter Group. Interment ceremonies have yet to be announced. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/878681/airman-missing-from-world-war-ii-accounted-for-rothman> .

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- Navy Ensign **John C. England**, 20, of Alhambra, Calif., is being buried Aug. 13 in Colorado Springs, Colo. On Dec. 7, 1941, England was stationed aboard the USS Oklahoma when the battleship suffered multiple torpedo hits and capsized as it was moored off Ford Island in Pearl Harbor, Hawaii. Read more at: <http://www.dpaa.mil/News-Stories/News-Releases/Article/906114/uss-oklahoma-sailor-from-world-war-ii-accounted-for-england>



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-- Army Air Forces 2nd Lt. **Robert W. Ward**, was co-piloting a B-26C Marauder bomber that was shot down near Philippsweiler, Germany, on Dec. 23, 1944. Ward and one other of the nine-member crew were reported killed in action. He was assigned to the 559th Bombardment Squadron, 387th Bombardment Group, 9th Air Force. Interment services are pending. Read more at: <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Article/906008/airman-missing-from-world-war-ii-accounted-for-ward> ..

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-- Navy Seaman 2nd Class **Vernon N. Grow**, Machinist's Mate 1st Class Earl L. Melton, and Ensign Verdi Sederstrom, were stationed aboard the USS Oklahoma when the battleship suffered multiple torpedo hits and capsized as it was moored off Ford Island in Pearl Harbor, Hawaii. The USS Oklahoma's 429 casualties were second only to the USS Arizona's that day. Interment services are pending.

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-- Marine Pvt. **Emmett L. Kines**, Pvt. **Frank F. Penna**, Pfc. **Wilbur C. Mattern**, Pfc. **Ronald W. Vosmer** and Sgt. **Fae V. Moore**, were killed in action when the 8th Marine Regiment, 2nd Marine Division, landed Nov. 20, 1943, against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. Over several days of intense fighting, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded; Japanese forces were virtually annihilated. Falling on the first day of battle were Penna, Vosmer and Moore, who

were assigned to Company E, 2nd Battalion, and Kines, who was in Company F, 2nd Battalion. Falling on Nov. 21 was Mattern, who was assigned to Company M, 3rd Battalion. Interment services are pending.

[Source: <http://www.dpaa.mil> | August 15, 2016 ++]

\* VA \*



## VA Medical Staff Update 02 ► Attrition Rate Increase

Clinical professional positions at the Veterans Health Administration have continued to face rising losses, a 29 JUL report from the Government Accountability Office has found. The report examined the attrition rate of five clinical jobs that the VHA considers in short supply—including physicians, nurses and psychologists—and found that the rate of professionals leaving the agency had increased by 31 percent, from 5,897 positions in 2011 to 7,734 in 2015. The report comes at a time in which the VHA is trying to better its response time to an increasing number of veteran health care issues. “Despite its hiring efforts, we and others have expressed concerns about VHA’s ability to ensure that it has the appropriate clinical workforce to meet the current and future needs of veterans, due to factors such as national shortages and increased competition for clinical employees in hard-to-fill occupations,” the report said in a letter to Sen. Richard Blumenthal, D-Conn., the ranking member of the Senate Committee on Veterans’ Affairs.

The five shortage positions accounted for nearly half of the total clinical positions lost in 2015, driven largely by voluntary resignations and retirements. The report found that professionals in the clinical shortage positions that left the VHA cited the following in exit interviews:

- 28 percent said advancement had played a role, while 21 percent said that dissatisfaction, including “such as concerns about management and obstacles to getting the work done, was the primary reason they were leaving.”
- 71 percent said no single event convinced them to leave the VHA.
- Half of the respondents said they were generally satisfied with senior management, while 31 percent said they were not.
- 65 percent were generally satisfied with their jobs, while 25 percent said they were not.
- 50 percent said they would have stayed if they had benefits like alternative or part-time schedules or student loan repayment or tuition assistance.

The report is part of an annual assessment of the five clinical positions with the largest staffing shortages in the VHA, which is required by The Veterans Access, Choice, and Accountability Act of 2014. The GAO didn’t offer any recommendations on how to stem the losses, but the Department of Veterans Affairs said in the report that the attrition levels had returned to the pre-recession rates of 2006-2007 after they declined due to the economic downturn. The agency also said the shortage mirror those in the private health care sector, where there is increased competition to fill physician and nurse shortages, but that it was still working to address them in-house. “VHA is strongly committed to developing long-term solutions that mitigate risks to the timeliness, cost-effectiveness, quality

and safety of the VA health care system,” the agency said in response to the report. [Source: Federal Times | Carten Cordell | August 1, 2016 ++]

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## **VA Emergency Care Update 09 ► 1 in 3 Claim Denials in FY 2014**

Fearing the Department of Veterans Affairs would deny his claim, a disabled Pittsville Gulf War veteran avoided going to his nearest emergency department during a recent medical scare. “My pillow was covered in blood,” said Jerry Zehrung, who has lived with a constant infection risk since having his hip resurfaced eight years ago. “My wife looks at me and she's panicked,” Zehrung said. “Her first instinct was let’s get you to the emergency room. And my first instinct was who's going to pay the bill.” NewsChannel 7 Investigates discovered a VA executive admitting there are a large number of denied veterans’ emergency treatment claims.



**Jerry Zehrung (left)**

Testifying before a Veterans’ Affairs subcommittee in February, VA Assistant Deputy Undersecretary for Health for Community Care, Dr. Baligh Yahia, told members of congress during the 2014 budget year approximately 30 percent of the 2.9 million emergency claims filed with the VA were denied. Of those 870,000 denied claims, a VA representative confirmed 7,000 of those claims came from Wisconsin veterans. In breaking down the denied claims during his testimony, Yahia said 89,000 were late. Another 98,000 were not emergencies. 140,000 were denied because a VA facility was determined to have been available. And 320,000 more claims were denied because the Veteran was determined to have other health insurance that should have paid for the care. In total, about one-out-of-every-three veterans’ emergency claims were denied during the 2014 budget year. “Many of these denials are the result of inconsistent application of the “prudent layperson” standard from claim to claim and confusion among Veterans about when they are eligible to receive emergency treatment through community care,” Yahia testified on 2 FEB

While Zehrung did not know the exact numbers, he knew many of his fellow veterans had seen their emergency claims denied. Fearing the possible billing risk, the morning of his medical scare Zehrung did not travel from his Pittsville home to the nearest emergency department about 15 miles away in Wisconsin Rapids. The closest VA approved ER is more than 120 miles away in Madison. Because he knew the bill would at least be covered more than 40 miles away at the Tomah VA's urgent care, Zehrung had his wife drive him more than twice as far as the closest emergency care. "I've heard too many horror stories by too many people. And the stress that it creates for a family. No veteran should face," Zehrung said. “The prospect of putting my family in that situation is untenable.”

### **ONE VETERANS NATIONAL APPEAL**

One of those horror stories is retired Minnesota Air force veteran Richard Staab. From 1952 to 1956 the now 84-year-old was a ground radio operator. After a heart attack and a stroke left Staab unable to communicate, court documents tell the story of how the veteran ended up at several non-VA medical facilities between 2010-2011. Eventually, Staab needed open heart surgery. However, when it came time to pay \$48,000 in bills, the VA countered saying Staab should have received their permission before going to the non-VA facilities, and because he had

Medicare, the VA took the position they did not have to pay. "It depleted his life savings," one of Staab's lawyers Jacqueline Schuh said. "And he's on a very low fixed income. So he literally has nothing else."

Three appeals and nearly six years after Staab suffered his heart attack, the United States Court of Appeals for Veterans Claims agreed to hear his case. In April, the three judge panel sided with the veteran, saying the VA had violated federal law since 2009, by using an out of date regulation for years to deny veteran's emergency claims. Whether or not Staab had Medicare, the judges said the VA should have paid his bills and would have to now have to reimburse Staab. "Was very elated, as we both were, to see what the initial outcome was of the appeal," Staab said. But that victory would be short lived. This month, Staab learned the VA had appealed the decision to the United States Court of Appeals.

Schuh feels the VA's repeated appeals are because the Staab case would set a precedent that could cost the VA to have to repay a massive amount of denied claims. During Yihia's congressional testimony, the VA executive said the nearly one-out-of-three veterans' emergency care claims denied during the 2014 budget year totaled \$2.6 billion "I don't think it's his particular case so much as it is the ramifications of how many people will be opening up their cases from 2010 to the present to seek that reimbursement," Schuh said. "If the decision is affirmed, and it's not appealed further, and they pay him out, the question is going to be whether he is alive to receive the payment," Schuh added. "If he's not alive to receive the payment there's no benefit to the family after either." Because of the ongoing litigation, VA representatives declined to comment to News Channel 7 Investigates on their appeal of the Staab Case, other than citing what is detailed in their appeal.

### **COLLECTING ON VETERANS UNPAID BILLS**

A former collection agent, named Susan, says she was at first surprised, and then saddened to discover much of her job was spent calling veterans and their loved ones about unpaid bills. "Most of the time it was the VA denying their medical benefits," Susan said. "They'd take them in and assume the VA was going to take care of that. And they come to find out the VA has stipulations. There's a 72 hour rule. You don't contact the VA within 72 hours they can deny that claim." "It was very sad," Susan said. "Because my husband is a veteran." Susan is Susan Zehrung, Jerry Zehrung's wife. She found herself in a similar situation to all those veterans and loved ones she spent years on the phone with, the morning she thought her husband was in the middle of a medical emergency. "And he was more concerned about wanting to call the VA, then wanting to go to an emergency room closer," Susan Zehrung said. "And he seemed to get the run around. Speaking to the person on the phone she said I'm not a doctor. I can't tell you not to go to the emergency room." "To me America should be taking care of their veterans. They're the ones who will run into any fire fight for their country," Susan added. "And to not have the American people and the government backing them on their health care costs is ludicrous."

### **BUYING A SAFETY PLAN**

Before his medical scare, Jerry Zehrung thought if an emergency ever happened he would buy an extra insurance plan. While that is allowed under the federal health care law, VA care meets the requirement for having health insurance. That means veterans are not eligible for assistance to lower a second plan's cost. "All I'm asking for is every vet in our country get the same rights, and get treated the same way as every other American," Zehrung said. In late June, NewsChannel 7 Investigates was there as Zehrung took that concern to staff from the offices of Sen. Tammy Baldwin (D-WI), Sen. Ron Johnson (R-WI) and Rep. Sean Duffy (R-WI).

During the meeting Zehrung was presented with a possible law change. Known as the Improving Veterans Access to Care in the Community Act, which Baldwin is sponsoring, Baldwin's representative told him the legislation includes creating a cost-sharing system for emergency care. However, Zehrung said the bill does not address his concern. "If you obtain health insurance from the Veterans Administration, the way the legislation reads now, you cannot purchase a health insurance plan for yourself," Zehrung said. "And I don't quite understand that."

Like many veterans, Zehrung is confused by a system that cannot guarantee those who served a grateful nation will have their emergency bills paid. "Unfortunately sometimes the definition of thanks and grateful get lost in translation," Zehrung said

In his case he is grateful his bleeding ear was not an emergency. But with gratitude comes the daunting realization: if he had gone to his closest hospital, today he would likely be looking at have to pay the bill out of his own pocket. "How often do you think these veterans are suffering life threatening emergencies?" Zehrung asked. "And their first thought isn't I need help. It's how is the bill going to be paid." In a statement to NewsChannel 7 Investigates, Duffy said, "The VA is a broken system, but the answer is not to expose our veterans to the disaster that is Obamacare. We need a VA that actually follows through on that promise. That's why I'm fighting to reform the VA and hold its leaders accountable."

### **THE VA RESPONSE**

In a response to NewsChannel 7 Investigates questions, VA spokesperson Sabrina Owen released the following responses to our questions on behalf of VA representatives:

**Question 1:** *According to Dr. Yehia's February 2016 testimony, in FY2014 30% of the 2.9 million emergency treatment claims filed with VA were denied. Of those 30 % denied claims, what percentage and number of Veterans represent the state of Wisconsin?*

Response 1: Of the 30% emergency treatment claims filed that were VA denied in FY14, approximately 3% were from the state of Wisconsin. There were approximately 7,000 unique Veterans within this 3% population.

**Question 2:** *Why won't the VA simply pay for Veterans Emergency Care at non-VA facilities?*

Response 2: VA's authority to reimburse for unauthorized emergency care furnished by non-VA facilities is established in statute. Even if the Staab decision is upheld, the statutory authority does not set forth a payment methodology or payment limitations necessary for VA to implement the decision. Therefore, VA must follow legal procedures to implement regulations that would allow it to process payments for claims impacted by Staab, i.e. claims for reimbursement where a Veteran has coverage under a health-plan contract. Further, the case is in active litigation and may be appealed to the Federal Circuit, which could overturn the Staab decision.

**Question 3:** *Does the VA have an official response to the Richard Staab case?*

Response 3: VA's position is set forth in its filings before the Veterans Court.

**Question 4:** *Reporter would like clarification from the VA on if his understanding of the Richard Staab case is accurate – please provide a statement summarizing the VA response. Here is the reporter's summary of understanding: "In April the judges sided with Mr. Staab, saying the VA failed to revise their emergency medical expense reimbursement regulations, according to a 2009 congressional mandate. It now appears, the VA is appealing this decision. For quick background the VA would not pay Mr. Staab's \$48,000 bill for emergency care when he had a heart attack/stroke and ended up having open heart surgery because he did not receive the VA's pre-approval for this non-VA hospital care while Mr. Staab was incapacitated."*

Response 4: VA denied Mr. Staab's claims for reimbursement under 38 U.S.C. § 1725(b)(3)(B) and 38 C.F.R. §17.1002(f) because he was covered by Medicare. Because this is an active litigation matter, we decline to state more at this time.

**Question 5:** *Why is the VA fighting the ruling of the Richard Staab case?*

Response 5: VA's position is set forth in its filings before the Veterans Court. Because this is an active litigation matter, we decline to state more at this time.

**Question 6:** *Also a point of clarification – we have heard from veterans who say when they call the VA they're told to go to the ER – only to be told later the VA determined their emergency care bill would not be reimbursed. Who is the "they" making the reimbursement decision? What is the official name of that position?*

Response 6: When a Veteran calls, he/she may receive a recorded message which advises him/her to call 911 or report the closest emergency if he/she is experiencing a life threatening emergency. This statement is to ensure that the Veteran takes the necessary steps to receive emergency care. It is also the same message found in the community when a patient receives a recorded line at his/her physician's office. Such a message does not commit VHA to payment of any associated claim. VHA Office of Community Care must still make an eligibility determination for emergent care based on current regulatory authorities.

[Source: WSAW TV |News Channel 7 | Matthew Simon | Jul 28, 2016 ++]

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## **VA Pain Care Update 04 ► Study Shows Improvement With Age**

Older military veterans frequently show improvements in pain intensity over time. However, opioids, some mental health conditions and certain pain diagnoses are associated with lower likelihood of improvement, according to research reported in *The Journal of Pain*. The aging veteran population is at especially high risk for persistent pain. Unfortunately, little is known about factors linked with positive and negative outcomes over time. Further, older adults have the highest prevalence of long-term use of pain medications, including opioids.

Researchers at the Department of Veterans Affairs Center to Improve Veterans Involvement in Care and Oregon Health & Science University sought to identify clinical and demographic factors associated with changes in pain scores over time in a national cohort of veterans 65 and older with chronic pain. They hypothesized that older age and comorbid mental health disorders would be associated with less improvement in pain conditions over time. The study examined a database of some 13,000 veterans receiving treatment in the VA system who had elevated numeric rating pain scores and had not been prescribed opioids. They measured the percentage decrease over 12 months in average pain intensity scores and the time to sustained improvement.

Results showed that nearly two-thirds of these patients met criteria for sustained improvement during the 12-month follow up period. A key finding was initiation of opioid therapy was associated with lower likelihood for sustained improvement. Other factors associated with poor improvement were service-connected disability and mental health problems, chronic low back pain, neuropathy and fibromyalgia/myofascial pain diagnoses. "We found that older veterans often show improvements in pain intensity over time, and that opioid prescriptions, mental health conditions and certain pain diagnoses are associated with lower likelihood of improvement," said Steven K. Dobscha, MD, lead author and professor of psychiatry at Oregon Health and Sciences University. "Further, the oldest group of veterans within the sample demonstrated the most improvements in pain intensity. This supports prior research indicating that as age increases, patterns and perceptions of pain may change and suggests that many older people with pain adjust and cope better over time."

Although two-thirds of the sample experienced pain improvement over time, a substantial minority of veterans did not show reductions in pain intensity, and some had exacerbated pain. Dobscha said the study findings call for further evaluation of pain outcomes in older adults and that in particular there is a need for more research to study relationship between prescription opioids and treatment outcomes over time. [Source: American Pain Society | July 28, 2016 ++]

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## **VA Intermediate Care Technician ► Former Military | Career Field**

Recently discharged military medics across the country now have the opportunity to seek comparable employment with VA, thanks to a program which aims to integrate them as clinical staff in VA's emergency departments. The

program’s mission is twofold — to develop a pipeline of well-trained clinical staff into the VA and to cultivate a career transition for former medics into civilian employment in the medical career field.

In 2011, VA introduced a pilot program to explore a potential career field in its medical centers, the Intermediate Care Technician (ICT). The idea sprang from the department’s desire to recruit former military medics and corpsmen to capitalize on their tremendous knowledge, skills and experience. Beyond active duty there are few, if any, equivalent civilian health care positions that allow these Veterans to utilize their training without additional academic preparation. VA began recruiting former military medics and corpsmen to fill these positions in 2012. The ICT role was designed to capitalize on the training and skills of the former medics and corpsmen to provide a higher level of clinical support to both nursing and medicine.

To test the feasibility of the new position, a one-year pilot program was implemented in 15 emergency departments, each with three ICTs. The pilot facilitated the hiring of former medics and corpsmen to fill the positions. VA received over 400 applications for 45 vacancies. Throughout the pilot phase, VA completed proficiency and competency testing for ICTs in a variety of skills: taking vital signs; completing point-of-care testing including EKGs, rapid flu/strep, and urine testing; drawing blood samples; placing IVs, NG tubes and catheters; eye and ear irrigation; simple abscess incision and drainage; suturing, splinting and wound care. ICT responsibilities range from expediting the flow and efficiency of fact track areas within the emergency department, rooming and prepping patients for evaluation, confirming that tests initiated in triage are completed, coordinating the patient to different venues and completing their discharge process.

Program administrators paid special attention to the impact ICTs had on patient care and satisfaction. The pilot demonstrated that the ICT role was a success. Pilot sites reported improved patient processing and increased productivity of emergency department staff as a whole. In addition, ICTs reported satisfaction and gratitude for the chance to use their knowledge and skills for Veteran care. Additionally, Veteran patients easily identified with and accepted the care provided by the ICTs.

Upon completion of the pilot program, facilities not included in the first phase expressed an interest in hiring ICTs. VA is now in the process of expanding the ICT role as a special classification. VA is also creating a career pathway for ICTs to attain licensed professional roles through advanced education, with the goal of long-term VA employment, supporting VA’s ongoing mission of providing quality care to Veterans. For information about opportunities in the ICT career field, visit VA Careers and read more about the ICT pilot program career opportunities and application requirements at [www.vacareers.va.gov/careers/intermediate-care-technician/index.asp](http://www.vacareers.va.gov/careers/intermediate-care-technician/index.asp).

[Source: This Week At VA | July 29, 2016 ++]

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## **VA End-Of-Life Study ► Results for Non-Cancer Conditions**

Although most patients in the United States die of another condition, cancer is the focus of most end-of-life care studies. The result, according to new VA-led research, is that families reported better quality of end-of-life care for veterans with cancer—and for dementia—than for those with end-stage renal disease (ESRD), cardiopulmonary failure or frailty. The likely reasons? Patients with cancer or dementia had higher rates of palliative care consultations and do-not-resuscitate orders, and fewer died in hospital intensive care units, according to the report published online by *JAMA Internal Medicine* and to coincide with a presentation at AcademyHealth’s Annual Research Meeting in June.<sup>1</sup> The study looked at patients who died at 146 inpatient facilities within the VA healthcare system and was led by researchers from the Boston VAMC.

“We need to broaden our attention to improve the quality of end-of-life care for all patients, not just those with cancer or dementia,” said lead author Melissa Wachterman, MD, MPH, MSc, who in addition to her VA role is at Harvard Medical School and Dana-Farber/Brigham and Women’s Cancer Center. “Our study shows that, while

there is room for improvement in the quality of end-of-life care for all patients, this is particularly true for patients dying of heart failure, chronic lung disease and renal failure.”

Medical records and family surveys were examined for more than 34,000 patients who died at the VA between 2009 and 2012. Veterans with end-stage renal disease, cardiopulmonary failure—congestive heart failure or chronic obstructive pulmonary disease—and frailty were far less likely to receive palliative care consultations than patients with cancer or dementia. In fact, one-third of those patients died in the intensive care unit, more than twice the rates for those with cancer or dementia. Those veterans also were less likely to have do-not-resuscitate orders. On the other hand, death in a hospice unit—the inpatient setting with the highest level of family-reported quality—was more common among patients with cancer and those with dementia than among those with end-organ failure or frailty.

Overall, results indicate that patients who had been seen by a palliative care doctor received better end-of-life care based on reports from their families. “Increasing access to palliative care at the end of life may improve the quality of end-of-life care for those with heart, lung and kidney diseases—a group that is rapidly growing with the increasing number of aging Americans dying of these conditions,” Wachterman said. Among 57,753 veterans who died, about half of the patients with ESRD (50.4%), cardiopulmonary failure (46.7%) or frailty (43.7%) received palliative care consultations, compared with 73.5% of patients with cancer and 61.4% of patients with dementia. In addition, about one-third of patients with ESRD (32.3%), cardiopulmonary failure (34.1%) or frailty (35.2%) died in an intensive care unit—usually associated with poorer end-of-life care. That rate was much higher than for patients with cancer (13.4%) and dementia (8.9%), study authors reported.

Family reports of excellent quality of end-of-life care were similar for patients with cancer (59.2%) and dementia (59.3%) but lower for patients with ESRD and cardiopulmonary failure (both 54.8%) or frailty (53.7 percent). Study authors suggested several steps to improve disparities in overall quality of end-of-life care, including increasing access to palliative care and inpatient hospice for patients with ESRD, cardiopulmonary failure or frailty, and more discussions with those patients about preferred setting of death.

The researchers questioned whether diagnosis-related differences in patient and/or family preferences explained some of the differences in care perception. “However, we found that the groups of patients who were less likely to receive palliative care consultation, less likely to have a do-not-resuscitate order, and more likely to die in the ICU—those with end-organ failure or frailty—also had lower rates of families reporting that their health care professionals offered the medical treatment that the patient and family wanted,” they pointed out. “This finding is more consistent with the notion that some diagnosis groups experience a greater mismatch between the care they receive and their underlying preferences, rather than diagnosis groups exhibiting sharp differences in preferences.” Differences in perceptions regarding the treatability of different serious conditions and the reversibility of their associated acute complications were factors, however.

The researchers described how, for patients with end-organ failure, the clinical trajectory usually includes acute exacerbations that are temporarily responsive to interventions. When those interventions are no longer helpful, however, “it can be a difficult transition for patients, families and health care professionals. Therefore, differences in quality by diagnosis may reflect a failure to accept impending death and de-escalate aggressive treatment in conditions characterized by chronic progressive end-organ failure.” While use of measures of treatment intensity as quality indicators generally has been limited to the field of oncology, study authors suggest that, because of the frequency of high-intensity care for patients with end-organ failure, the measures could be used as quality indicators among patients dying of other conditions as well. One disturbing aspect of the research, according to the report, is the high prevalence of pain among veterans dying in the hospital. Most, more than 75%, had pain in the last month of life, with more than half reporting frequent uncontrolled pain.

Another recent study found that use of palliative care was highly inconsistent in veterans dying of cancer. For example, patients with brain cancer were more likely to receive palliative care than those with kidney cancer. In addition, patients older than 85 were less likely to receive palliative care than patients between the ages of 65 and

69, while patients older than 80 were more likely to receive hospice care than younger patients. Those with brain cancer, melanoma or pancreatic cancer were more likely to receive hospice than patients with prostate or lung cancer.

At the same time, patients receiving VA care were less likely to receive hospice care for the minimum recommended three days, compared with those in Medicare or in other contracted care paid for by VA. VA patients first received hospice care a median of 14 days before death, compared with patients in VA-contracted care who entered hospice a median of 28 days before death, even though VA cancer patients are allowed to continue to receive curative treatment while in hospice care. “Ideally, there shouldn’t be any difference in timing of this care,” said lead author Risha Gidwani, DrPH, a health economist at Veterans Affairs Palo Alto Health Economics Resource Center and a consulting assistant professor of medicine at the Stanford University School of Medicine. “Patients should receive a service based on their clinical need, not due to healthcare system factors.”

The situation might be even more serious for patients without cancer, according to the Boston VAMC study. “Our finding that patients with end-organ failure and frailty had rates of frequent, uncontrolled pain similar to those of patients with cancer (a group generally considered to be at high risk for pain) suggests another opportunity to improve care,” study authors wrote. “The lower rates of uncontrolled pain in patients with dementia must be viewed with caution, since pain is often underappreciated in this population, even by family members.”

Overall, the researchers suggested, applying protocols developed for cancer and dementia at the end of life to other conditions could substantially improve end-of-life quality. “While there is room for improvement in end-of-life care across all diagnoses, family-reported quality of end-of-life care was significantly better for patients with cancer and those with dementia than for patients with ESRD, cardiopulmonary failure or frailty,” they concluded. “This quality advantage was mediated by palliative care consultation, do-not-resuscitate orders and setting of death. Increasing access to palliative care and increasing the rates of goals of care discussions that address code status and preferred setting of death, particularly for patients with end-organ failure and frailty, may improve the quality of end-of-life care for Americans dying with these conditions.”

An accompanying editorial notes that the VA health system has invested in “the rapid expansion of palliative care services and a reporting process that provides the data for this study and ongoing quality metric assessments.” Specifically, the VA has supported integration of palliative care services with disease-focused treatment to reduce the “terrible choice” of treatment focused on disease as opposed to a comfort approach to care according to commentary by Stacy M. Fischer MD of the University of Colorado School of Medicine at the Anschutz Medical Campus in Aurora, CO; David Bekelman, MD MPH, of the University of Colorado and the Denver VAMC; and F. Amos Bailey, MD, of the University of Colorado and the Birmingham/Atlanta Geriatric Research, Education, and Clinical Center at the Birmingham, AL, VAMC.

“While early access to palliative care services may remain the goal, current and future workforce shortages will continue to limit access,” the commentators wrote. “Despite the resources the VA health system has invested to develop well-trained palliative care teams and units, extending specialty palliative care to all patients facing life-limiting illness would quickly overwhelm these resources. So while efforts to expand the workforce both within and outside the VA health system are critical, further research is needed to understand what services and interventions are truly helpful and how they can be provided by the primary care teams.”

Not every patient needs a palliative care consultation with a specialist palliative care physician, nurse and social worker. Fischer, Bekelman and Bailey suggest understanding which patients need which components and expanding primary palliative care might be the only ways to meet the growing need for patients with advanced progressive medical illnesses. [Source: U.S. Medicine | Brenda L. Mooney | August 2016 ++]

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## VA Pension Update 06 ► One Civil War Pension Still Active

The Civil War ended more than 150 years ago, but the U.S. government is still paying a veteran's pension from that conflict. "One beneficiary from the Civil War [is] still alive and receiving benefits," Randy Noller of the Department of Veterans Affairs confirms. Irene Triplett – the 86-year-old daughter of a Civil War veteran – collects \$73.13 each month from her father's military pension. The identity of Triplett was first reported by The Wall Street Journal in 2014. "VA has an obligation to take care of our nation's veterans no matter how long. It is an honor to serve and care for those who served our country," Noller explained in an email to U.S. News.

As the United States continues fighting the lengthiest war in its history – the campaign in Afghanistan – it is worth considering how long the consequences of U.S. military action reverberate. The U.S. government pays out veterans' benefits to spouses and dependents of former soldiers. A subsection of Title 38 of the United States Code spells out the rules and regulations for their allocation, including for the Civil War, even though that now only applies to one person in the country, Triplett. "Whenever there is no surviving spouse entitled to pension," as there is not in Triplett's case, "the Secretary shall pay to the children of each Civil War veteran who met the service requirements of section 1532 of this title a pension at the monthly rate of \$73.13 for one child... A veteran met the service requirements of this section if such veteran served for 90 days or more in the active military or naval service during the Civil War," the code notes.

"The promises of President Abraham Lincoln are being delivered, 150 years later, by President Barack Obama," then-Veterans Affairs Secretary Eric Shinseki said in a speech in 2013. "And the same will be true 100 years from now—the promises of this president will be delivered by a future president, as yet unborn."

### U.S. Veterans and Dependents on Benefits Rolls as of May 2016

	VETERANS	CHILDREN	PARENTS	SURVIVING SPOUSES
Civil War	-	1	-	-
Spanish-American War	-	46	-	42
Mexican Border	-	3	-	6
World War I	-	1,590	-	1,236
World War II	144,938	9,360	10	178,251
Philippines	1,776	155	3	2,598
Korean Conflict	181,893	2,207	25	74,041
Vietnam Era	1,525,400	4,570	1,198	251,543
Gulf War <sup>1</sup>	1,990,094	4,488	1,788	26,799
Peacetime	710,773	1,382	713	36,048
Non service-connected <sup>2</sup>	292,297	10,175	-	193,442
Service-connected <sup>2</sup>	4,262,577	13,627	3,737	377,122

1. For compensation and pension purposes, the Persian Gulf War period has not yet been terminated and includes Veterans of Operations Iraqi Freedom, Enduring, and New Dawn.

2. This total includes peacetime veterans receiving benefits.

Source: Department of Veterans Affairs

Triplett's father was Mose Triplett, born in 1846. He joined the Confederate army in 1862, but later deserted and signed up with the Union. His first wife died and they did not have any children. He later married Elida Hall who was at least 50 years younger. They had five children, three of whom did not survive infancy. But Irene, and her younger brother Everette did. Mose Triplett was 83 when Irene was born, nearly 87 when her brother Everette came along. Mose Triplett died a few days after returning from the 75th anniversary of the Battle of Gettysburg in 1938.

His wife and daughter went to go live in public housing, and his son ran away. Elida Triplett died in 1967. Everette Triplett died in 1996.

Irene Triplett did not have a happy childhood, she recalled to The Wall Street Journal in a 2014 interview. "I didn't care for neither one of them, to tell you the truth about it," she said referring to her parents. She noted she was often abused. "I wanted to get away from both of them. I wanted to get me a house and crawl in it all by myself," she said. When U.S. News reached out to the Department of Veterans Affairs for updated information on Triplett, a spokesman indicated the family did not wish to be contacted. May-December romances are not unheard of in 2016, but in the case of Mose Triplett and his second wife, based on past comments from Irene, and facts about American life at the time, there may have been very little romance in the union. "[There was] not much economic opportunity during this period," so many men would leave the area, Dan Pierce, a history professor at the University of North Carolina, Asheville, who specializes in the American South, explained in an email exchange with U.S. News. "Parents in this type of situation would encourage daughters, who perhaps cost more to feed than they provided to the economic well being of the farm, to marry (anyone) and relieve them of the expense."



**The Battle of Gettysburg**

While Triplett has outlived all the spouses of Civil War veterans, it is not by as long a period as one might think. The last Confederate widow, Maudie Hopkins died on Aug. 1, 2008, at age 93. The last Union widow, Gertrude Janeway, died Jan. 17, 2003, also at age 93. The last Civil War veterans themselves, both Union and Confederate, died in the 1950s. Both men were more than 100 years old. Since the Civil War's conclusion in 1865, the U.S. has been involved in numerous conflicts around the globe.

- The Spanish-American War was fought in 1898, yet there are 46 surviving children, and 42 surviving spouses, collecting benefits from the VA. The last veteran of the U.S.-Spain conflict over Cuba, Guam, Puerto Rico, and the Philippines, died in 1992 – Nathan E. Cook, aged 92.
- Some 1,590 surviving children and 1,236 surviving spouses of World War I veterans still collect benefits, as of May 2016. American involvement in the Great War occurred from 1917-18, after the war started in 1914 among European parties. The last surviving American World War I veteran was Frank Buckles, who died Feb. 27, 2011, at the age of 110.

[Source: U.S. News & World Report | Curt Mills | August 8, 2016 ++]

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## VA Choice Act Update 13 ► Goals Met by VA

The Department of Veterans Affairs (VA) has scheduled 2,000,000 appointment through the Choice “program. It’s network now has 350,000 providers and facilities. The VA has complied with Congress’ implementation requirements by:

- (1) removing the enrollment date requirement for Choice;
- (2) implementing criteria of 40-mile driving distance from medical facility with primary care physician;
- (3) implementing the unusual or excessive burden criteria; and
- (4) expanding the episode of care authorization from 60 days to up to one year.

[Source: TREA Washington Update | August 8, 2016 ++]

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## VA Cardiac Rehabilitation Program ► Increasing Life Expectancy

“I get to the point where I look forward to Joan calling me on Wednesday afternoons. You know three o’clock comes and I know I have to be near the phone and be ready for her call, and then I give her all my numbers. She’ll check with me to see if I have any pain, how the week went and so forth, which I find is good,” explained rural Veteran Oscar Bourbeau. Bourbeau participates in a new home-based cardiac rehabilitation program offered by the U.S. Department of Veterans Affairs (VA).



Scientific studies show that people who complete a cardiac rehabilitation program following a heart attack or bypass surgery can increase their life expectancy by up to five years, and have:

- 27 percent lower cardiac death rates,
- 25 percent fewer fatal heart attacks, and
- An improved quality of life.

Cardiac rehabilitation occurs in three phases. Phase 1 begins during inpatient hospitalization under physician management. Phase 2 is a medically supervised outpatient program that begins following discharge to slow or even reverse the progression of the underlying hardening and narrowing of the arteries due to plaque. Phase 3 is a lifetime maintenance program with periodic follow-up. Rural Veteran patient participation in sustained Phase 2 rehabilitation is a challenge due to limited transportation options, geographic barriers and lack of proximity to specialized cardiac facilities. To reduce these Veterans’ barriers to care, VA piloted a home-based cardiac rehabilitation program which recently earned the distinction of being a VA Office of Rural Health (ORH) Rural Promising Practice, and is being rolled out nationwide due to patients’ health outcomes and satisfaction.

This Rural Promising Practice enables Veteran patients to first meet in-person with a specialist to safely learn rehabilitation exercises, with subsequent sessions conducted at home. This model eliminates the need to travel multiple times a week to a rehabilitation facility for a sustained time frame, and enables patients to tailor the location and schedule of their ongoing 30-minute rehabilitation exercise sessions. Regularly scheduled phone calls with the

rehabilitation specialist are dedicated to review curriculum that addresses risk factors, such as smoking cessation and proper nutrition. Other discussions focus on exercise, medication adherence and stress management. “The weekly calls are very beneficial because I have a plan and goals that really allow me to focus on getting my health back on track,” stated program participant and rural Veteran Richard Howe.

Joan Walsh, a program nurse at Manchester VA Medical Center explained, “I’ve had some Veterans say I’m the devil on the shoulder or others you know, say I’m the angel on the shoulder.” She added, “I hold them accountable for them taking control of their health, and making it better. I’m very proud of the Veterans and their dedication to this program, and to making their lives healthy.”

To evaluate the success of a 12-week remote, home-based Phase 2 cardiac rehabilitation program compared to a traditional on-site program, researchers: reviewed its reach, effectiveness and implementation; compared clinical measures; and compared cost data. Results showed both health outcomes and costs were comparable with no negative impacts from remote care. In fact, rural Veteran patients who used home-based rehabilitation reported higher levels of satisfaction and were more likely to complete the program.

To learn more about the expanding Cardiac Rehabilitation Program pr, watch the three minute “Home-Based Cardiac Care for Rural Veterans” video at <https://youtu.be/S3tI3vMaDJs>. The Office of Rural Health oversees Rural Promising Practices as part of its portfolio of enterprise-wide initiatives. These 40+ initiatives help increase access to care for the 3 million Veterans living in rural communities who rely on VA for health care. To learn more, visit [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov) or email [rural.health.inquiry@va.gov](mailto:rural.health.inquiry@va.gov). [Source: Veterans Health | In The spotlight | August 6, 2016 ++]

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## **VA Suicide Prevention Update 33 ► 2001-2014 VA Suicide Report**

On 3 AUG, the VA released **Suicide Among Veterans and Other Americans 2001-2014**, a comprehensive analysis of veteran suicide rates in the United States in which VA examined more than 55 million veterans’ records from 1979 to 2014. “While the number of suicides among all veterans is significant, what may not be known is that approximately 65 percent of all veterans who died from suicide in 2014 were 50 years of age or older,” said John Rowan, National President of Vietnam Veterans of America. “Why is it that so many veterans, basically, take their lives by suicide? Last year, the Clay Hunt SAV Act, Public Law 114-2, was enacted to address the high suicide rate amongst the newer veterans but did not specifically address the older veterans. We call on the VA to increase its outreach and education efforts immediately so that the families of all veterans, especially our older veterans, are aware of this risk.”

The VA must overcome all barriers to find the key—if indeed there is one—to preventing suicide in as many instances as possible among our veterans. All Americans must also realize that there is a very serious problem with veteran suicides and act upon it with a coordinated effort in our communities—with our fellow veterans, both young and old; our families; our friends; and with researchers and the agencies of government. As we have repeatedly stated, one veteran suicide is too many. And let’s not fool ourselves with easy answers.”

Since 2001, the rate of suicide among U.S. veterans who use VA services has increased by 8.8 percent, while the rate of suicide among veterans who do not use VA services increased by 38.6 percent. In the same time period, the rate of suicide among male veterans who use VA services increased 11 percent, while the rate of suicide increased 35 percent among male veterans who do not use VA services. In the same time period, the rate of suicide among female veterans who use VA services increased 4.6 percent, while the rate of suicide increased 98 percent among female veterans who do not use VA services. Go to [www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf](http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf) to read the report. [Source: VVA Web Weekly | August 5, 2016 ++]

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## VA Million Veteran Program Update 06 ► 500,000+ Now enrolled

With more than 500,000 Veteran Partners enrolled, MVP is now the largest genomic database in the world, placing VA Healthcare at the forefront of the Precision Medicine revolution. Sponsored by VHA's Office of Research & Development, the program links genetic, clinical, lifestyle, and military-exposure information and will help researchers learn about the role genes play in a variety of diseases relevant to Veterans and the population at large, leading to better treatment and prevention strategies. Early studies are focusing on PTSD, schizophrenia and bipolar disorder, Gulf War Illness, cardiovascular disease, diabetes, chronic kidney disease, multi-substance use and age-related macular degeneration. For more information, visit [www.research.va.gov/mvp](http://www.research.va.gov/mvp). [Source: DVA Office of Research & Development | August 3, 2016 ++]

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## VA Disability Claim Myths ► 12 Facts You Need to Know

Many veterans don't want to file a VA disability claim when they leave the military. There are many misconceptions about what it means to file for VA disability compensation, what happens when the VA reviews your claim, and how it will affect veterans going forward. This article discusses some myths surrounding VA benefits claims, and some of the reasons it's a good idea to file a VA disability claim when you leave the military.

### **Myth: *I don't have a disability.***

This is probably the most common reason veterans don't file a disability claim. It's unfortunate that there is a stigma around the term "disability." A better way to look at a VA disability claim is to say, "I have a medical condition that occurred during, or was caused by, my military service." Likewise, you can think about "disability compensation" as an insurance policy against those same medical conditions. An approved disability claim will give you access to VA medical care and a monthly disability compensation payment (for ratings 10% or higher). Filing a VA disability claim isn't milking the system – it is a way to insure your future self from potentially worse medical conditions, get the medical treatment you need, and receive monetary compensation from lost earnings potential.

### **Myth: *Having a VA disability rating will affect my future employment options.***

Many jobs require members to be in top physical condition (police, firefighters, first responders, federal agents, etc.). Some of these careers may even require the member to pass a physical fitness test or other medical screening. In almost all of these cases, the underlying medical condition and your health and fitness will determine your ability to qualify for the job. The fact you have a VA disability rating generally won't impact your ability to land the job. To counter this myth, a VA disability rating may actually give you additional Veterans Preference Points for federal employment (some states may have a similar program for state job applications).

### **Myth: *I won't be able to join the Guard or Reserves with a VA disability rating.***

This may or may not be true. The truth is it is possible to join the Guard or Reserves if you have a VA disability rating, provided you are otherwise healthy enough to serve. In many cases, it's possible to transfer directly from active duty to the Guard or Reserves without having to go through additional medical screening. If you have a break in service, you may need to go through MEPS again, and possibly even request a medical waiver to join. But just having a disability rating doesn't always prevent you from serving again. Again, it's the underlying medical condition that will determine your ability to serve, whether there is a VA disability rating or not.

### **Myth: *Getting VA Disability benefits will take them from someone who deserves them.***

This is a noble line of thinking, but it's not true. There is no quota or maximum number of veterans who can receive VA disability benefits. The VA also places veterans into Priority Groups based on the severity of their

disability ratings, economic need, and other factors. The VA is there for all veterans, not just those who have the “greatest” need. You owe it to yourself and your family to receive the care and benefits you have earned.

**Myth: *I’m already receiving military retirement pay. VA Disability compensation will only reduce my retirement pay.***

This is another statement that is based on a partial truth, then slightly twisted. Retirees with a VA disability rating of 40% or lower will have their military retirement pay reduced by the amount of disability compensation they receive from the VA. However, VA disability compensation is tax-free. So the net gain works in the veteran’s favor. Retirees with a VA disability rating of 50% or higher are eligible to receive Concurrent Retirement and Disability Payments (CRDP) <http://themilitarywallet.com/concurrent-receipt-military-retirement-pay>. CRDP awards veterans their full military retirement pay along with their full disability compensation payment. Military retirees with a disability rating may have their pay affected in other ways. The following article will give you more information regarding how VA disability compensation affects military retirement pay - <http://themilitarywallet.com/va-disability-compensation-affects-military-retirement-pay>.

**Myth: *VA Disability Compensation benefits aren’t worth that much.***

I wouldn’t say that. A 10% disability rating brings in \$133.17 per month in disability compensation (FY16 rates). That may not seem like a huge amount on the surface. But this is a monthly payment that is also indexed to inflation, meaning it can increase over time. The higher your rating, the larger the monthly compensation payment. Veterans with a disability rating of 30% or greater can add dependents to their disability claim. This will increase the monthly payment for each qualified dependent. Finally, you may be able to file a new claim for an increased rating if your condition worsens. See the VA Disability Compensation Rates Table for More Information at <http://themilitarywallet.com/va-disability-pay-rates-rise>.

**Myth: *I’m not eligible for VA disability benefits.***

There are several reasons why some veterans don’t believe they are eligible for disability benefits. Some common misconceptions include their discharge rating (<http://themilitarywallet.com/types-of-military-discharges>), length of service, not having served during a period of war, not having been wounded in battle, or other concerns. We can address each of these topics:

- Discharge Status: Veterans benefits are generally open to veterans with a discharge rating under other-than-dishonorable conditions (in other words, everything except a dishonorable discharge). This means veterans may still be eligible for disability benefits even if they have a Bad Conduct Discharge (BCD) or an Other Than Honorable (OTH) discharge (learn more about discharge upgrades).
- Length of Service: Active duty veterans generally need to have active duty service beyond basic training to be eligible for disability benefits, unless the illness or injury occurred during basic training. This generally covers most veterans who served on active duty. Members of the Guard or Reserves who were only activated for training purposes should contact the VA for a records review to determine eligibility.
- Period of Service: Veterans may be eligible for disability benefits regardless of the period in which they served. Disability benefits are not limited to those who served in battle or during a time of war. (note: Some other VA benefits programs, such as the Veterans Pension Benefit may require war time service (<http://themilitarywallet.com/understanding-veterans-pension-aid-attendance-benefit>) . Disability benefits do not.).
- I wasn’t wounded in battle: As noted above, no service during war is required to be eligible for disability compensation benefits.

**Myth: *My illness / injury isn’t bad. There is no need to file a disability claim.***

Everything is fine—until it isn’t. Injuries and illnesses can get worse as we age. This is likely to be the healthiest period of your life. File a disability claim if you have an illness or injury that occurred while in the military. Even if the condition is minor, establishing a service-connection is the first step in having your disability claim approved. The sooner you make your claim, the easier it is to establish a connection to your military service.

*Note about 0% disability ratings:* it is possible to receive a 0% disability rating. This occurs when the VA acknowledges there is an illness or injury connected to your military service. This is still considered a valid disability rating and if the condition worsens, you can file a new claim requesting the rating be increased.

**Myth: *It's too late to file a disability claim—I left active duty years ago!***

There is no timeline to file a disability claim for a service-connected disability. However, it's generally much easier to file a claim shortly after leaving the military. This is because you need to establish a connection to your illness or injury and your military service. This is generally easier when done shortly after leaving the military. However, some illnesses and injuries don't occur until years after leaving military service. This is something that has received national attention in recent years as many veterans from the Korean and Vietnam War eras have been diagnosed with cancers and other medical conditions associated with

- Agent Orange exposure ([http://www.benefits.va.gov/compensation/claims-postservice-agent\\_orange.asp](http://www.benefits.va.gov/compensation/claims-postservice-agent_orange.asp)) or related chemicals.
- Exposure to contaminated water at Camp Lejeune ([http://benefits.va.gov/compensation/claims-postservice-exposures-camp\\_lejeune\\_water.asp](http://benefits.va.gov/compensation/claims-postservice-exposures-camp_lejeune_water.asp)).
- Other exposure hazards such as mustard gas, asbestos, ionizing radiation, Project 112/SHAD (chemical tests to defend against biological and chemical weapons threats), and Radiogenic Risk Activities. You can learn more about these chemical exposures at <http://benefits.va.gov/COMPENSATION/claims-postservice-exposures-index.asp>

In these cases, it can take years or even decades before symptoms occur. Remember, there is no time limit to file a claim! Here is an article from a veteran who filed VA disability claims several years after separating from active duty. "How NOT to do it: Applying for VA disability years after military separation. <http://the-military-guide.com/how-not-to-do-it-applying-for-va-disability-years-after-military-separation>".

**Myth: *If I'm awarded a VA disability rating I will have to use the VA medical system for health care.***

The VA doesn't require veterans to enroll in the VA health care system if they are eligible for health care. You also aren't required to use the VA medical system if you do enroll. Many veterans choose to continue using their current health care plan. But it's nice to know the benefit if there for you if you ever need it.

**Myth: *The VA is so backed up, they will never process my claim anyway.***

It's true that VA disability claims can take a long time to be processed. But that doesn't mean you shouldn't make a claim. Your claim will be processed more quickly if you double check your claim for completion and accuracy before submitting it for review. It's also a good idea to seek the assistance of a veterans benefits counselor before filing your claim. Many organizations offer free benefits claims counseling and assistance. (Refer to <http://themilitarywallet.com/veterans-service-organizations-benefits-claims>) . Take advantage of their expertise before filing – it will save you a lot of time and stress!

**Myth: *I'm not eligible for VA Disability Compensation because I'm already receiving Social Security Disability Insurance (SSDI) (or disability through another program).***

You should verify this information before assuming you are ineligible to receive both forms of compensation. For example, it is possible to receive both VA disability compensation and Social Security Disability Benefits. (Refer to <http://themilitarywallet.com/when-should-you-take-social-security-benefits>). There is even a program called Social Security Disability Benefits for Wounded Warriors. (Refer to <http://themilitarywallet.com/social-security-disability-benefits-for-wounded-warriors>). There is no rule that states you cannot receive compensation from both sources. In fact, having a 100% Permanent and Total VA rating can make you eligible for expedited processing for your Social Security Disability claim.

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Always Verify with the VA or a Veterans Benefits Counselor. VA disability claims can be very complicated. But veterans have access to benefits counselors who will offer free claims assistance. Find a Veterans Service

Organization (VSO) you trust and work with them on your claim. Your representative can help dispel any of the above myths, clear up any misconceptions, and answer your questions. they also have hands on experience with the claims process and can help you avoid problems that might add months or years to your claim. [Source: The Military Wallet | Ryan Guina | August 2, 2016 ++]

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## **VA Blue Water Claims Update 34 ► Upheld by DC Court**

The D.C. Circuit upheld the dismissal of "blue water" Vietnam veterans' claim that the Department of Veterans Affairs wrongly refused to compensate them for injuries caused by Agent Orange exposure. The U.S. military used Agent Orange as a defoliant to clear forested areas throughout the Vietnam War, and thousands of soldiers were exposed to the herbicide mixture. A list of potential health consequences posted on the VA's website notes that exposure can lead to increased rates of acute leukemia, Hodgkin's lymphoma and non-Hodgkin's lymphoma, throat cancer, prostate cancer, lung cancer, colon cancer, Ischemic heart disease, soft tissue sarcoma and liver cancer.

Exposure to Agent Orange was so prevalent that Congress eventually recognized the long-term health effects of the chemical and passed the Agent Orange Act of 1991, which creates a presumption that veterans who served between 1962 and 1975 were exposed. If these veterans develop diseases linked to Agent Orange, they can receive disability compensation without proving they were exposed to the herbicide. However, the VA does not offer such benefits to veterans who served on ships offshore, never set foot on Vietnamese soil, or served on ships that entered inland waterways. Instead, these "blue-water" veterans must prove exposure on a case-by-case basis.

The Blue Water Navy Vietnam Veterans Association unsuccessfully challenged the distinction in a 2015 lawsuit. The veterans noted that the presence of Agent Orange in the waters off the coast of Vietnam was unmistakable. "Whenever ships anchored, the anchoring evolution would disturb the shallow seabed and churn up the bottom," they claimed. "Weighing anchor actually pulled up a small portion of the bottom. The cavitation of military ships moving along the coast line, especially within the 10 fathom curve, at high speeds, further impinged on the sea bottom. This caused the Agent Orange to constantly rise to the surface." After churning up Agent Orange while traversing and anchoring offshore, unsophisticated methods of turning saltwater into potable water intensified the chemical, furthering their exposure, the veterans said.

On 30 JUL, the blue-water veterans lost their appeal of the dismissal of their case. D.C. Circuit Judge Thomas B. Griffith acknowledged that proving individual exposure is "an extremely difficult task," but insisted that his hands were tied. His 15-page opinion focused almost totally on jurisdiction, stating that federal law has long been interpreted to "preclude judicial review of VA decisions affecting the provision of veterans' benefits." Griffith wrote that although the law "does not give the VA exclusive jurisdiction to construe laws affecting the provision of veterans benefits," the D.C. Circuit cannot review either individual benefits determinations or policy-level challenges to veterans' groups.

Friday's opinion suggests that the veterans may be able to bring their challenge in the Federal Circuit if it can be construed as a challenge to a regulation. The group may also have access to the Board of Veterans' Appeals or the U.S. Supreme Court. Last year, the VA expanded its Agent Orange regulations to cover reservists who flew planes previously used to spray the chemical. [Source: Courthouse News Service | August 01, 2016 ++]

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## **VA Health Care System Update 01 ► Making Progress | Improving Access**

On 4 AUG VA released results of The Joint Commission Special Focused Surveys on VA health care facilities. VA invited The Joint Commission to conduct unannounced, focused surveys at 139 medical facilities and 47

community-based outpatient clinics across the country to measure progress on VA access to care, quality improvements and diffusion of best practices across the system. The surveys also assessed barriers that may stand in the way of providing timely care to Veterans. Results indicate VA has made significant progress since The Joint Commission began its surveys two years ago.

“The Joint Commission is one of the most widely-respected health care organizations in the industry,” said VA Under Secretary for Health Dr. David J. Shulkin. “Their analysis shows that VA as national healthcare leader is making progress in improving the care we provide to our Veterans. This affirms our commitment to providing both excellent health care and an exceptional experience of care to all Veterans served.”

The Joint Commission assessed processes related to timely access to care; processes that may potentially indicate delays in care and diagnosis; processes related to patient flow and coordination of care; infection prevention and control; the environment of care; and organizational leadership and culture. For the survey, VA’s Veterans Health Administration provided organization-specific data addressing performance in the key areas targeted for review. This data allowed surveyors to focus on areas of greatest risk for each organization and to validate whether the VA-provided data reflected observed practice. The survey provided an opportunity to recognize patterns across the organization, to make an assessment about the system as a whole and identify solutions to system-wide issues that are best addressed through internal processes.

“We commend VA for being proactive by requesting The Joint Commission to conduct unannounced site visits at all their medical centers to review and evaluate their efforts to improve access and quality of care,” said Dr. Mark Chassin, President and CEO of The Joint Commission. “VA was the first system ever to request an assessment with an important focus on access so that deficiencies could be identified and rapidly addressed. The Joint Commission will track and report on the extent to which improvements were sustained, when the same facilities undergo their triennial accreditation surveys. To date, results from 57 hospitals that have undergone full accreditation are promising. We are pleased with VA’s ongoing commitment to quality improvement and patient safety.” Among the top findings:

- **Access to Care**—Facilities have seen improvements in providing patient appointments: Improvement efforts that were undertaken include leadership teams utilizing data to better understand where particular bottlenecks were and taking corrective actions. As the Joint Commission continues the regularly scheduled triennial surveys of VHA facilities after the special surveys were completed, the findings are encouraging. For example, as of April 1, 2016, 57 facilities have undergone follow-up surveys. Of these 57 sites, only one facility was found to have a repeat requirement for improvement (issue) related to patient access. Staffing continued to be a challenge in this area, but as new staff was hired, the wait times for appointments were more effectively addressed.
- **Choice Act:** Early discussions with Veterans indicated a strong preference, and even a loyalty, for their “own” VHA organization, even if it would mean waiting longer to be seen. VHA facilities and Veterans also report that many times appointments in the community could not be made any earlier than would have been possible inside VA.

#### **Efforts to Improve Veterans Access to Care**

- In 2014, VA introduced MyVA. MyVA is the largest transformation in the history of VA, which focuses on the needs of Veterans. As part of that transformation, in 2016, VA’s Veterans Health Administration established and launched MyVA Access. MyVA Access also puts Veterans more in control of how they receive their health care.
- VA is moving to incorporate same-day access to primary care and mental health services for Veterans when it is medically necessary. At present, 39 VA facilities offer same-day appointments.

- A new smart phone app called the Veteran Appointment Request App has been developed and is currently being piloted. This app allows Veterans to view, schedule and cancel primary care and mental health appointments as well as track the status of the appointment request and review upcoming appointments. VA expects to make the app available to all Veterans by early 2017.
- Website enhancements are underway that will allow Veterans to check wait times in real time wherever they live – this includes a new, easy-to-use scheduling software program. The new program is being piloted and is expected to reduce scheduling errors and enhance VA’s ability to measure and track supply, demand and usage.
- Nationally, VA completed more than 57.85 million appointments from July 1, 2015 through June 30, 2016. This represents an increase of 1.1 million more appointments than were completed during the same time period in 2014/2015.
- From FY 2014 to FY 2015, Community Care appointments increased approximately 20 percent from 17.7 million in FY 2014 to 21.3 million in FY 2015.
- In FY 2015, VA activated 2.2 million square feet of space for clinical, mental health, long-term care, and associated support facilities to care for Veterans.
- VA held two Access Stand Downs, focusing on patients with the most urgent health care needs first. During a nationwide Access Stand Down that took place on February 27, 2016, the one-day event resulted in VA reviewing the records of more than 80,000 Veterans to get those waiting for urgent care off wait lists; 93 percent of Veterans waiting for urgent care were contacted, with many receiving earlier appointments.
- VA increased its total clinical work (direct patient care) by 11 percent over the last two years as measured by private sector standards (relative value units). This increase translates to roughly 7.4 million additional provider hours of care for our Veterans.
- VA is also working to increase clinical staff, add space and locations in areas where demand is increasing and extending clinic hours into nights and weekends, all of which have helped increase access to care even as demand for services increases.
- In FY 2015, 677,000 Veterans completed more than 2 million telehealth visits, providing enhanced access to care.

The Joint Commission, an independent, not-for-profit organization, accredits and certifies nearly 21,000 health care facilities and programs in the United States. VA’s Veterans Health Administration is the largest integrated health care system in the nation, caring for 9 million Veterans. [Source: VA News Release | August 4, 2016 ++]

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## **VA Health Care Surveys ► Joint Commission Reports Released**

The Joint Commission today provided the results of its Special Focused Surveys of the Department of Veterans Affairs (VA) healthcare facilities to VA leadership. The special focused surveys, prompted by reported allegations of scheduling improprieties, delays in patient care and other quality-of-care concerns, were conducted October 2014 to September 2015 and focused on measuring the progress VA has made to improve access to care and barriers that might stand in the way of providing timely care to Veterans.

“One of my top five priorities is to seek best practices in research, education, and management. We invited The Joint Commission in to conduct these unannounced focused surveys at 139 medical facilities and 47 community based outpatient clinics (CBOC) across the country, to give a better understanding of areas for improvement and

areas where the processes are worth replicating,” said VA Under Secretary for Health Dr. David Shulkin. The Joint Commission assessed the following:

- Processes related to timely access to care;
- Processes that may potentially indicate delays in care and diagnosis;
- Processes related to patient flow and coordination of care;
- Infection prevention and control
- The environment of care; and
- Organizational leadership and culture.

VA provided The Joint Commission with organization-specific data addressing performance in the key areas targeted for review. This data allowed surveyors to focus on areas of greatest risk for each organization and to validate whether the VA-provided data reflected observed practice. The Focused Survey project provided an opportunity to see patterns across the organization, to make an assessment about the system in general and most importantly, to identify solutions to system-wide issues that are best addressed through internal processes.

“We commend VA for being proactive by requesting The Joint Commission to conduct unannounced site visits at all their medical centers to review and evaluate their efforts to improve access and quality of care. VA was the first system ever to request an assessment with an important focus on access so that deficiencies could be identified and rapidly addressed,” said Mark Chassin, MD, FACP, MPP, MPH, president and CEO of The Joint Commission. Chassin also noted, “The Joint Commission will track and report on the extent to which improvements occurred, when the same facilities undergo their triennial accreditation surveys. To date, results from 57 hospitals that have undergone full accreditation are promising. We are pleased with VA’s ongoing commitment to quality improvement and patient safety.” The full report, with findings and recommendations can be found at: <http://www.va.gov/opa/docs/Joint-Commission-Report-Final-Focused-Survey-Summation-May-2016.pdf> . Source: VA News Release | August 4, 2016 ++]

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## VA Health Care Delay Update 08 ► Has It Been Fixed?

When President Obama signed a sweeping \$15 billion bill to end delays at Department of Veterans Affairs hospitals two years ago, lawmakers standing with him applauded the legislation as a bold response that would finally break the logjam. It has not quite worked out that way. Although veterans say they have seen improvement under the bill, it has often fallen short of expectations. Nowhere is the shortfall more clear than in the wait for appointments: Veterans are waiting longer to see doctors than they were two years ago, and more are languishing with extreme waiting times.



According to the agency’s most recent data, 526,000 veterans are waiting more than a month for care ([http://www.va.gov/HEALTH/docs/DR50\\_072016\\_Pending\\_and\\_EWL\\_Biweekly\\_Desired\\_Date\\_Division.pdf](http://www.va.gov/HEALTH/docs/DR50_072016_Pending_and_EWL_Biweekly_Desired_Date_Division.pdf)).

And about 88,000 of them are waiting more than three months. “We’re making progress, yes,” Senator Johnny Isakson, the Georgia Republican who is the chairman of the Senate Veterans Affairs Committee, said in an interview. “Whether it is enough is another question.” The push for legislative overhaul started with reports that dozens of veterans had died waiting for care at a hospital in Phoenix, while leaders hid delays and collected bonuses. An investigation by the White House found similar manipulations at dozens of hospitals, and it led to the resignation in May 2014 of the secretary of veterans affairs at the time, Eric Shinseki.

Recently, Donald J. Trump, the Republican presidential candidate, has seized on problems in health care for veterans, calling the waits for appointments “totally inexcusable” and saying that, if elected, he would crack down on employees who fail to serve veterans. “We’re going to take care of our veterans like they’ve never been taken care of before,” Mr. Trump told the audience at the Veterans of Foreign Wars convention last week. (<http://www.politico.com/story/2016/07/trump-vfw-clinton-vets-226211>).

In a 1 AUG speech (<https://www.whitehouse.gov/the-press-office/2016/08/01/remarks-president-95th-national-convention-disabled-american-veterans>) to the thousands who had gathered for the Disabled American Veterans national convention, Mr. Obama called the nation’s responsibility to veterans “a sacred covenant,” and he said his administration had made strides housing homeless veterans and reducing a backlog of benefits applications. But he acknowledged that improving health care is still a work in progress. “Veterans who at times have struggled to get care at the V.A., you deserve better,” he said.

Here is a breakdown of the fixes to the system that are required under the federal law, the Veterans Access, Choice and Accountability Act, and how some have faltered.

### *Cutting the Wait for Care*

**The Fix:** The new law offered a two-pronged solution for the wait time problem: Let some veterans go to private doctors to provide immediate relief for the system, and hire thousands more doctors to meet long-term demand.

**Did It Work?** It’s complicated, but not so far.

**The Breakdown:** The department has added millions of square feet of new medical space. It also processes patients 10 percent more efficiently, according to agency data. But instead of going down, the average wait time for primary care has gone up slightly since 2014, according to the data. More troubling, the number of veterans waiting longer than 30 days has increased by nearly 50 percent. And those who must wait more than three months has more than doubled.

Even so, Robert McDonald, the secretary of veterans affairs, says the longer waits are because the care at veterans hospitals is getting better. Most veterans have other sources of health care, either a program like Medicare or private insurance, Mr. McDonald said in an interview, but they move to cheaper health care through the Department of Veterans Affairs if it is reasonably accessible. “As we have improved the care, what we have discovered across the country is more and more people want to come to the V.A.,” he said. In some communities, the waiting problem is much worse. In July, veterans in Roseburg, Ore., waited twice as long to see a specialist than the average veteran. In Denver and Fayetteville, N.C., more than one-fifth of all patients must wait more than a month for appointments. Watchdog groups and federal audits suggest that it is hard to accurately assess progress because the agency’s estimates are unreliable.

Veterans say that staff members at the department still manipulate the books to make the next available appointment appear as the veteran’s first choice — a trick that makes waits appear minimal even if they stretch for months. Government audits recently confirmed the practice in Houston and Albuquerque. In Colorado Springs, a recent audits found records were changed to show that veterans had same-day appointments when they actually waited an average of 76 days.

### *Sending Veterans to Private Doctors*

**The Fix:** The law set aside \$10 billion for private care. Any veteran waiting more than 30 days for an appointment or living more than 40 miles from a Department of Veterans Affairs clinic has the choice of going to a private doctor.

**Did It Work?** Yes, but it has created its own delays.

**The Breakdown:** Nearly 800,000 veterans have used the so-called Choice Program to make appointments with private doctors. But lawmakers and veterans groups say the program was hastily constructed. “Long story short: It has major problems, not the least of which is the pure confusion that veterans and even V.A. employees have in working the program,” said Garry Augustine, director of Disabled American Veterans.

Veterans are required to call a private contractor to authorize and schedule appointments with private doctors, a process that veterans have said can take weeks. By the time a veteran sees a doctor, Mr. Augustine said, waits can be the same or longer than they would have been at a veterans hospital. If a private doctor decides a patient needs an additional scan or test that was not authorized for the visit, paperwork must go back to the department; that can add several more weeks. “The bottleneck is still back in the V.A.,” said Dr. Sam Foote, a retired physician who was one of the primary whistle-blowers in the scandal.

Also, many private doctors report waiting months to get reimbursed. “We are hearing doctors say they won’t take part in the program because they aren’t getting paid,” said Representative Jeff Miller, the Florida Republican who is chairman of the House Veterans Affairs Committee. He added that the agency has \$100 million in unpaid bills in his state. The agency says it is working to streamline its scheduling and payment process, while adding more doctors to cut waits.

#### ***Hiring More Doctors***

**The Fix:** The law gave the department \$5 billion to hire the 28,000 health care providers the department estimated it needed to meet demand.

**Did It Work?** Yes, but not as well as hoped.

**The Breakdown:** The veterans health system has added about 19,000 employees — 68 percent of its goal. That includes more than 6,700 nurses and 1,551 doctors.

But, at the same time, the number of medical staff members either quitting or retiring has increased 30 percent since 2011, according to a report last week by the Government Accountability Office. The agency says the losses are driven by improvement in the overall economy, but the report notes that 21 percent of departing employees said they left because of “dissatisfaction with certain aspects of the work, such as concerns about management and obstacles to getting the work done.” It is unclear how many positions in the system are still unfilled. An agency spokeswoman said it cannot track vacancies for specific job categories.

#### ***Firing Employees Who Hid Wait Times***

**The Fix:** The law made it faster to fire executives who concealed the scandal, and it limited their appeals in an effort to cut a firing process that could take years down to 28 days.

**Did It Work?** No.

**The breakdown:** At the signing of the bill, Mr. Obama said: “If you engage in an unethical practice, if you cover up a serious problem, you should be fired. Period.” But since then, just nine people have been fired for manipulating wait times, according to the agency. And some of them, including Sharon Helman, the Phoenix medical system director at the center of the scandal, could get their jobs back.

Ms. Helman was fired in 2014, but she contested her termination in federal court, arguing that the new rules limiting her right to appeal were unconstitutional. A ruling is pending. In May, however, the Justice Department

announced that it would not contest Ms. Helman’s claim, and in June, the Department of Veterans Affairs said it would stop using the enhanced firing authority. The move has angered many in Congress, who are now working on more new rules to make it easier to fire agency executives. “If you don’t have accountability, and you know your job is safe whether you perform or not, it’s hard to make any progress,” Mr. Isakson said. “Right now, that is what we have at the V.A.”

[Source: The New York times | Dave Philipps | August 5, 2016 ++]

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## **Green Management Program ► Delayed Solar Power Projects**

The Department of Veterans Affairs has spent more than \$408 million to install solar panels on its medical facilities in recent years, despite many of the projects experiencing significant delays and some of the systems not becoming operational at all. The VA has failed to effectively plan and manage these solar panel projects, resulting in significant delays and additional costs, according to a report released by the agency’s inspector general last week. The watchdog conducted an audit of 11 of the 15 solar projects awarded between fiscal years 2010 and 2013 that were still in progress as of May 2015. The investigation, which was completed in March, found that only two of the 11 solar panel projects were fully completed.

“This occurred because of planning errors, design changes, a lengthy interconnection process, and contractor delays,” the inspector general concluded. “As a result, VA did not increase renewable energy for those solar projects in the time frame planned and incurred additional costs through needed contract modifications.” The VA subsequently told the inspector general in July that five of the 11 projects had been fully completed and eight were generating solar power. Three of the planned systems, including one in Little Rock, Arkansas, that precipitated the investigation, still are not generating solar power at all. According to investigators, all of the projects were supposed to be finished in about seven to 12 months but instead were completed—or remain expected to be completed—on average, within 42 months.



**Workers assemble solar power units at the Salem Veterans Affairs Medical Center in Salem, Va.**

The contracts for the 11 projects reviewed by investigators totaled about \$95 million, though some have become more expensive because of poor planning and delays. The VA spent more than \$408 million on its “green management program” solar panel projects between fiscal years 2010 and 2015, according to annual budget records. The inspector general initiated the investigation at the request of Arkansas Sens. John Boozman and French Hill, both Republicans, who asked the watchdog to examine a significantly delayed \$8 million solar panel project at the John L. McClellan Memorial Veterans Hospital in Little Rock last April. The project, begun in 2012, has been delayed more than four years beyond its original planned completion date and will cost taxpayers an additional \$1.5 million. The VA spent millions to install the solar panels at the Little Rock facility in 2013, only to remove and

reinstall them two years later to accommodate a new parking garage. To add to problems, the panels were never turned on because they were incompatible with the local electric grid.

The VA has set aside nearly \$1 million to disassemble and reassemble the panels and will spend roughly \$350,000 on changes to the equipment, according to the audit. “The Little Rock officials did not effectively plan the installation of the system and a determination regarding whether expected solar power generation was achieved could not be made as the system has yet to be activated,” the inspector general wrote. “The project experienced significant delays and additional contract costs due to disassembly of previously installed solar panel carport structures to accommodate a parking garage. In addition, a lengthy interconnection agreement process with the local private utility and contractor performance issues added to the delays.”

The VA said the watchdog was “biased” in its review because the audit only covered solar panel projects that were in progress during the scope period and not those that had been completed, according to the report. VA officials also said that the Little Rock project was “complex” because of the planned parking garage construction, which was approved and finalized after the solar panel contract was awarded. Both Boozman and Hill called for increased oversight of VA green management programs in the future to avoid failures. “Whether it is a project as complex as hospital construction or one as simple as the proper installation of solar panels, VA continues to waste large amounts of taxpayer funds as a result of its own ineptitude,” Hill said in a statement. For more information on VA's Green Management Program go to <http://www.green.va.gov>. [Source: The Washington Free Beacon | Morgan Chalfant | August 8, 2016 ++]

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## **PTSD Update 215** ► **Marijuana Study | Volunteers Wanted in MD/AZ**

Researchers in Maryland and Arizona are looking for veteran volunteers to smoke up to two joints a day in a new study designed to find out if marijuana helps relieve symptoms of post-traumatic stress disorder. “We’re not arguing that cannabis is a cure, but our hypothesis is that it will at least reduce the symptoms,” says physician and study organizer Dr. Sue Sisley. The \$2.2 million study, paid for by a grant from the state of Colorado to the nonprofit Multidisciplinary Association for Psychedelic Studies, will be conducted at John Hopkins University in Baltimore, Maryland, and Sisley’s Scottsdale Research Institute in Phoenix, Arizona.



**Are you a U.S. Military Veteran?**

**Have you experienced traumatic stress?**

Adult military veterans who experienced trauma while in military service are needed for a research study. Study volunteers will complete 17 outpatient study visits over 12 weeks and a 6-month follow-up visit.

The study will evaluate the effects of an investigational drug, cannabis. Eligibility is determined by medical evaluations and modest compensation for participation is provided.

All study visits occur at the **SCOTTSDALE** **MARIJUANA INSTITUTE**  
For more information email [arizona@marjuanasites.org](mailto:arizona@marjuanasites.org)

A total of 76 combat veterans will be tested over 12 weeks, but only about four subjects will begin each month across both sites, so the study itself is expected to take two years to complete. More than 100 veterans already have volunteered, Sisley says. Those interested in taking part in Arizona can email their contact information to [arizona@marijuanasites.org](mailto:arizona@marijuanasites.org). Those in the Baltimore area can call 410-550-0050 to register their interest in participating. Initial enrollment is expected to begin in September. The ideal candidate, Sisley says, will have a disability rating from the Department of Veterans Affairs for combat-related PTSD but otherwise be generally healthy and have no other major medical issues.

Those with traumatic brain injuries, however, will be eligible to participate. “We’ve already had quite a few calls from those who’ve experienced military sexual assault. They’ll be eligible, but it can’t be the primary reason for the PTSD. The primary cause must be combat-related,” she says. Candidates should already have been treated for PTSD with therapy and/or prescription drugs but still have symptoms, she says. Study participants can be completely new to marijuana use or already an experienced user, but she recommends against daily users applying for the study because all participants will have to be free from any marijuana use for at least two weeks before beginning the study. “If they’ve already found that it’s beneficial to them, it wouldn’t be ideal for them to just stop,” she says. “That could be pretty brutal for them.”

### **How it will work.**

While anecdotal reports of veterans using marijuana to treat PTSD are on the rise, according to Sisley, this study will be the first randomized, controlled trial in the United States to objectively test it as a legitimate treatment for PTSD. After an initial two-week screening and assessment, participants will be randomly assigned to smoke one of four types of marijuana:

- High levels of THC, or tetrahydrocannabinol, the primary psychoactive ingredient in marijuana that scientists believe acts on receptors in memory and fear processing centers of the brain, according to study documents.
- High levels of CBD, or cannabidiol, which studies suggest may provide an antidepressant-like effect and appears to play a role in reducing anxiety.
- An equal ratio of THC and CBD, which the Veterans Alliance for Medical Marijuana reports to study organizers is generally the favored composition among combat veterans who say they’re successfully using marijuana to relieve PTSD.
- A placebo with no significant levels of either THC or CBD.

For the first two days, veterans will be observed for four hours after smoking to insure they don’t experience any adverse reactions. In addition to a physical exam and in-depth psychological assessment, which are repeated at the end of the study, participants will also get regular blood tests and other body monitoring throughout the study. They’ll also be taught the “Fulton Puff Procedure,” which Sisley explains is just a standardized version of the type of smoking common among marijuana users, with a “5-second inhale, 10-second breath hold, 40-second inter-puff interval,” according to study documents.

After an initial battery of tests and assessments, participants will be given weekly supplies of marijuana to use up to 1.8 grams per day. That’s about two joints worth of marijuana per day, but participants will be given a pipe to smoke with and will self-adjust the amount they smoke at any given time. No electronic vaporizers will be allowed. “They use only in response to PTSD symptoms, so they’re allowed to use anytime in the day or night,” Sisley said. “The veteran is empowered to use however they see fit as long as they don’t exceed the 1.8 grams per day.” They’ll also be given an iPad to document their use, journal about their experience and video record each time they smoke. They’ll wear a watch designed to track sleep quality.

After the first three weeks, any unused marijuana will be returned and participants will “washout” with no use for two weeks before beginning with another randomized marijuana type, but this time with no chance of getting the placebo. That will be followed by another two-week washout period and a final battery of tests and assessments

before participants begin six months of followups, says Sisley, “to get a sense of what choices they make — do they continue to use medical marijuana, pursue some other kind of treatment or something else altogether?” If the trial is successful, officials with the California-based Multidisciplinary Association for Psychedelic Studies, or MAPS, say they intend to seek use of smoked botanical marijuana as a federally approved prescription drug. The U.S. Drug Enforcement Administration gave final approval for the study in April. [Source: Military Times | Jon Anderson + August 2, 2016 ++]

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## **PTSD Update 216 ► Talking to your Doctor About PTSD**

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

If you answered "yes" to any three items, you should think about seeing your primary care provider or a mental health provider. Here's some information to help you prepare for your appointment, and what to expect.

- Bring a list of any symptoms you've been experiencing, and for how long.
- Make a list of questions to ask so you can make the most of your appointment. You might want to ask about treatment recommendations, managing symptoms, or about other common problems.
- Sometimes it can be difficult to remember all the information provided to you, so you might want to consider bringing a trusted family member or friend along.
- Don't hesitate to ask questions anytime you don't understand something.

It's important for you to see a provider who can help you with PTSD, as soon as you can. The good news is that PTSD can be treated. The earlier you get treatment, the better the chance for a full recovery. Treatment may include "talk" therapy, medication, or both. Evidence based talk therapy usually lasts 3-4 months. For some people, it can take longer. Treatment is not the same for everyone. What works for you might not work for someone else. [Source: PTSD Monthly Update | August 8, 2016 ++]

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## **PTSD Update 217 ► Origin | Malaria Drug Raises Questions**

The case of a service member diagnosed with post-traumatic stress disorder but found instead to have brain damage caused by a malaria drug raises questions about the origin of similar symptoms in other post-9/11 veterans. According to the case study published online in Drug Safety Case Reports in June, a U.S. military member sought treatment at Walter Reed National Military Medical Center in Bethesda, Maryland, for uncontrolled anger, insomnia, nightmares and memory loss. The once-active sailor, who ran marathons and deployed in 2009 to East Africa, reported stumbling frequently, arguing with his family and needing significant support from his staff while on the job due to cognitive issues.

Physicians diagnosed the service member with anxiety, PTSD and a thiamine deficiency. But after months of treatment, including medication, behavioral therapy and daily doses of vitamins, little changed. The patient continued to be hobbled by his symptoms, eventually leaving the military on a medical discharge and questioning his abilities to function or take care of his children. It wasn't until physicians took a hard look at his medical history, which included vertigo that began two months after his Africa deployment, that they suspected mefloquine

poisoning: The medication once used widely by the U.S. armed forces to prevent and treat malaria has been linked to brain stem lesions and psychiatric symptoms. While no test is available to prove the sailor suffered what is called "mefloquine toxicity," he scored high enough on an adverse drug reaction probability survey to tie his symptoms to the drug, also known as Lariam. The sailor told his Walter Reed doctors that he began experiencing vivid dreams and disequilibrium within two months of starting the required deployment protocol.

**Symptoms can last years.** Case reports of mefloquine side effects have been published before, but the authors of "Prolonged Neuropsychiatric Symptoms in a Military Service Member Exposed to Mefloquine" say their example is unusual because it shows that symptoms can last years after a person stops taking the drug. And since the symptoms are so similar to PTSD, the researchers add, they serve to "confound the diagnosis" of either condition. "It demonstrates the difficulty in distinguishing from possible mefloquine-induced toxicity versus PTSD and raises some questions regarding possible linkages between the two diagnoses," wrote Army Maj. Jeffrey Livezey, chief of clinical pharmacology at the Walter Reed Army Institute of Research, Silver Spring, Maryland. Once the U.S. military's malaria prophylactic of choice, favored for its once-a-week dosage regimen, mefloquine was designated the drug of last resort in 2013 by the Defense Department after the Food and Drug Administration slapped a boxed warning on its label, noting it can cause permanent psychiatric and neurological side effects,

**50,000 prescriptions in 2003.** At the peak of mefloquine's use in 2003, nearly 50,000 prescriptions were written by military doctors. That figure dropped to 216 prescriptions in 2015, according to data provided by the Defense Department. According to DoD policy, mefloquine is prescribed only to personnel who can't tolerate other preventives. But Dr. Remington Nevin, a former Army epidemiologist and researcher at the Johns Hopkins Bloomberg School of Public Health in Baltimore, said any distribution of the drug, which was developed by the Army in the late 1970s, is too much. "This new finding should motivate the U.S. military to consider further revising its mefloquine policy to ban use of the drug altogether," Nevin told Military Times.

While a case study is a snapshot of one patient's experience and not an indication that everyone who took or takes mefloquine has similar issues, one randomized study conducted in 2001 — more than a decade after the medication was adopted by the military for malaria prevention — showed that 67 percent of study participants reported more than one adverse side effect, such as nightmares and hallucinations, and 6 percent needed medical treatment after taking the drug. Yet mefloquine remains on the market while Walter Reed Army Institute of Research conducts research on medications in the same family as mefloquine, including tafenoquine, hoping to find a malarial preventive that is less toxic but as effective. Mefloquine was developed under the Army's malaria drug discovery program and approved for use as a malaria prophylactic in 1989. Shortly after commercial production began, stories surfaced about side effects, including hallucinations, delirium and psychoses.

**Once considered 'well-tolerated'.** Military researchers maintained, however, that it was a "well-tolerated drug," with one WRAIR scientist attributing reports of mefloquine-associated psychoses to a "herd mentality." "Growing controversies over neurological side effects, though, are appearing in the literature, from journal articles to traveler's magazines and resulting legal ramifications threaten global availability," wrote researcher Army Col. Wilbur Milhous in 2001. "As the 'herd mentality' of mefloquine associated psychoses continues to gain momentum, it will certainly affect operational compliance and readiness. ... The need for a replacement drug for weekly prophylaxis will continue to escalate." Mefloquine was implicated in a series of murder-suicides at Fort Bragg, North Carolina, in 2002, and media reports also tied it to an uptick in military suicides in 2003. A 2004 Veterans Affairs Department memo urged doctors to refrain from prescribing mefloquine, citing individual cases of hallucinations, paranoia, suicidal thoughts, psychoses and more.

The FDA black box warning nine years later led to a sharp decline in demand for the medication. But while the drug is no longer widely used, it has left damage in its wake, with an unknown number of troops and veterans affected, according to retired Navy Cmdr. Bill Manofsky, who was discharged from the military in 2004 for PTSD and later documented to have mefloquine toxicity. He said the Defense Department and VA should do more to understand the scope of the problem and reach out to those who have been affected. "I'm kind of the patient zero for

this and I now spend my life trying to help other veterans who have health problems that may have been caused by mefloquine. More needs to be done," Manofsky said. He said while there is no cure for the vertigo and vestibular damage or the psychiatric symptoms caused by mefloquine, treatments for such symptoms, such as behavior and vestibular therapy help. And, he added, simply having a diagnosis is comforting.

**Veterans can seek help.** "Veterans need to come forward," he said. "The VA's War Related Illness and Injury Study Center can help." The patient in the case study written by Livezey continues to see a behavioral therapist weekly but takes no medications besides vitamins and fish oil. He sleeps just three to four hours a night, has vivid dreams and nightmares and vertigo that causes him to fall frequently, and continues to report depression, restlessness and a lack of motivation. The sailor's experience with mefloquine has been "severely life debilitating" and Livezey notes that the case should alert physicians to the challenges of diagnosing patients with similar symptoms. "This case documents the potential long-term and varied mefloquine-induced neuropsychiatric side effects," he wrote.

[Source: Military Times | Patricia Kime | August 12, 2016 ++]

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## **VA Fraud, Waste & Abuse ► Reported 1 thru 15 AUG 2016**



**Whitman, MA** — A former Whitman Police Sergeant was arrested today and charged in connection with misappropriating funds from the accounts of disabled veterans while he was a U.S. Department of Veterans Affairs-appointed fiduciary and for preparing false income tax returns for clients of his tax preparation business. **Glenn P. Pearson**, 60, was arrested 2 AUG and charged in an indictment unsealed the same day with wire fraud, misappropriation by a federal fiduciary, making false statements, and preparing fraudulent tax returns. Pearson was arrested today and released on conditions following an arraignment in U.S. District Court in Boston.

According to the indictment, from 2007 to 2012, Pearson was a U.S. Department of Veterans Affairs-appointed fiduciary for eight disabled veterans of the armed forces. Pearson allegedly took advantage of his position to misappropriate and embezzle VA-issued benefit money out of the accounts of several veterans for whom he served as fiduciary. Pearson allegedly used the money to, among other things, pay down the mortgage on his house. Beginning in 2012, Pearson operated a tax preparation business called FTS Tax Services. From 2012 through 2016, Pearson allegedly prepared numerous returns that included false credits and fictitious deductions in an effort to get his clients larger refunds than they actually were owed. In addition, the indictment alleges that Pearson filed false personal income tax returns for himself from 2010 through 2014, and took steps to obstruct the IRS, such as by preparing false documents for his clients to submit to the IRS during audits.

The charge of wire fraud provides a sentence of no greater than 20 years in prison, three years of supervised release and a fine of \$250,000 or twice the gross gain or loss, whichever is greater. The charges of misappropriation of funds by a fiduciary and making false statements provide a sentence of no greater than five years in prison, three years of supervised release and a fine of \$250,000 or twice the gross gain or loss, whichever is greater. The charge of preparing fraudulent tax returns provides a sentence of no greater than three years in prison, one year of supervised release and a fine of \$250,000. The charge of attempting to interfere with the administration of internal

revenue laws provides a sentence of no greater than three years in prison, one year of supervised release and a fine of \$250,000. Actual sentences for federal crimes are typically less than the maximum penalties. Sentences are imposed by a federal district court judge based upon the U.S. Sentencing Guidelines and other statutory factors. The details contained in the charging document are allegations. The defendant is presumed to be innocent unless and until proven guilty beyond a reasonable doubt in a court of law. [Source: DoJ Attorneys Office | Dist of MA | July 2, 2016 ++]

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## **VAMC Detroit MI ► \$300,000 Spent On The Wrong TVs**

The Veterans Affairs Department spent more than \$300,000 on hundreds of TVs that have sat in storage in Detroit for nearly three years because they were the wrong type of television. Officials at VA's Detroit medical center didn't check ahead of time with the contractor installing the new TVs in patient rooms to ensure they properly fit the project's design and specifications, according to the department's inspector general. So, out of the 300 televisions the facility bought in September 2013, 282 of them have been gathering dust the past few years because they were purchased before the department awarded the installation contract.

The screw-up to date has cost VA \$311,000, according to the watchdog: \$292,492 for the TVs and related equipment and \$19,052 for changes to the contract. "Despite not needing the TVs in September 2013, the chief of volunteer and community relations reported the facility purchased them because they had funds available," the IG report said. "By purchasing these items at least two and a half years before a construction contract to install them was awarded, the Detroit VAMC prevented the use of about \$292,500 that could have been better spent on other facility priorities."

The watchdog received a tip about the unused TVs back in January 2016, and launched an investigation in April. The IG recommended that the acting director of the Veterans Integrated Service Network 10 require the Detroit medical center to tighten its procurement policy to "ensure the proper equipment is purchased at the appropriate time when planning projects requiring the purchase of equipment" and told the facility to figure out a way to use the TVs, or give them to other VA facilities. The VA agreed with the watchdog's findings and recommendations, revising its procurement policy and boosting oversight of purchases. The Detroit medical center also is in the process of awarding a contract to install the TVs and expects construction to start this month. [Source: GocExec.com | Kellie Lunney | August 10, 2016 ++]



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## **VA HCS Nebraska/W. Iowa Update 01 ► Nuclear Reactor Removed**

Nearly six decades after entering the atomic age with its small-scale research reactor, the VA Nebraska-Western Iowa Health Care System is now officially out of the nuclear business. Effective 1 AUG, the Nuclear Regulatory

Commission terminated the operating license for the Alan J. Blotcky Reactor Facility, which had run in the basement of Omaha's VA Medical Center for 42 years. From 1959 until 2001, VA researchers used the reactor primarily for neutron activation of biological samples. It also was used to train operators of the Fort Calhoun nuclear plant. In Omaha, few people even knew it was there.



The reactor was shut down because of security concerns soon after the 9/11 terrorist attacks. Its 58 spent fuel rods were quietly removed during the 2002 College World Series. In the years since, tests showed only trace levels of radiation in the reactor space. Last year, the Department of Veterans Affairs spent \$1.3 million to dismantle what was left of the reactor, on top of \$5.9 million spent in 2001 and '02. In the months since, NRC officials have inspected the space and found no health or safety concerns — results confirmed in surveys by the Oak Ridge Associated Universities. The future of the former reactor space hasn't yet been determined, said Anna Morelock, a VA spokeswoman, though it's hoped it will soon be converted for offices. "Right now, it's still an empty room," Morelock said. "In our space-deficient hospital, we're always anxious for more space." [Source: Omaha World-Herald | Steve Liewer | August 2, 2016 ++]

**\* Vets \***



## **Disabled Vet OPM Sick Leave Update 01 ► Final Rule Published**

The Office of Personnel Management on 5 AUG was scheduled to publish the final rule implementing a law that gives new federal employees who are disabled veterans the equivalent of a full year's sick leave up front to go to their medical appointments. The 2015 Wounded Warriors Federal Leave Act gives 104 hours of leave immediately to first-year feds who are vets with a service-connected disability rating of at least 30 percent to attend medical appointments related to their disability. It applies to those hired on, or after Nov. 5, 2016, and lasts for 12 months from the date of hire, or the effective date of the employee's qualifying service-connected disability—whichever is later.

“This rule ensures the federal government supports our service members who have sacrificed their own health and well-being to serve our country. We know this is something they need,” said acting OPM Director Beth Cobert in a statement on 4 AUG. “We want these veterans to have sufficient leave during their first year of federal service in order to take care of any medical issues related to their service-connected disability.”

In addition to eligible new federal hires, the law also will apply to eligible disabled vets who once worked in the federal government, left, and were rehired (with at least a 90-day break in service) to a civil service job on or after Nov. 5, when the law takes effect, according to OPM. Federal employees who take a break from their civilian jobs to serve in the military and are injured during that service also would be eligible for disabled veteran leave when they return to their civilian jobs. For disabled vets in those categories, the amount of leave they receive for medical appointments would be offset by any existing sick leave they had. So, if the disabled vet is re-employed with the government and has 30 hours of existing sick leave from his prior job, then his disabled veteran leave bank would include 74 hours to attend medical appointments related to his service-connected injury.

The Federal Managers Association, which helped bring the issue of leave for disabled veterans to the attention of lawmakers, praised OPM and Cobert's leadership in drafting the final rule. "The rule not only remains loyal to the congressional intent of the bill, but also extends the new leave to the broadest number of potentially eligible disabled veterans," said FMA National President Renee Johnson. OPM also said it would calculate the correct number of leave hours for those eligible disabled vets who are part-time or seasonal employees, since the 104-hour benefit is based on a full-time employee's work schedule. OPM said it would encourage agencies to make new employees aware of the benefit, and “in the coming weeks” would provide more information to agencies to ensure they know how to implement the new leave category.

The Wounded Warriors Federal Leave Act directs agencies to create a separate leave category – apart from regular sick leave – for eligible employees. During their first year on the job, those vets would still accumulate their normal sick leave. The employees only would be able to use their disabled veteran leave for treatments directly related to their service and would not be able to carry over the one-time “wounded warrior leave” after the first 12 months on the job. The benefit under the law applies only to those newly-hired feds who are covered under Title 5 leave provisions, and includes employees of the Postal Service and Postal Regulatory Commission. Non-Title 5 disabled veteran employees, including those at the Federal Aviation Administration and Transportation Security Administration, are not eligible for the new benefit. Many jobs at the Veterans Affairs Department, for instance, also are not covered under Title 5. Title 5 governs most, but not all, of the federal personnel system.

Prior to the new law, full-time federal workers in their first year on the job did not have access to sick leave until they had been in the job long enough to earn the benefit, typically accruing four hours of such leave per pay period. That amounts to a balance of 104 hours at year's end. But disabled vets, who must attend regular medical appointments to maintain their health and to continue receiving their veterans' benefits, can burn up their sick leave quickly.

"As the final rule is published and the law soon takes effect, I am humbled and immensely proud this originated from Sue Thatch, an FMA member from Chapter 21, Marine Corps Air Station Cherry Point [N.C.], who saw a need and pursued a remedy," Johnson said. "Watching this idea become a bill and then signed into law shows what is possible when Congress and the administration come together for the common good." Current federal employees who are disabled veterans are not eligible for the new type of leave. Those workers qualify for other types of leave and flexibilities to receive treatment for service-connected disabilities, including leave without pay, annual leave, sick leave, advanced sick leave, alternative work schedules and telework.

<p><b>Clarification:</b> As explained in the story, "wounded warrior" leave is a separate leave category from sick leave. But the amount of "wounded warrior" leave (104 hours) is equivalent to a year's worth of sick leave.</p>
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[Source: GovExec.com | Kellie Lunney | August 4, 2016 ++]

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## **Vet Employment** ► **What's Really Going On | CNAS Survey**

After 15 years of war, there are big questions over how well the men and women who serve the country are faring after military service. The Center for a New American Security (CNAS) is launching a survey of veterans, HR professionals, and supervisors to figure out what's affecting veterans' performance in the workplace. By taking a better look at the challenges that exist for vets, we hope to find better ways to help them as they leave the military.

In response to a surge of unemployment for post-9/11 veterans, many groups launched fantastic efforts to address the problem. From the Veterans Jobs Mission to the Joining Forces initiative at the White House, both the public and private sector stepped up to the plate, seeing a moral obligation to help and that hiring veterans is smart business. After several years of these efforts, veteran unemployment is on the decline, but it's still difficult to know how veterans are doing in the economy long term. We don't know if veterans are succeeding in building careers over time, the impact of how long they stay in their first job, and what the challenges are in transitioning from the military into a new company culture. The CNAS survey attempts to gather more information about veteran economic performance, to use it to shape programs aimed at recruiting veterans and keeping them employed.

There are several important aspects to the economic performance of veterans, from their initial recruitment into their first post-military job, to whether employers are aware of the benefits of hiring veterans and their families. Also, often veterans take jobs that are not in line with their skills and values. Without further data, it will be difficult to figure out how much this is the case, and what the primary causes are. While it's possible that veterans are receiving better offers from other companies or moving onto higher-level positions elsewhere, veterans may be struggling to assimilate into civilian culture or finding it difficult to see the impact of their work. By gathering more information we can begin to better understand this phenomenon and where we need to help. [Source: Task & Purpose | Amy Shafer And Andrew J. Swick | August 9, 2016 ++]

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## **Vet Jobs Update 192** ► **Border Patrol**

If you are a veteran looking for important and rewarding work and an opportunity to serve your country, you are encouraged to consider the career opportunities at U.S. Customs and Border Protection. A new posting has been posted until September 9, 2016 for job applicants . The U.S. Border Patrol is focused 24/7 on securing our borders and safeguarding the American people from terrorism, drug smuggling and illegal entry to our country. Agents are built to protect. It's second nature. They use age-old techniques and cutting-edge technology in the face of uncertainty. Border Patrol Agents honor their heritage by protecting America today. To learn more about CBP visit [www.cbp.gov/careers](http://www.cbp.gov/careers).

### **KEY REQUIREMENTS**

- Be under age 37 unless you are a qualified Veterans' Preference
- Eligible candidate or have previous federal law enforcement experience
- Be a U.S. citizen and a resident for the past three years
- Have a valid state driver's license
- Pass a thorough background investigation, medical examination, pre-employment fitness tests and drug test
- New hires must successfully complete 58 days of intensive instruction at the U.S. Border Patrol Academy in Artesia, NM. Coursework includes topics such as immigration and nationality laws, as well as physical

training and marksmanship. An additional 40 days is necessary for those who require Spanish language instruction.

### **FINANCIAL & JOB SECURITY**

- Job Security - Salary/steady income. Starting salary \$39,400–\$50,016.
- Personal/Sick Leave/Holidays - Paid personal (annual) and sick leave and 10 paid holidays per year
- Paid job-related training
- VA benefits for approved on-the-job training programs
- Employee assistance program
- Transportation subsidy

### **HEALTH Benefits**

- Federal Employee Health Benefits Program - Federal government pays up to 75% of medical premiums
- Federal Dental & Vision Program
- Federal Flexible Spending Account Program
- Federal Long Term Care Insurance Program **RETIREMENT & INSURANCE BENEFITS >**

### **RETIREMENT & INSURANCE BENEFITS**

- Thrift Savings Plan
- Federal retirement plan > Credit for military service
- Law enforcement retirement benefits
- Federal Employees Group Life Insurance

**UNSUITABILITY** - You may be rated unsuitable for the Border Patrol Agent position if your background includes:

- Past or present arrests
- Convictions (including misdemeanor domestic violence charges)
- Dismissals from previous jobs
- Debts and financial issues
- Excessive use of alcohol
- Use of illegal drugs, and/or the sale and distribution of illegal drugs

**VETERANS PREFERENCE:** If you are claiming Veterans Preference, you must submit the following proof of eligibility:

- Five Point Preference: DD 214 (Member Copy 4)
- Ten Point Preference: DD 214 (Member Copy 4) and supporting documentation as listed on the Standard Form 15, Application for 10-Point Veterans Preference. Click this link for a copy of the SF 15:[www.opm.gov/forms/pdf\\_fill/SF15.pdf](http://www.opm.gov/forms/pdf_fill/SF15.pdf).

Veterans with a service-connected disability must also submit a VA Disability Award letter dated 1991 or later.

- If you are currently serving on active duty: A statement of service from your unit identifying the branch of service, period(s) of service, campaign badges or expeditionary medals earned, and the date you will be separated or be on approved terminal leave. If you submit a statement of service at this stage, your preference will be verified by a DD 214 (Member Copy 4) upon separation from the military.
- For more information on Veterans' Preference visit: <http://www.fedshirevets.gov/job/vetpref/index.aspx>.

- If you are not sure of your preference eligibility, visit the Department of Labor's Veterans' Preference Advisor at: <http://www.dol.gov/elaws/vets/vetpref/mservice.htm>.

[Source: Border Patrol Recruitment 16-10 | August 8, 2016 ++]

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## Nebraska Vet Cemetery Update 06 ► Dedication 5 AUG 2016

A long-awaited national cemetery for U.S. military veterans and their is scheduled to be dedicated 5 AUG at an off-site ceremony in Sarpy County. The U.S. Department of Veterans Affairs is expected to complete an initial segment of several acres of the property to be used for in-ground casket and cremation burials as early as September, cemetery director Cindy Van Bibber said. "Toward the end of August ... we're going to start allowing them to schedule services," Van Bibber said. The VA began taking calls for the first burials at the Omaha cemetery on 6 JUN, Van Bibber said. By Friday, families of 100 veterans had contacted cemetery officials to establish a case for burial at the cemetery along South 144th Street. "We actually have someone from 1996 that has been waiting for burial," she said.

The first phase of construction is expected to open about 60 acres to provide burial options for 10 years, she said. National cemeteries provide burial spaces for honorably discharged veterans, their spouses and eligible dependents at no charge. The entire 236-acre cemetery, once complete, will serve the burial needs of more than 112,000 veterans in eastern Nebraska and western Iowa for the next 100 years. The closest national cemetery is about 180 miles away in Leavenworth, Kansas.

Area veterans have been eagerly awaiting the opening of the national cemetery, said Korean War veteran Allen Holley, 84. Holley, a member of the Bellevue Cemetery Committee who purchased his burial plot there years ago, had been involved in the early planning of the national cemetery, but had to beg off for health reasons when asked to serve on the Omaha National Cemetery Committee. That has not kept him from singing the praises of the new veterans cemetery. "There is a tremendous amount of interest in it," said Holley, who lives in an assisted living facility in Bellevue. "We have about 100 residents here, and the vast majority of them are military. I just absolutely know that they and their wives are going to be choosing Omaha National Cemetery for their burial."



**Urn vaults are built at the national cemetery on July 27, 2016, in Omaha, Neb.**

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facility in Bellevue. "We have about 100 residents here, and the vast majority of them are military. I just absolutely know that they and their wives are going to be choosing Omaha National Cemetery for their burial."

Jim Skaja, 90, of Bellevue, is a veteran of World War II and the Korean and Vietnam wars who has been tapped to lead the Pledge of Allegiance at Friday's ceremony. He said the new cemetery is drawing lots of interest from veterans he knows — particularly Air Force retirees from Offutt Air Force Base south of Omaha. "I'm sure it's going to be my future home," he said. Plans for the cemetery had been in the works for more than a decade, but officials weren't able to move on them because of a rule requiring at least 170,000 veterans to live within a 75-mile radius of the proposed cemetery site. President Obama's administration relaxed the rule in 2009 and started budgeting for the cemetery the next year. A committee selected the site south of Interstate 80 and purchased it for \$6.2 million in 2012. Last fall, excavators began digging to clear space for roads, buildings, drainage and graves.

Even with this fall's opening, construction will continue into 2018 on the first phase of the cemetery, which will include 5,500 in-ground and above-ground plots for casketed and cremated remains. The site also will include permanent administrative and maintenance buildings, an honor-guard building and a public information center. [Source: The Associated Press | Margery A. Beck | July 31, 2016 ++]

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## Vet Preference Update 14 ► Points

### Veterans Preference Points – How Your Military Service Can Help You Land a Government Job

Many military veterans qualify for Veterans Preference Points which are helpful when applying for a job with the federal government. Civil service jobs are often very competitive, and Veterans Preference Points can give you an advantage in the hiring process. While Veterans Preference Points alone won't be enough to secure the job—you still must qualify, apply, and interview for the position—they may be enough to get you an advantage when the position is filled. Let's take a look at Veterans Preference Points, what they are, how the process works, and how they can help you get a civil service job.

### Veterans Preference Points Overview

Here it is in the government's words: "By law (Title 5 USC, Section 2108), veterans who are disabled or who serve on active duty in the Armed Forces during certain specified time periods or in military campaigns are entitled to preference over non-veterans both in Federal hiring practices and in retention during reductions in force (RIF). ... Preference does not have as its goal the placement of a veteran in every vacant Federal job; this would be incompatible with the merit principle of public employment. Nor does it apply to promotions or other in-service actions. However, preference does provide a uniform method by which special consideration is given to qualified veterans seeking Federal employment." (<http://webapps.dol.gov/elaws/vets/vetpref/vetspref.htm>)

Now let's break it down: Veterans Preference Points exist to help veterans find work with the federal government. But it's not possible to place a veteran in every job for a variety of reasons. But it is possible to apply a uniform standard to help give veterans an advantage in the hiring process. This is where the Veterans Preference Points come in. Veterans who qualify for Veterans Preference Points based on their service will receive either 5 or 10 points on their civil service examination or experience and education evaluation. These points can place you higher on the list than other applicants. Many veterans who qualify for Veterans Preference Points also have Protected Veterans Status (<http://themilitarywallet.com/protected-veteran-status-employment>), which can be helpful in certain hiring situations.

### Veterans Preference Points Eligibility Requirements

Here are the general requirements for Veterans Preference Points:

- You must have an Honorable or General Discharge

- Military Retirees in the ranks of Major, Lieutenant Commander, or higher, are ineligible unless they have a service-connected disability.
- Guard or Reserve active duty service for training purposes does not qualify.
- Veterans should claim preference on their federal job application or resume. Veterans claiming a 10 point preference should complete form SF-15, Application for 10-Point Veteran Preference (<http://www.military.com/benefits/records-and-forms/military-forms-and-veterans-forms.html>).

Veterans who meet the above general requirements will be able to earn either 5 or 10 Preference points, based on their service and other standards, listed below.

### **Types of Veterans Preference**

Veterans Preference Points can be broken down into two classes: 5-Point Preference, and 10-Point Preference. These points are added to the passing examination score or rating of the qualified veteran. What follows is an excerpt of the ratings qualifications based on those listed on the Office of Personnel Management website.

*5-Point Preference Qualifications* – Eligible veterans include veterans who served:

- During a war; or
- During the period April 28, 1952 through July 1, 1955; or
- For more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976; or
- During the Gulf War from August 2, 1990, through January 2, 1992; or
- For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom; or
- In a campaign or expedition for which a campaign medal has been authorized. Any Armed Forces Expeditionary medal or campaign badge, including El Salvador, Lebanon, Grenada, Panama, Southwest Asia, Somalia, and Haiti, qualifies for preference.

A campaign medal holder or Gulf War veteran who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and has not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. The 24-month service requirement does not apply to 10-point preference eligibles separated for disability incurred or aggravated in the line of duty, or to veterans separated for hardship or other reasons under 10 U.S.C. 1171 or 1173. The OPM page lists an FAQ section for Gulf War vets.

*10-Point Preference Qualifications* – Eligible veterans include veterans who served:

- A veteran who served at any time and (1) has a present service-connected disability or (2) is receiving compensation, disability retirement benefits, or pension from the military or the Department of Veterans Affairs; or (3) a veteran who received a Purple Heart.
- An unmarried spouse of certain deceased veterans, a spouse of a veteran unable to work because of a service-connected disability, and
- A mother of a veteran who died in service or who is permanently and totally disabled.

A note about qualifications for mothers or unmarried spouses: These are an abbreviated version of the requirements. See the OPM guide <https://www.opm.gov/policy-data-oversight/veterans-employment-initiative/vet-guide> for more information.

**How to Calculate your Veterans Preference Points:** Use the Veterans' Preference Advisor tool to determine your eligibility and number of points at <http://webapps.dol.gov/elaws/vets/vetpref/mbservice.htm>.

### **How Veterans Preference Points Work**

If you meet the criteria as described above, you will be eligible to have either 5 or 10 points added to your passing examination score (score of 70 or higher), or have 5 or 10 points added to the numerical evaluation of your experience and education. These examination scores and numerical evaluations are used to compare your application to other applications during the hiring process. The highest possible score is 110 points: 100 on the exam or numerical evaluation of experience and education, plus the 10 point Veterans Preference rating. During the application process, eligible applicants are listed on a roster in the order of their ratings. For scientific and professional positions in grade General Schedule GS-9 or higher, names of all qualified applicants are listed on competitor inventories in order of their ratings, augmented by veteran preference, if any.

For all other positions, the names of 10-point preference eligible's who have a compensable, service-connected disability of 10 percent or more are listed at the top of the register in the order of their ratings ahead of the names of all other eligible's. The names of other 10-point preference eligible's, 5-point preference eligible's, and other applicants are listed in order of their numerical ratings.

### **I'm a Qualified Veteran, Why Didn't I get the Job?**

Having Veterans Preference Points doesn't guarantee you a job. But it does increase your scoring, and in some cases, places your application higher on the list. But it's important to understand that the government has multiple ways to fill positions and there can be many reasons why one applicant is hired over another applicant. Veterans Preference Points also don't give veterans a preference for internal agency actions such as promotions, transfers, reassignments, or reinstatement. Your Veterans Preference Points may, however, help your job status during a Reduction in Force (RIF). For more detailed information about your eligibility and other benefits, visit the Veterans' Preference Advisor tool <http://webapps.dol.gov/elaws/vets/vetpref/choice.htm>, or contact the HR department at your local civil service office.

[Source: The Military Wallet | Ryan Guina | August 2, 2016 ++]

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## **Vets Petition Senator McCain ► Stand Up to Trump**

A group of veteran activists delivered boxes of petitions to the Capitol Hill office of Vietnam veteran Sen. John McCain on 4 AUG, urging him to rescind his endorsement of Republican presidential nominee Donald Trump for a series of controversial statements. The event, with more than twice the number of media than protesters, came during the quiet August congressional break in Washington but amid a firestorm of attention for Trump's campaign, caught in a series of scandals in the wake of the Democratic convention in Philadelphia a week earlier.



**Alexander McCoy, a Marine Corps veteran who has organized numerous protests of Republican presidential nominee Donald Trump, speaks during one such event on Capitol Hill in Washington on Aug. 4, 2016.**

Group organizers, which included the left-leaning advocacy organization MoveOn.org and the anti-Trump Vets vs Hate coalition, said the Republican Arizona senator needs to set an example for his fellow lawmakers by distancing himself from Trump and his “hateful rhetoric” for the good of the nation. “John McCain is a leader within his party, he is known as someone who stands up for his values ... and he is someone who Donald Trump has personally insulted,” said Alexander McCoy, a Marine Corps veteran who has organized numerous veterans-themed protests of Trump during the campaign. “We believe that McCain, and other Republican leaders in the party like (House Speaker) Paul Ryan and (Senate Majority Leader) Mitch McConnell, have a responsibility to stand up and represent the values the Republican party has always been about, and not accept this kind of disrespect.”

Trump has taken intense criticism in recent days from political opponents, veterans groups and even Republican leaders for his publicly fighting with a Gold Star father who spoke at the Democratic convention and for comments he made while receiving a Purple Heart from a supporter. Veterans at the petition event also accused him of “spreading hate” through policy proposals which would bar Muslim immigrants from America and promises to improve national security through more aggressive use of the military. Group members emphasized they and petition signers are not endorsing Trump’s election opponent, Democratic presidential nominee Hillary Clinton, but condemning Trump as unfit for the commander-in-chief post.

More than 100,000 individuals signed the petition. Earlier this week, McCain blasted Trump for his insensitive comments toward the Gold Star father, but stopped short of rescinding his endorsement of him. The two have publicly sparred since last summer, when Trump questioned McCain’s status as a combat veteran and war hero because he was captured by enemy forces in the Vietnam War. Veterans groups called the comments insulting to all prisoners of war, but Trump brushed off calls for an apology. [Source: Military Times | Leo Shane | August 4, 2016 ++]

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## **Homeless Vets Update 72 ► Reduced by Half Since 2010**

The U.S. Department of Housing and Urban Development (HUD), U.S. Department of Veterans Affairs (VA), and the U.S. Interagency Council on Homelessness (USICH) announced 1 AUG the number of veterans experiencing homelessness in the United States has been cut nearly in half since 2010. The data revealed a 17-percent decrease in veteran homelessness between January 2015 and January 2016—quadruple the previous year’s annual decline—and a 47-percent decrease since 2010. Through HUD’s annual Point-in-Time (PIT) estimate of America’s homeless population, communities across the country reported that fewer than 40,000 veterans were experiencing homelessness on a given night in January 2016. The January 2016 estimate found just over 13,000 unsheltered homeless veterans living on their streets, a 56-percent decrease since 2010. View local estimates of veteran homelessness.

This significant progress is a result of the partnership among HUD, VA, USICH, and other federal, state and local partners. These critical partnerships were sparked by the 2010 launch of Opening Doors, the first-ever strategic plan to prevent and end homelessness. The initiative’s success among veterans can also be attributed to the effectiveness of the HUD-VA Supportive Housing (HUD-VASH) Program, which combines HUD rental assistance with case management and clinical services provided by the VA. Since 2008, more than 85,000 vouchers have been awarded and more than 114,000 homeless veterans have been served through the HUD-VASH program.

- “We have an absolute duty to ensure those who’ve worn our nation’s uniform have a place to call home,” said HUD Secretary Julián Castro. “While we’ve made remarkable progress toward ending veteran homelessness, we still have work to do to make certain we answer the call of our veterans just as they answered the call of our nation.”

- “The dramatic decline in Veteran homelessness is the result of the Obama administration’s investments in permanent supportive housing solutions such as HUD-VASH and Supportive Services for Veteran Families (SSVF) programs, extensive community partnerships, coordinated data and outreach, and other proven strategies that put Veterans first,” said VA Secretary Robert A. McDonald. “Although this achievement is noteworthy, we will not rest until every Veteran in need is permanently housed.”
- “Together, we are proving that it is possible to solve one of the most complex challenges our country faces,” said Matthew Doherty, Executive Director of the U.S. Interagency Council on Homelessness. “This progress should give us confidence that when we find new ways to work together and when we set bold goals and hold ourselves accountable, nothing is unsolvable.”

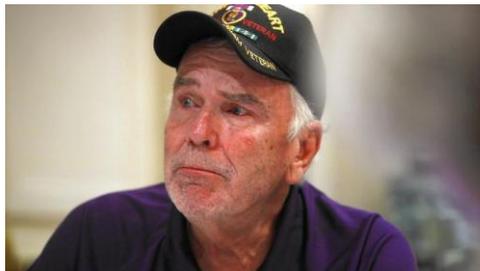
In 2014, First Lady Michelle Obama launched the Mayors Challenge to End Veteran Homelessness with the goal of accelerating progress toward the ambitious national goal of ending veteran homelessness. More than 880 mayors, governors, and other local officials have joined the challenge and committed to ending veteran homelessness in their communities. To date, 27 communities and two states have effectively ended veteran homelessness, serving as models for others across the nation. HUD and VA have a wide range of programs that prevent and end homelessness among veterans, including health care, housing solutions, job training and education. In FY 2015, these programs helped more than 157,000 people—including 99,000 veterans and 34,000 children—secure or remain in permanent housing. Since 2010, more than 360,000 veterans and their families have been permanently housed, rapidly rehoused or prevented from becoming homeless through programs administered by HUD and VA.

More information about VA’s homeless programs is available at [www.va.gov/homeless](http://www.va.gov/homeless) . More information about HUD’s programs is available at or by calling the HUDVET National Hotline at (877) 424-3838 or at [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/homeless](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless). Veterans who are homeless or at imminent risk of becoming homeless should contact their local VA Medical Center and ask to speak to a homeless coordinator or call 1-877-4AID-VET. [Source: VA News Release | August 1, 2016++]

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## Purple Heart Award Update 01 ► Recipients Tell of Sacrifice

Patrick Furlong's 16th birthday wish was simple: to know how his dad lost his leg in the Vietnam War. At 21, Jim Furlong had seen an enemy soldier toss a hand grenade. He jumped as high as he could, hand stretched out. It brushed his fingers, then dropped to his feet. It took 30 years before Furlong recounted those minutes out loud for the first time, and he only did it for his son. "I kept it all bottled in for a long time," Furlong said. "I just didn't think I wanted to talk about it." On Sunday 7 AUG, National Purple Heart Day, Furlong told that story once more, as did seven other local Vietnam War veterans who have received the military award. Transcripts of their interviews are part of an ongoing Library of Congress project to document the personal accounts of veterans from World War I through the Iraq War.



**Jim Furlong, 69, tears up talking about his parents' support during his recovery after losing his leg in Vietnam in 1969. Furlong stepped on a grenade to protect other troops. He joined several area Purple Heart recipients 7 AUG to record their military service memories for the Veterans History Project.**

Vietnam War veterans in particular said many of Sunday's participants returned home without a homecoming. Instead, they felt pressure to swallow the horrors of warfare and get on with the reality of civilian life. The Veterans History Project, they say, is now immortalizing their experiences after decades of suffocation. "It dawned on me that veterans don't go out there and tell these stories," Furlong said. "That's a disservice to the people who didn't come back. That's a disservice to the people I'll always remember being 20 years old. I'm their voice."

Created by George Washington in 1782, the Purple Heart — awarded to soldiers wounded or killed in combat — is the United States' oldest existing military honor and has been awarded an estimated 1.8 million times. Military members slammed Republican presidential nominee Donald Trump last week after he said he "always wanted to get the Purple Heart," and that receiving one as a gift from a veteran was "much easier" than serving in combat. The incident occurred just days after Trump engaged in a feud with the parents of a Muslim soldier who was killed by a car bomb in Iraq and awarded the Purple Heart. Khizr Khan, the soldier's father, had criticized Trump at the Democratic National Convention.

Daniel Finn, 69, of Oak Lawn, received a Purple Heart for his service in Vietnam in 1967. He said unlike some other military decorations, the award has to be earned in combat. "If you see a Purple Heart, they shed blood for their country," he said. On Sunday, Finn described how eight months into his tour of duty, his unit was ambushed and he lost his left foot in an explosion. He was 19. It wasn't until his own son toured in Iraq in 2004 that he started talking about that day, even to his wife. "You can't explain adrenaline, you can't explain the fear and the rush and your reaction," Finn said. "It's something you really don't want anyone else to experience; there's just some things you don't share."

John Domina, 65, of Tinley Park, said warfare smelled like diesel fuel, mold and hot dirt. It tasted like C-rations marked from 1944. It isolated soldiers who didn't care to learn names they might have to soon forget. Every morning, from the first weeks of duty to the last day, Domina said, was marked by a distinct and constant fear: Is today going to be the last? He and Kenny LaForge, 64, of Antioch, served in the same unit in 1970 and were wounded in the same three-hour firefight. They still chat two to four times a week and go to Maggiano's every April 18, the anniversary of their injuries: a cracked skull and perforated eardrums for Domina, a traumatic brain injury for LaForge, and plenty of shrapnel for both. In a joint interview for the Library of Congress project Sunday, they both agreed they were greeted upon return with apathy and hostility, unlike the soldiers of international wars before them who were hailed as heroes. "There was no welcome home; it just didn't happen," Domina said. "Even your family didn't want to hear your story. Nobody cared. It was expected that you forget what you did and get a job. It's amazing that 50 years later people are interested."

Within weeks, the National Court Reporters Foundation, which coordinated Sunday's event, will have submitted 4,000 completed transcripts for the Veterans History Project. In an age where military life can feel abstract and faraway, it's imperative to document the personal accounts of those who served on the front lines and in commissaries, offices and the Pentagon, said B.J. Shorak, the foundation's deputy executive director. "Put together, we have all these stories and perspectives of what it takes to run the military and conduct a wartime effort," Shorak said. Since its 2000 launch, the Library of Congress effort has only become more salient as upward of 1,000 aging veterans die every day, said Mike Nelson, a Vietnam-era veteran and CEO and executive director of the National Court Reporters Association. "Maybe we can learn from their experiences and recognize what a devastating situation war is," Nelson said, "and understand from their emotional perspective why there's always a need to avoid it."

Nancy Hopp, who interviewed LaForge and Domina for the project on Sunday, said she believes the value of preserving veterans' stories extends beyond contributing to future historical research. Growing up, her father, a World War II vet, told her how he had shaved his face over a steel helmet, slept on the ground during winter in rural France and listened as a priest gave Mass from the hood of a Jeep. But it wasn't until 50 years later and during the

last days of his life that Hopp's 83-year-old father told her the circumstances around which he was shot in the back and awarded the Purple Heart. "It was as if he felt he couldn't die until he had shared this story," Hopp said. "Throughout his life he had told us these little anecdotes about being in the war, but this was the first time he had knitted all those little pieces together."

Hopp, a court reporter for 25 years, didn't have her machine when her father recounted his story. Now she has to rely on her memory if she wants to keep her father's memories alive. "It makes you realize that (they have) lived through something really horrendous and done the best they can with that experience inside of them," she said. "He wanted to get it out one last time so we could understand what he had gone through." LaForge and Domina are now both members of veterans' organizations where they try to support young returning soldiers by showing them how to fill out claims forms and get in touch with counseling services. LaForge said he wants to give young veterans the homecoming he was never given. "We make sure to tell them we appreciate their service," he said. "We don't want them to be forgotten." [Source: Chicago Tribune | Marion Renault | August 8, 2016 ++]

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## Vietnam Vets [18] ► Matthew Carter

Army Veteran Sergeant Matthew Carter served during the Vietnam War with B Company, 1/22nd Regiment, 4th Infantry Division. In 2012, he was posthumously awarded the Silver Star after his death in 1996. His bravery and courage were clearly displayed on the violent night of June 13, 1968 in western Vietnam, when the U.S. Army Special Forces camp in Dan Pek was under heavy artillery and rocket fire. For several days leading up to that night, the camp had been under constant fire from the Northern Vietnamese Army, who could see everything they did. The camp was propped near the Ho Chi Minh trail, making it a vulnerable target to be besieged by the Vietnamese.



While attempting to suppress the enemy attacks, Mathew was wounded by an enemy rocket. However, his own safety and health were the last of his concerns. He refused to leave his position, continuing to help repel the attacks until he was wounded again by an enemy grenade. Heavily injured and in pain, Carter repaired his jammed machine gun and continued to fire until he passed out from the wounds. Fortunately, the Army and Air Force were able to work together and push the Vietnamese back. 44 years later, it was discovered that Carter had been awarded the Silver Star, but never received his medal due to an administration error. With the help of Carter's platoon leader, John McHenry, Matthew's medal was presented to his widow and family at the annual B Company reunion in 2012. "The actions of Sgt. Carter on June 13, 1968, define gallantry in action," Major General James Tyre said. Carter was truly a selfless soldier and daring leader, who always put the safety and welfare of his fellow soldiers and country before his own. [Source: Veteran of the Day | Timothy Lawson | August 7, 2016 ++]

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## WWII Vets [115] ► Gilbert Shaw

Born in 1923 in Marietta, Georgia, Gilbert Shaw was drafted into the Army Air Forces in 1943. He was assigned to the Aviation Cadet Training Program and studied at various schools throughout Texas, Florida and Mississippi. Shaw was discharged in 1946 and never saw overseas duty during World War II, though he trained to be an airplane mechanic and electrician on B-29 aircraft. After the war, Shaw joined the feed business. Now 92 and a resident of Westminster Manor in Bradenton, Shaw lives with his wife of 75 years, Florence.



‘I was drafted and scheduled to go overseas but they dropped the atomic bomb right before I could get over there. I went to basic training and they sent me to Centenary College in Shreveport, Louisiana, for nine months, for the Aviation Cadet Training Program. That was one of the best places I went to because I was getting a college education there. You’d get up early in the morning, run up and down the football stadium, have breakfast, go to class, study all day long, have time off for dinner, and then right after dinner study until 10 p.m. when they turned the lights off. We did get Saturdays and Sundays off. My wife stayed in an apartment out there during that period.

Then I went to San Antonio, Texas, for pre-flight school for four months. From there, I went to Stamford, Texas, for primary flight school. I ended up going to mechanic school in Biloxi, Mississippi, for about five months. From there, I went to Amarillo, Texas, to B-29 electrical school. Then I went to Fort Myers, Florida, for gunnery school. I was a left blister gunner on a B-29. My favorite part of being in the service was being in that gunnery school. We used to have gunnery practice over the Ten Thousand Islands. They’d drop the plane down to about 500 feet and you’d shoot a burst over the water. It was just a lot of fun.

Then they sent me to Lincoln, Nebraska, to be assigned to aircrews. Soon after I got there and got all my crews together, they sent me home for five days. And I was in Marietta when they dropped the bomb, so that was it. I didn’t have to go overseas but you didn’t care one way or another back then whether you had to go or not, you just did what you had to do. But when they dropped that bomb, the whole town of Marietta was having a party that day. After the bomb dropped, they offered me a position to go over to Japan for the occupation. But we had a child by then so I didn’t want to do that. I was discharged in 1946. I was relieved when I got out so I could be with my family. My wife and I had gotten married on July 2, 1941, so we just celebrated our 75th anniversary. We had four children, and we now have 11 grandchildren and 11 great-grandchildren.”[Source: <http://veterans.heraldtribune.com> | Abby Weingarten| June 16, 2016 ++]

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## Retiree Appreciation Days ► As of 12 AUG 2016

Retiree Appreciation Days (RADs) are designed with all veterans in mind. They’re a great source of the latest information for retirees and Family members in your area. RADs vary from installation to installation, but, in

general, they provide an opportunity to renew acquaintances, listen to guest speakers, renew ID Cards, get medical checkups, and various other services. Some RADs include special events such as dinners or golf tournaments. Due to budget constraints, some RADs may be cancelled or rescheduled. Also, scheduled appearances of DFAS representatives may not be possible. If you plan to travel long distances to attend a RAD, before traveling, you should call the sponsoring RSO to ensure the RAD will held as scheduled and, if applicable, whether or not DFAS reps will be available. The current updated schedule for 2016 is available at:

- HTML: [http://www.hostmtb.org/RADs and Other Retiree-Veterans\\_Events.html](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.html)
- PDF: [http://www.hostmtb.org/RADs and Other Retiree-Veterans\\_Events.pdf](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.pdf)
- Word: [http://www.hostmtb.org/RADs and Other Retiree-Veterans\\_Events.doc](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.doc)

Note that this schedule has been expanded to include dates for retiree\veteterans related events such as town hall meetings, resource fairs, stand downs, etc. To get more info about a particular event, mouseover or click on the event under Event Location. (NOTE: Attendance at some events may require military ID, VA enrollment or DD214. "@" indicates event requires registration\RSVP.)For more information call the phone numbers indicated on the schedule of the Retirement Services Officer (RSO) sponsoring the RAD.

To quickly locate events in your geographic area just click on the appropriate State\Territory\Country listed at the top of the schedule. They will look like this:

**AK AL AR AS AZ CA CO CT DC DE FL GA GU HI IA ID IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA PR RI SC SD TN TX UT VA VI VT WA WI WV WY Belgium Germany Italy Japan Korea Netherlands Thailand**

[Source: RAD List Manager | Milton Bell | August 12, 2016 ++]

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## **Vet Hiring Fairs ► 16 AUG thru 15 SEP 2016**

The U.S. Chamber of Commerce’s (USCC) Hiring Our Heroes program employment workshops are available in conjunction with hundreds of their hiring fairs. These workshops are designed to help veterans and military spouses and include resume writing, interview skills, and one-on-one mentoring. For details of each you should click on the city next to the date in the below list. To participate, sign up for the workshop in addition to registering (if indicated) for the hiring fairs which are shown below for the six weeks. For more information about the USCC Hiring Our Heroes Program, Military Spouse Program, Transition Assistance, GE Employment Workshops, Resume Engine, etc. visit the U.S. Chamber of Commerce’s website at <http://www.hiringourheroes.org/hiringourheroes/events> .

**Fairbanks, AK - [Alaska Transition Summit](#) [Details](#) [Register](#)**

August 17 - 2:00 pm to August 18 - 4:00 pm

**Fort Campbell, KY - [Fort Campbell Military Spouse Event](#) [Details](#) [Register](#)**

August 17 - 6:00 pm to August 18 - 1:00 pm

**Kansas City, MO - [Kansas City Hiring Expo with Kansas City Royals](#) [Details](#) [Register](#)**

August 18 - 11:00 am to 2:00 pm

**Belle Chasse, LA - [New Orleans Hiring Fair](#) [Details](#) [Register](#)**

August 25 - 8:30 am to 1:30 pm

**Arlington, VA - [Joint Base Myer-Henderson Hall Senior Leader Networking Reception](#) [Details](#) [Register](#)**

August 25 - 4:00 pm to 6:00 pm

**Cincinnati, OH - [Hiring Fair - Part of the 98th Annual American Legion Nat Convention](#) [Details](#) [Register](#)**

August 30 - 1:00 pm to 4:00 pm

**Minneapolis, MN - [Twin Cities MOH Convention Hiring Expo w/Minnesota Twins](#) [Details](#) [Register](#)**

September 1 - 11:00 am to 2:00 pm

**Quantico, VA - [Quantico Transition Summit](#) [Details](#) [Register](#)**

September 7 to September 8

**Fort Carson, CO - [Fort Carson Transition Summit](#) [Details](#) [Register](#)**

September 13 to September 14

[Source: U.S. Chamber of Commerce Assn August 12, 2016 ++]

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## **Veteran State Benefits & Discounts ► Delaware 2016**

The state of Delaware provides several benefits to veterans as indicated below. To obtain information on these plus discounts listed on the Military and Veterans Discount Center (MCVDC) website, refer to the attachment to this Bulletin titled, “**Vet State Benefits & Discounts – DE**” for an overview of the below those benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each of the following refer to <http://veteransaffairs.delaware.gov> and <http://militaryandveteransdiscounts.com/location/delaware.html>

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

[Source: <http://www.military.com/benefits/veteran-state-benefits/state-veterans-benefits-directory.html?comp=7000022835803&rank=1> Aug 2016 ++]

### **\* Vet Legislation \***



## **Women Congressional Vets ► Legislative Impact**

There are now four female combat veterans in Congress. And they have something to say about the changing face of the Armed Forces, which is officially open to women joining combat units across the board. The Washington Post is exploring how women gain, consolidate and experience power in politics and policy. They are a diverse group:

Rep. Tammy Duckworth (D-IL) is a former Black Hawk helicopter pilot, and Rep. Tulsi Gabbard (D-HI) served in the military police in Kuwait. Rep. Martha McSally (R-AZ) flew A-10s for the Air Force, and Sen. Joni Ernst (R-IA) served in the Iowa National Guard.



**Rep. Martha McSally (R-AZ), left, Sen. Joni Ernst (R-IA), center, and Rep. Tulsi Gabbard (D-HI), who have all served in the military, stand on the U.S. Capitol steps plus Rep. Tammy Duckworth (D-IL.) listening to a staffer while going to a meeting on Capitol Hill on July 7**

But they are speaking together in Congress just as the Pentagon is implementing sweeping changes to the face of the military. And as they raise their voices, their colleagues are listening to them on issues such as sexual harassment in the military, expanding family leave and planning options for soldiers, and – most recently – whether women should be eligible for the draft. “There’s still a lot of misperception that exists and a lot of misinformation, though by and large most people are sincerely interested in learning more and hearing more from us” about women in combat roles, Gabbard said in an interview. “We’re coming at this as a continuation of the service to our country.”

The foursome is hardly a sisterhood-in-arms – they are divided ideologically, and their interactions outside of the Armed Services committee rooms are relatively infrequent, although Gabbard and McSally belong to the same morning workout group. But in a short period of time, the women have become go-to authorities in a legislative arena traditionally dominated by men – and especially male veterans. And their experience in the male-dominated military has taught them important lessons about how to survive in Washington. “I mean, it [Congress] is a male-dominated institution ... so it felt very, um, ‘familiar’ is probably the right word,” McSally said in an interview, laughing. “But I learned a lot along the way in the military on how to figure out how to be credible, respected and effective in that environment, when you are potentially the only woman at the table.”

Of the 102 veterans serving in Congress, these four are the only women. Each is fiercely proud of her military service and looks back fondly on the bulk of her interactions with fellow soldiers, commanders and underlings in the military. But each also has distinct memories of how being a woman in uniform meant being treated differently.

- “There were different missions I had volunteered for, along with other females in our unit, and we were told we weren’t allowed to participate in those missions simply because we were female,” Gabbard recalled of her time as a military police platoon leader in Kuwait.
- “When I was overseas, I had two senior officers from another battalion who were not good to deal with,” Ernst said, alluding to overt harassment during her deployment with the Iowa National Guard. “Sexual harassment certainly exists.”
- For McSally and Duckworth, the differences were palpable before they even left basic training. McSally wanted to be an Air Force doctor, but “the reason I decided to be a fighter pilot,” she explained, “is because they said that I couldn’t.” “It motivated me to just say, you know, this is wrong, and I’m going to be a part of proving that it’s wrong,” she said.

For the female Republican veterans especially, issues pertaining to women in combat can put them at odds with their party leadership. But change from within the system, they say, is part of the job. “I joke that I believe part of my calling in life is to create cognitive dissonance in people. First it was ‘women warriors,’ and now it’s ‘feminist Republican,’” McSally said. “But just to clash people’s stereotypes and make them have to choose.” “We have very few people that actually have backgrounds in national security,” she continued. “So when I speak on a variety of issues, hopefully they take that into consideration.”

Duckworth has a similar story: She entered the Army speaking four languages and thinking she would become a linguist. But when her superiors told her, as the only woman in her graduating class of ROTC cadets, that she didn’t have to consider combat roles like her male colleagues, she changed her mind. “It’s why I became a helicopter pilot,” Duckworth said. “And what I love about the military is if you can do the job, then you’re part of that group – at the end of the day, it’s the ultimate meritocracy.” But as lawmakers, getting people to hear their arguments about women in the military can be hard. Often, the female veterans find themselves repeating the same points to colleague after colleague, person after person, trying to change minds one by one.

The latest issue requiring a sustained persuasion campaign is the debate about whether women should be subject to the draft – something all four female combat veterans favor, even though none of them believe a draft is still necessary. “It’s about equality,” said Duckworth, a former Army pilot whose Black Hawk helicopter was shot down over Iraq in 2004. “If we’re going to have a draft, then everyone should register,” she said. Male veterans in Congress started the debate as a way of challenging President Obama’s recent decision to open all U.S. military combat roles to women. But the effort to shock lawmakers into repudiating the new policy backfired when a majority of House and Senate Armed Services committee members supported the change to have women ages 18 to 25 register for the Selective Service.

GOP leaders have tried to stamp out the issue, stripping the draft language from the House’s defense policy bill and releasing a convention party platform opposing women in combat. The question will ultimately be resolved later this year when Congress finalizes a defense policy bill. But in the meantime, the four women have been pushing back against the most common emotional arguments surrounding the draft — that is, no one would want their own wife, sister or daughter risking her life on the front lines. “It’s a ‘gotcha’ — because ‘women shouldn’t be in combat. ... I’m going to make your daughter sign up,’” Duckworth said, shrugging. “Great. I’ll go register her right now, she’s 18 months old.” Said Ernst: “I believe we all need skin in the game, and my daughter will turn 18 here in a little over a year. And certainly — do I think she should sign up? Yes, I do. So it is personal to me.” The issue of women in the draft is just one of many traditionally driven by male veterans on topics such as wars, weapons systems and persistent reports of sexual assault in the military.

Congress’s female veterans rarely agree unanimously on any major military issue other than the role of women in combat, now playing out in the debate over the draft. All favor instituting standards and policies that would help recruit and retain more female troops. But they differ over how to address the scourge of sexual harassment in the services, and the extent to which the government should shoulder the cost of more parental-leave and fertility-assistance options for enlisted soldiers. On the question of fertility assistance, Duckworth, Gabbard and McSally support a new Pentagon pilot program to help service members continue to have children even if injured in combat. But Ernst says it’s not always feasible to pay for such measures — desirable as they may be — while the Defense Department is in a budget squeeze.

They are also divided on how to respond to sexual assault in the military, an issue of heated debate in the Senate, where Sens. Kirsten Gillibrand (D-N.Y.) and Claire McCaskill (D-Mo.) — neither of whom served in the military — have been driving the standoff over whether cases should be prosecuted outside the chain of command. Democrats Duckworth and Gabbard support Gillibrand’s approach to take such cases out of the chain of command and hand them over to a military prosecutor. Gabbard has led that legislative effort in the House. But Republicans McSally and Ernst — who has dealt with a situation in which a soldier under her command was accused of rape — both said they are seeing enough progress to allow commanders to consider the issue. Still, both took deep breaths before

answering this question, adding that they reserved the right to change their minds if the military does not continue to significantly improve in this area.

The four have, however, found common cause in less politically divisive initiatives, such as McSally’s bid to secure burial rights for female World War II pilots at Arlington National Cemetery, a bill that became law this spring. As for the draft and women serving in combat roles, all four are united in advising their colleagues against typecasting. Some of the four would also like to use their influence to shed light on lower-profile issues affecting women in the military

- Elements of basic procurement may have to change, Duckworth said, recalling how the cut of her flight suit made the prospect of going to the bathroom while on mission a near-impossibility. As women move into new combat roles, the Pentagon and defense contractors will have to make changes to accommodate women’s bodies.
- Establishing achievable but fair performance standards for women is more complicated than it seems, Ernst warned.
- Even haircut policies can cause a problem, McSally said. Letting women evade the traditional buzz cut “can add to resentment” or allegations of special treatment for women, she said.

Some things, the female veterans argue, will just be worked out in time as the military matures to accept and promote more women, such as Air Force Gen. Lori Robinson, who in May became the military’s first female combatant commander. “As we get more women from my generation who served in combat roles and who actually saw real combat move up ... you’re going to see some of the problems get more attention and be resolved,” McSally said. But generational changes come slowly. And so all four are committing themselves to a long road ahead. “I’ve lived through this nonsense for 26 years,” McSally said, referring to stereotypes about women in the military. “It’s a part of my journey in service. If you’ve got to change people’s minds one at a time, then you need to do it.” [Source: Washington Post | Karoun Demirjian | August 2, 2016 ++]

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## **Korean War Memorial Update 04 ► Expansion Bill H.R.1475**

H.R. 1475, The Korean War Veterans Memorial Wall of Remembrance Act of 2016, would authorize the expansion of the Korean War Veterans Memorial in Washington, D.C. Under the bill, the memorial would be expanded to include a “Wall of Remembrance” that would commemorate U.S. and United Nations forces who were killed, wounded, found to be missing in action, or were taken as prisoners of war during the Korean War. Construction of the project would be funded with private donations. However, the National Park Service (NPS) would be responsible for maintaining the addition once it is completed. Based on information from the NPS, CBO expects that the project would not be completed for a few years because funds are not currently sufficient to begin construction.

CBO estimates that implementing the legislation would have an insignificant cost to the federal government over the 2017-2021 period, mostly because maintenance costs would not be incurred until the memorial has been completed. Because enacting H.R.1475 would not affect direct spending or revenues, pay-as-you-go procedures do not apply. CBO also estimates that enacting H.R. 1475 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027. H.R. 1475 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments. On February 19, 2016, CBO transmitted a cost estimate for H.R.1475 as ordered reported by the House Committee on Natural Resources on February 3, 2016. The two versions of the legislation are similar and CBO’s estimates of their budgetary effects are the same. [Source: Congressional Budget Office | August 8, 2016 ++]

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## **Veterans Omnibus Bill Update 01 ► Hits Stumbling Block in Senate**

Veterans Affairs Secretary Bob McDonald has described 2016 as a “make or break year” for the department. But the outcome largely depends on whether Congress can pass major legislation to change the disability appeals process, access to VA health care and accountability procedures for senior executives at the department. The Senate Veterans Affairs Committee and the department itself is touting the Veterans First Act as the best case scenario. But the omnibus’ main sponsor said the bill still has a long way to go before it heads to the President’s desk. “It’s comprehensive and it’s sweeping, and because of that, it’s not going to be the easiest thing in the world to ever pass,” Senate Veterans Affairs Committee Chairman Johnny Isakson (R-Ga.) said at a 31 JUL discussion at the annual Disabled American Veterans national convention in Atlanta.

Isakson had said his original hope was to have the bill to the President by Memorial Day. “We’ve hit a couple stumbling blocks in the Senate, so I have not yet gotten it to the floor for a debate,” he added. “I’m trying to get unanimous consent to do that when we get back. ... We aren’t to the nobody objecting point yet. But it’s on varying degrees of change they want to make, not on being against the accountability portion.”

House VA Committee Chairman Jeff Miller (R-FL) introduced an alternative bill that would significantly change the discipline and appeals process for VA senior executives and the secretary. The VA Accountability First and Appeals Modernization Act addresses the very provision that the VA announced it would no longer use following a recent decision on its constitutionality from the Justice Department. “Rank and file employees of the system have nothing to fear about accountability,” Isakson said. “The leaders of the organization ought to have everything to fear about accountability ... The higher the expectation standards are of the organization, the higher the performance is going to be by the employees up and down the line.” Isakson said he hopes that either he or Miller can push one of their bills to a full vote, with the goal that the two chairman can come together for conference on both pieces of legislation.

The Senate omnibus has 148 different provisions but doesn’t yet include the VA’s proposal to change the disability appeals process. McDonald said he hoped the Senate would add it as an amendment or pass it as a separate bill. “The problem is that perfection is never possible,” Isakson said. “We’re at a point where we have 80 percent of what we need to get to improve the veterans administration, give Bob McDonald the clout that he needs.” Both Isakson and McDonald encouraged audience members to call their congressman in support of the Senate omnibus.

### **A preview of the Commission report**

The House Veterans Affairs Committee is expected to review the VA Commission on Care report, which the group officially released at the end of June, during a hearing in September. McDonald, who said he detailed his view on the Commission’s recommendations in a report to President Barack Obama, offered a preview. Twelve of the 18 recommendations are consistent with the goals and proposals McDonald has outlined as MyVA transformation priorities, he said at the DAV convention. McDonald believes three of the commission’s recommendations need more study, such as the suggestion that VA trim and update its real estate portfolio. And there’s three recommendations that McDonald and the agency “totally disagree with,” he said.

Specifically, McDonald opposes the commission’s proposed changes to the honorable discharge procedures, as well as its recommendations to shift more VA health care to private providers and add an 11-member governance board. “It appears to be almost a Trojan horse for privatization,” McDonald said of the commission’s report. Under the commission’s proposal, veterans would have the option to choose between the VA or a private provider, regardless of whether the Veterans Health Administration could provide that care or not. McDonald said the suggestion contradicts a concept he’s been trying to build on since he arrived at the department. “What we’re trying to do right now with the MyVA transformation is actually integrate VA, so that the veteran can go to any employee at the VA and learn about any other part of VA,” he said.

The VA secretary would also lose oversight over the VHA, according to another Commission proposal. The secretary would have a seat on the 11-member governance board, but the group itself would have ultimate control and oversight over the Veterans Health Administration, not the secretary. “I don’t think that’s necessary,” McDonald said. “The Veterans First Act shows very clearly that Congress can work with the VA on behalf of veterans. I don’t think a surrogate is required. I also question the Department of Justice’s question on the constitutionality of that, because it’s in a sense Congress controlling part of the Executive Branch.” [Source: Federal News Radio | Nicole Ogrysko | August 4, 2016 ++]

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## **Vet Status/Preference Progress ► H.R.1384, S.743 & H.R.5526**

Two no-cost initiatives to honor the service of Reserve and National Guard members are edging forward in Congress, though final passage this year is still far from certain. The more familiar of the two bills would bestow honorary “veteran” status on up to 200,000 Reserve and National Guard retirees who can’t now be called military veterans as defined under federal law. A newer initiative, being pushed by Reserve Officers Association, would make many more former Reserve and Guard members who were called to active duty under support orders eligible for veteran preference in competing for federal civilian jobs. Here’s a status report on both:

### **Honor America’s Guard-Reserve Retirees Act (HR 1384, S 743)**

Every year more reserve component retirees learn to their surprise that they cannot claim to be veterans, despite part-time careers in service to the nation. These are retirees who were never ordered to active duty other than for initial training and brief periods of annual training. In recent years the lack of veteran status for these retirees stung a bit more with every failed attempt by proponents in Congress to win for them honorary veterans status. Inevitably, it seemed, either the Senate or the House or both fumbled the initiative during a final frantic year-end rush to complete neglected work on behalf of veterans. Particularly frustrating for backers of the Honor America’s Guard-Reserve Retirees Act, which has been introduced in the last four Congresses, is that the bills have no cost. The most recent versions specifically state that the reserve component retirees being honored with veteran status “shall not be entitled to any benefit by reason of this honor.”

The House last November passed H.R.1384 by a vote of 407-to-0. Referred immediately to the Senate, it languished there until May when the veterans affairs committee finally made it part of a massive legislative package called the Veterans First Act (S.2921). The showpiece of that bill is a \$3.1 billion plan to phase in for older generations of severely injured veterans the caregiver benefits enacted in 2010 for Post-9/11 veterans. That provision also might be the bill’s fatal flaw if the House rejects the idea. House Veterans Affairs Committee Chairman Jeff Miller (R-Fl) last May signaled through a committee spokesman that he doesn’t favor expansion of the caregiver program until a rash of problems with the current program, documented by congressional auditors, have been addressed.

On 2 AUG a House committee spokesman also noted pointedly that 30 separate House-passed veterans bills still await Senate consideration. The tone suggests the two chambers are far apart on how to tackle veteran reform initiatives issues, particularly with a long summer recess and elections this fall shrinking the number of days Congress will be in session. Senate leaders allowed all of June to pass without a floor vote on the Veterans First Act and then adjourn until September. That leaves a lot less time for House and Senate conferees to reconcile very different approaches taken this year on more critical veteran issues. Time will tell if the honorary veteran status language survives to be included in a final veterans omnibus bill or if it gets ignore again during tough negotiations on a lot of other matters, including this year the caregiver expansion favored by the Senate and tougher accountability rules for VA executives sought by the House.

### Reserve and Guard Veterans Preference

Rep. Brad Wenstrup (R-OH) has introduced a bill, H.R.5526, to improve VA hiring procedures that includes language to extend veterans preference for federal jobs to more Reserve and National Guard members who have been called to active duty. The veteran preference initiative was conceived by Reserve Officers Association to better recognize the wartime contributions of today's "operational" reserve components in contrast to the largely standby role for reserve forces during the Cold War era. The bill, introduced last month, would confer veteran status for the purpose of federal hiring on any reserve component member who has 180 "cumulative" days on active duty under call-up orders. That would relax a current requirement of 180 "consecutive" days for Reserve and Guard to gain veteran preference.

Many of the 900,000 Reserve and Guard members activated for the Iraq and Afghanistan wars, and of the 250,000 reservists activated for the first Gulf War of 1990-91 were called up for periods well short of 180 days. In urging leaders on the veterans affairs committees to support the measure, Jeffrey Phillips, executive director of ROA, noted in a letter that Congress has extended veterans' preference for federal jobs to parents of veterans who died or became severely disabled while serving their country. Commending that development, Phillips argued that the change now sought would recognize the recent pattern of operational support provided by Reserve and Guard, with many serving multiple tours of less than six months, too short to qualify for veteran preference under current law. "They should not be penalized for the nature of their service," he said. "By being available for shorter durations, Guard and Reserve members demonstrate the flexibility the nation needs, in a cost-effective manner."

He noted that these same members could serve 20 years or more and not accrue the 180 consecutive days of active service needed under current law to qualify for veterans' preference. Phillips described the initiative as a "virtually cost-free" to "correct this situation and to facilitate employment among our reserve components even as they support the nation."

In a phone interview Phillips and Susan Lukas, director of legislative policy for ROA, said no lawmaker has so far objected to the initiative, a promising sign for inclusion in any omnibus veterans package passed by year's end. Passage as a standalone bill would be more difficult because H.R.5526 has 14 other provisions, some of which do have costs. Indeed a House committee spokesman said "the future of H.R.5526 is uncertain because Democrats oppose any offset that would pay for the bill, and have put forth no viable alternatives for offsetting the bill's cost."

[Source: Military Update | Tom Philpott | August 4, 2017 ++]

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### Vet Bills Submitted to 114th Congress ► 160801 thru 160815

Refer to this Bulletin's "**House & Senate Veteran Legislation**" attachment for a listing of Congressional bills of interest to the veteran community introduced in the 114<sup>th</sup> Congress. The list contains the bill's number, name, and what it is intended to do, it's sponsor, any related bills, and the committees it has been assigned to. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication of that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <https://beta.congress.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor/cosponsor of it by entering its number in the site's search engine. To determine what your Congressman has sponsored, cosponsored, or dropped sponsorship on go to: <https://beta.congress.gov/search?q=%7B%22source%22%3A%5B%22legislation%22%5D%7D>, Select the 'Sponsor' tab, and click on your congress person's name.

Grassroots lobbying is the most effective way to let your Congressional representatives know your wants and dislikes. If you are not sure who is your Congressman go to <https://beta.congress.gov/members>. Members of Congress are receptive and open to suggestions from their constituents. The key to increasing cosponsorship support on veteran related bills and subsequent passage into law is letting legislators know of veteran’s feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate their phone number, mailing address, or email/website to communicate with a message or letter of your own making at either:

- ✓ [http://www.senate.gov/general/contact\\_information/senators\\_cfm.cfm](http://www.senate.gov/general/contact_information/senators_cfm.cfm) or
- ✓ <http://www.house.gov/representatives>

**FOLLOWING IS THE ONE VETERAN RELATED BILLS INTRODUCED IN THE HOUSE SINCE THE LAST BULLETIN WAS PUBLISHED**

- **H.R.5878 : PAVE Act of 2016.** A bill to amend title 38 and title 5, United States Code, to require the Secretary of Veterans Affairs and other officials of the Department of Veterans Affairs to receive health care from the Department, and for other purposes. Sponsor: Rep. Rice, Tom [R-SC-7] (Introduced 07/14/2016)

**FOLLOWING ARE THE 2 VETERAN RELATED BILLS INTRODUCED IN THE SENATE SINCE THE LAST BULLETIN WAS PUBLISHED**

- **S.3246 — VARO Philippines Extension Authority.** A bill to amend title 38, United States Code, to extend authority for operation of the Department of Veterans Affairs Regional Office in Manila, the Republic of the Philippines. Sponsor: Sen. Hirono, Mazie K. [D-HI] (Introduced 07/14/2016)
- **S.3258 — Protecting Veterans Credit Act of 2016.** A bill to amend the Fair Credit Reporting Act and the Fair Debt Collection Practices Act to delay the inclusion in consumer credit reports and to establish requirements for debt collectors with respect to medical debt information of veterans due to inappropriate or delayed billing payments or reimbursements from the Department of Veterans Affairs, and for other purposes. Sponsor: Sen. Donnelly, Joe [D-IN] (Introduced 07/14/2016)

[Source: <https://beta.congress.gov> [Legislation] & <http://www.govtrack.us/congress/bills> | August 15, 2016 ++]

**\* Military \***



**Naval Base Flooding ► Some Will Be mostly Submerged by 2100**

Rising oceans will swallow parts of the world's biggest naval base by the end of the century, according to experts who warn that it will take billions of dollars in upgrades to prepare these facilities. Naval Station Norfolk in Virginia

and 17 other U.S. military installations sitting on waterfront property are looking at hundreds of floods a year and in some cases could be mostly submerged by 2100, according to a new report from the Union of Concerned Scientists. Nine of those bases are major hubs for the Navy: In addition to Norfolk, flooding threatens Naval Station Mayport, Naval Submarine Base Kings Bay in Georgia and the Naval Academy in Maryland, where 2003's Hurricane Isabel flooded classrooms, dormitories and athletic facilities. It's not just the Navy. Marine Corps Recruit Depot Parris Island is at risk of being completely underwater. All told, three Marine Corps installations, two joint bases, an Air Force base and a Coast Guard Station are also at risk of daily flooding, the report said.

Those are the findings of a study released 27 JUL by the scientific non-profit organization, which has published research into climate change, fuel efficiency standards and the use of antibiotics on livestock. Some installations, including those in the Hampton Roads, Virginia, area, already have measures in place to protect against storm surges, study authors told Navy Times. "There are lots of things that can be done and all of the things require quite a bit of resources," climate scientist Astrid Caldas said in a 28 JUL phone interview. The Defense Department is taking the research under advisement. "DoD values the UCS's insights into the impacts of climate change on military installations," Air Force Lt. Col. Eric Badger told Navy Times. "We welcome their report and its findings. We recognize climate change impacts and their potential threats represent one more risk that we must consider as we make decisions about our installations, infrastructure, weapons systems and most of all, our people."

The study began as a look at the effects of heavy storms on coastal bases, but the scope expanded as they got deeper. "We were surprised at how much permanent inundation occurs," Caldas said. "Originally we were focusing on hurricane storm surge. When we decided to do tidal flooding, that's when it hit us." That original goal is the reason the study focused on East and Gulf Coast installations, because the West Coast doesn't have regular tropical storms. "Knowing what we know now about tidal flooding, looking back it would have been good to include the West Coast," Caldas added. The findings could also apply to military installations overseas, she said, though parts of Alaska and some Pacific Islands are actually seeing a reduction in sea level. "Most likely the majority of the coasts around the world will see sea level rise," she said.

Using two scientific models, experts from UCS examined installations from Maine down to Florida and over to Georgia, finding them all subject to more frequent and extensive flooding. Ocean rise makes areas close to sea level more exposed to the daily comings and goings of tides, up to and including parts of bases staying completely under water, and disastrous flooding from storms. "These climate-driven trends are already complicating operations at certain coastal installations," according to the report. "A roughly three-foot increase in sea level would threaten 128 coastal DoD installations in the United States (43 percent of which are naval installations, valued at roughly \$100 billion) and the livelihoods of the people — both military personnel and civilians — who depend on them."



**Hurricane Isabel flooded classrooms and laboratories at the Naval Academy in 2013.**

That figure, precisely 3.7 feet, is a conservative estimate of the amount of worldwide sea rise the Earth will see between 2012 and 2100, per the 2013 National Climate Assessment. That "intermediate" model assumes moderate ice sheet melt, with a 1.1-foot rise by 2050. In the "highest" scenario, sea levels would rise 1.7 feet with rapid ice sheet loss by 2050, and ultimately by 6.3 feet come 2100. "By 2050 in both scenarios, sea level rise drives early instances of land loss — defined in this analysis as land that floods with daily tides, making it unusable," according to the report.

Sixteen of the installations studied would experience more than 100 floods every year and low-lying areas underwater for 10 to 25 percent of the year, the study found. Three installations would lose 10 percent of their land in the "intermediate" scenario and 25 percent in the "highest." The Navy installations on track for daily flooding are:

- Portsmouth Naval Shipyard in Portsmouth, Maine.
- The Naval Academy in Annapolis, Maryland.
- Naval Support Facility Anacostia in Washington, DC.
- Washington Navy Yard in Washington, DC.
- Naval Station Norfolk, Virginia.
- Naval Air Station Oceana/Dam Neck Annex, Virginia.
- Naval Station Mayport, Florida.
- Naval Air Station Key West, Florida.
- Naval Submarine Base Kings Bay, Georgia.

The other branches' bases at similar risks to daily flooding:

- Coast Guard Station Sandy Hook, New Jersey.
- Joint Base Anacostia-Bolling in Washington, DC.
- Joint Base Langley-Eustis, Virginia.
- Marine Corps Base Camp Lejeune, North Carolina.
- Marine Corps Recruit Depot Parris Island, South Carolina.
- Marine Corps Air Station Beaufort, South Carolina.
- Eglin Air Force Base, Florida.

By 2100, the report found, Key West, Langley-Eustis, Dam Neck Annex and Parris Island could be between 75 and 95 percent under water. Langley-Eustis already has extensive flood protections, according to study author Shana Udvardy, who visited the Hampton Roads bases as part of her research. "At Langley, [we] saw some of the natural defenses in place," she said, including a living shoreline, door dams to prevent surge, a pump to remove storm water from the base and a warning system linked to NASA storm tracking. Dam Neck Annex, Caldas added, has a rock-filled sea wall covered in sand on its shoreline. Raising buildings is also an option, Udvardy said, though it's harder with many of the historical buildings on military installations. Newer facilities like housing would be more straightforward. But for some installations, there's very little space to allow for regular flooding or to move structures inland. "For a place like Key West that's facing up to 95 percent of permanent inundation, there's not a lot of land to retreat to," Caldas said. [Source: Navy Times | Meghann Myers | July 29, 2016 ++]

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## **Military Food Stamps Update 01 ► Complete Information Lacking**

Department of Defense officials do not have "complete information" on how many servicemembers and their families are using food assistance programs because the department doesn't completely track the data or work with other departments to do so, according to a recent Government Accountability Office (GAO) report. While the Supplemental Nutritional Assistance Program (SNAP) and the Women and Infant Children (WIC) program, both

controlled by the Department of Agriculture, do have some ability to track military family usage rates, the Pentagon only loosely tracks the programs it administers, and no single office at the DoD is in charge of food assistance tracking.

Additionally, the GAO was able to find little to no information on service members' use of alternative food assistance programs such as local food banks and free and reduced lunches for children in non-DoD schools. That's a problem military officials must tackle before they are able to accurately understand how hunger impacts troops and their families, the report says. Approximately 23,000 active-duty service members received food stamps in 2013, according to U.S. Census data. Information from the Department of Defense Education Activity showed that in September 2015, 24 percent of 23,000 children in U.S. DoDEA schools were eligible for free meals, while 21 percent were eligible for reduced-price meals.

Whether a military family qualifies for food stamps depends strongly on where they are stationed, since individual states set some of their own income guidelines. For example, at both Camp Pendleton, California, and Fort Hood, Texas, troops need a minimum household size of six to qualify, even though income between those locations varies widely thanks to Basic Allowance for Housing (BAH) rates. USDA officials said they do not track whether an applicant is the military, although they could easily do so, because it does not impact the family's eligibility. [Source: TREA Washington Update | August 8, 2016 ++]

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## **Military Spending Caps ► Impact After 5 Years**

When Congress passed the Budget Control Act in 2011, defense leaders warned the spending caps could have disastrous consequences for military programs and planning. Five years later, many of those fears have not materialized. But Pentagon leaders and presidential hopefuls are still condemning the law as a danger to national security, and searching for a solution to the problem known as sequestration. “I think [this issue] is probably the biggest challenge that the next administration faces,” said Todd Harrison, director of defense budget analysis at the Center for Strategic and International Studies. “We’ve got four more years of budget caps left in effect, and you know whoever the next administration is, they are likely going to want to exceed those caps.”

The budget caps, originally proposed as a poison pill to force lawmakers into a more comprehensive fiscal plan for federal spending, place strict limits on how much defense and nondefense money can be allocated through fiscal 2021. Mandatory federal spending and some agencies like the Department of Veterans Affairs are exempt. Despite giving lawmakers a target number for their annual appropriations work, the law has nearly paralyzed budget negotiations on Capitol Hill, giving members of Congress little room to negotiate with the White House on spending shifts and priorities. That’s especially true for the Defense Department, with Pentagon planners delaying some major new equipment purchases for years to ensure enough money stays in place to maintain current priorities. Both Republican presidential nominee Donald Trump and Democratic nominee Hillary Clinton have made the budget caps a talking point on the campaign trail.

But Harrison noted that when the budget deal was passed in 2011, then-Defense Secretary Leon Panetta predicted crippling effects on the active-duty force that never really materialized. Among them: the end of the controversial F-35 procurement program (military officials announced the aircraft’s initial operating capability this week), a fleet of fewer than 230 ships (the Navy still has 270 with plans to grow) and the smallest civilian workforce in department history (the 770,000 nonmilitary staff is larger now than in the early 2000s). One area that has seen a significant impact is personnel. Under current plans, total Defense Department ground forces will drop to 632,000 in coming years, the lowest figure in roughly seven decades.

But Harrison said many of those changes — and related cuts to military pay raises and benefits — stem not solely from the Budget Control Act but also from military strategic plans from 2013 and 2014. “Those reductions did not cut as much as they would have if they were planning to get all the way to the budget cap level,” he said. Instead of making those dire programming cuts, lawmakers have opted to find work-arounds for the budget caps. Twice Congress has passed short-term relief for the spending limits, and they have routinely used temporary war funding to add in extra money not just for military needs but also multiple nondefense programs as well. Defense leaders “are still telling people the consequences of living at the [budget caps] level but they’re not including the fact that they’ve been getting \$25 billion to \$30 billion of overseas contingency funding to offset that every year,” he said.

Whether the next administration can do the same remains to be seen. Some long-term platform purchases have been delayed, and defense planners will need to find ways to address short-term funding fixes in the next half-decade or risk some of the Pentagon’s predictions of disaster. Harrison doesn’t see an end to the contingency funding “shell game” in the near future, but he does see plenty of financial questions for the next commander in chief. “What’s their approach? What can they negotiate with Congress?” he asked. “What can they get Congress to appropriate? “If they can’t get Congress to raise the budget caps and they can’t continue to get this extra [temporary war] funding year after year, then they’ve got a real problem ... then you’re actually getting cut down to the budget caps, and they don’t have a plan for that yet.”

Party leaders in Congress have repeatedly said they hope a new president will bring new ideas on how to break the budget impasse. But with Democrats insisting that defense spending be matched dollar-for-dollar with domestic programs and Republicans vowing to plus up defense first and rein in other spending, that agreement remains as elusive as five years ago. [Source: Military Times | Leo Shane | August 8, 2016 ++]

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## **Military Fitness Standards ► Under Revision**

For the first time in 14 years, the military is rewriting its body composition standards and the methods used to determine whether troops are too fat to serve. Pentagon officials intend to publish a new policy later this year, a document expected to have sweeping effects on how the military defines and measures health and fitness. The review comes amid rising concern about obesity. Among civilians, it is shrinking the pool of qualified prospective recruits. And in the active-duty force, a rising number of overweight troops poses risks to readiness and health care costs. “You can look around and see all the soldiers that are pushing that belly,” said Dr. David Levitsky, a professor of nutritional science and human ecology at Cornell University who has studied military nutrition and obesity. “They have to do something about it.”

The current policy requires service members to maintain body fat levels below a key threshold — 26 percent for men and 36 percent for women. And for years the Pentagon has required the services to enforce that using a notoriously low-tech “tape test.” Those standards are at the core of long-simmering controversies that pit questions of fairness against those of military readiness. Troops who fail to pass the test are enrolled in remedial fitness programs that can stigmatize or even end a military career. Yet many others believe rigid fitness standards are a vital component of the military profession, rules that stress the importance of military bearing and ultimately save lives on the battlefield.

Today, new research and technology is available, enabling the military's health experts to reassess the value, practicality and fairness of those rules. The objective now is to identify and leverage the best, most financially feasible way to distinguish between troops who are truly unhealthy and those who have nontraditional body types but are otherwise fit. “The question is: Is that the best way for us to assess body composition?” said one defense official familiar with the review. The official requested anonymity because the internal review is controversial and

senior officials have not yet made any final decisions. “What was good in 2002 might not be the best we can do in 2016.”

The pending changes may be far reaching. For the first time the matter will be addressed primarily by military health professionals — many of them trained physicians and scientists. Previously the issue was handled by the Pentagon’s personnel division. “We are taking a slightly different perspective on this, focusing on the health: What determinants can we identify that would relate to predispositions for injury or illness?” the defense official said.[Source: Military Times | Andrew Tilghman | August 7, 2016 ++]

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## **Military Fitness Standards Update 01 ► BMI is absolutely useless**

One fundamental question is whether the military should revise its longstanding reliance on the height-weight screening that determines a person's body-mass index, or BMI. The official assessment of body composition starts with the BMI test to determine if their height and weight align sufficiently to suggest they are fit. The troops who fail that test must then undergo a more complete a tape test to estimate their body fat percentage. Medical experts say the BMI is flawed at each end of the spectrum. It unfairly penalizes weight lifters and other athletic people who are healthy but have a lot of muscle mass that increases their weight. And the BMI test can fail to catch unfit troops who are naturally tall and thin. “When you have groups of individuals who are fit and highly trained, then BMI is absolutely useless,” said Dr. Dympna Gallagher, the director of the body composition unit at the New York Obesity Nutrition Research Center.

Military health officials are looking for a new way to determine the specific location of body fat. “Is it visceral fat around the abdominal organs? Or is it total body fat?” the defense official said. “So the goal is to try to determine, based on the science, how do you test — in hundreds of thousands of individuals — the type of fat they have, in a manner that is quick and attainable and is relevant to health?” That's why the tape test is facing such scrutiny. It uses a cloth tape to measure neck and waist circumference and from that, a tester calculates estimated body fat. Critics say the results are wildly inaccurate compared to more sophisticated and costly tools, such as underwater immersion or full-body X-rays.

In fact, in 2013, Military Times challenged the tape test by assessing 10 active-duty troops and then putting them in a hydrostatic “dunk tank,” considered one of the most accurate methods for determining an individual's body fat composition. The results showed that the tape test was wrong — every time. And in nine of the 10 cases, the tape test measured troops’ body fat percentages far higher than the dunk tank. The worst exposed a 66 percent difference between scores.

The challenge is that the military must test more than a million people every year, sometimes in austere conditions like on a ship at sea or within an infantry unit deployed to a war zone. “Time is an issue, resources are an issue — you can’t do an MRI or a CAT scan on every service member to look at their body fat. ... That is very labor intensive and resource intensive and difficult to do,” the defense official said. While Defense Department officials examine potential changes, their proposals will have to be coordinated with leaders of the individual services before a final policy emerges. Internally, however, there is “disagreement on what right looks like,” the defense official said.

Some leaders worry that that focusing on BMI scores and body fat percentages can obscure the broader goal of promoting healthy lifestyles. That involves eating right, exercising daily, getting sufficient sleep and not drinking too much. “I don’t want someone just to meet the body screening I want them to live a healthy lifestyle,” said Command Sgt. Maj. John Troxell, the senior enlisted adviser to the chairman of the Joint Chiefs of Staff. “That means: Don’t go for two weeks and lose a bunch of weight and use methods that are not smart or prescribed to get your body weight down or your body fat down to meet a certain standard.” Nevertheless, Troxell said, the force

needs strong fitness requirements. “Any change to our policy has to take into account, first and foremost, that we’ve got to have men and women who can perform their duties ... under the worst conditions on their worst day of their life, whether it’s in combat, whether it’s a fire on a ship, whether its on the flight line where there’s an emergency.”

Troxell acknowledged concerns about rising obesity rates limiting the military’s recruiting pool. He pointed to recent studies that show 75 percent of young Americans are ineligible for military service, many of whom are simply too fat to meet basic standards. But lowering standards to expand that recruiting pool is flawed logic, he said. “If we do that, we have a potential liability on the battlefield. The minute we lose that competitive advantage in combat because our enemies are training harder than we are, we’ll have more problems than we have right now.”

One study of combat troops in Afghanistan found that overweight soldiers were 40 percent more likely to suffer an injury during deployment.

Levitsky, the Cornell professor, said health care costs, which consume about 10 percent of the Pentagon's budget, are a key consideration, too. Obesity is related to conditions that are expensive to treat, such as heart disease, diabetes and hypertension. “If they can somehow weed out those individuals, they would save a lot of money,” he said. “What they are realizing is that even after people come into the military and they pass all the health standards, that the risk of becoming obese is still very high. “The major concern is, what are the health costs going to be later on in life? Not right now, but five years — 10 years — 20 years down the line? There are significant health costs. I’m sure their economists are looking at this right now very carefully.” [Source: Military Times | Andrew Tilghman | August 7, 2016 ++]

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## **Military Fitness Standards Update 02 ► Data is Hard to Come By**

Obesity in the active-duty force has soared during the past several decades. In 2001, 1.6 percent of the force received an outpatient diagnosis of obesity, according to Defense Department health data. That more than tripled to 5.3 percent in 2010. It's unclear where those numbers stand now, though. The Defense Health Agency refused to fulfill Military Times request for more recent obesity data. Seeing cause for concern, the individual services have responded by implementing remedial fitness programs — comprehensive health and wellness plans designed to get wayward personnel back into fighting shape. They are mandatory for troops who fail fitness and body composition tests. But finding data on those programs is difficult as well.

- The Navy, for instance, was unable to provide Military Times with its Fitness Enhancement Program enrollment numbers, a spokesman said, due to computer software updates and ongoing system maintenance. The Air Force also was unable to provide forcewide enrollment data on its Fitness Improvement Program. “We do not have the current enrollment for FIP since this program is managed at the individual base level,” said Maj. Bryan Lewis, a spokesman for Air Force headquarters at the Pentagon. Instead, Lewis provided the percentage of airmen who pass the service's annual fitness test. That rate, he said, has ticked up from 92.4 percent in 2011 to 95.9 in 2015.
- Marines who fail to meet standards are assigned to the Body Composition Program. Annual enrollment in the BCP has ranged between 1.1 percent and 1.4 percent of the total force during the past several years, according to data provided by the Marine Corps Force Fitness Department. The program appears to work, too. Since 2011, in a single year no more than 185 Marines have been thrown out of the service for being too fat.
- The Army did not respond to Military Times' request for data about its remedial fitness programs.

Those remedial programs have saved plenty of military careers over the years. But many troops who've been assigned to one of them decry the tape test as inaccurate and unfair, rightly dubious of its reliance on specific body measurements rather than overall physical fitness. The new forcewide body composition rules are intended to set a

baseline, minimum standard. The individual services would still be free to impose more rigorous requirements or additional metrics if they desire, officials said.

- The Marine Corps, for example, evaluates its troops' general appearance and requires personnel to include a full-body photograph of themselves in uniform as part of each promotion packet. Traditionally, the service also has been more strict when it comes to measuring body fat. That has changed though. Marine officials recently eased those standards. Under new rules that took effect in July, Marines who score extremely well on their fitness tests will be exempt from static body fat requirements. The service's policy is now on par with minimum forcewide standards for older personnel. Women in their late 30s are permitted to pack on a few extra pounds as the maximum body fat allowed for their age group was raised from 27 to 28 percent. And men over 36 can have a max of 20 percent body fat, an exemption previously limited to men over 40. The Marine Corps also has halted use of the traditional tape test, moving to "self-tensioning" devices that experts call more accurate. And the service is considering creating a new job specialty for fitness instructors.
- The Navy also has eased rules. For years, it had just two age categories: under 40 and over 40. Now they Navy has four, each with its own standards. The youngest personnel must maintain the lowest body fat levels while older sailors are allowed to carry some extra weight and still meet requirements.
- The Air Force was granted a waiver in 2009 that allows it to use an alternative tape-test method, one that measures the circumference of the abdomen rather than the neck and waist. Some health experts believe abdominal measurements are a better indicator of body fat that poses the most significant health risk.



- The Army, meanwhile, has begun a review of its body composition policies but officials are waiting to implement any changes until after the Pentagon releases its revised policy later this year.

[Source: Military Times | Andrew Tilghman | August 7, 2016 ++]

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## **Nuclear Weapons** ► **No-First-Use Policy Concerns**

Air Force Secretary Deborah Lee James would be "concerned" if the US implemented a formal no-first-use policy for nuclear weapons, at a time when the White House reportedly is considering such a move. Speaking 3 AUG to Defense News and sister publication Air Force Times, James also said the service is briefing members of Congress that have expressed doubts about the Pentagon's nuclear modernization strategy in order to make the case for funding the new Long Range Standoff (LRSO) nuclear cruise missile. Over the past month, reports have emerged that President Barack Obama is considering enacting a no-first-use policy — in which the US would pledge not to preemptively launch a nuclear strike against another nation — before leaving office.

As would be expected, the nonproliferation community has cheered the idea, and a group of congressional Democrats recently wrote to Obama urging the adoption of that policy. But those who view nuclear deterrence as key to American security have expressed concerns such a plan would put the US on its heels, especially given recent

Russian modernization of its nuclear arsenal. Asked specifically her opinion on a no-first-use policy, James said, “Personally, I have questions about it. I would be concerned with it.” Those comments echo remarks from William Cohen, a former defense secretary from 1997-2001 under President Bill Clinton. Cohen told Defense News 21 JUL that he doesn’t support a no-first-use declaration. Instead, Cohen said he hopes to see “a very rigorous diminution in our numbers and much greater cooperation with countries who possess” nuclear weapons. James added that “I imagine we will hear more about [Obama’s nuclear-policy thoughts] in the next few months.”



**Secretary of the Air force Deborah Lee James (right)**

That strategy, at this point, appears to include moving forward with major recapitalization efforts on a number of nuclear programs. Last week, the Air Force offered a request for proposals on both the LRSO and the Ground Based Strategic Deterrent (GBSD) programs, the latter of which would replace the aging Minuteman III intercontinental ballistic missiles. That the service went ahead with both those RFPs, James noted, “speaks for itself” in terms of how vital the Air Force feels those modernization efforts are.

But on the Hill, the nuclear modernization strategy has increasingly come under a microscope from congressional Democrats. In particular, the LRSO, which would replace the service’s Air Launched Cruise Missile (ALCM) program, has become a target as a potential cut in order to free up money for the coming “bow wave” of modernization costs expected to hit the Pentagon in the mid-2020s. Leading the charge against LRSO are two powerful Democrats: House Armed Services Ranking Member Adam (WA) and Senate Intelligence Committee Vice-President Dianne Feinstein (CA).. The latter is particularly notable, as control of the Senate now appears a possibility for the Democratic party following November’s election.

James called the discussions over LRSO the result of a “reasonable difference of opinion among people who are all trying to do the same thing,” and said the service is trying to provide information that shows why the LRSO is important going forward. “Our job is ultimately [to provide] the best military advice we can give,” James said. “We go over there. We brief. We brief both in unclassified and classified ways that ‘This I why we believe the LRSO is needed.’” That argument rests on the need for the Air Force to have a “credible” deterrent for its bomber fleet, she said. “We’re going to have our B-21s eventually, but our B-52s we also anticipate keeping for a substantial period of time. And without a standoff capability, those B-52s won’t be able to do the job in the mid-2020s,” James said. “So it’s directly related to that threat, the Anti-Access/Area Denial kind of environment. So we go to Congress and we explain this as well. “It really does relate to what is going on around the world. That’s why we need it. But, again, reasonable people have differing opinions.” [Source: Defense News | Aaron Mehta | August 5, 2016 ++]

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## **Army SRB ► Suspended for the 1st Time Since 2006**

For the first time since 2006, the Army has suspended its Selective Retention Bonus program until the end of the fiscal year. The suspension went into effect 2 AUG and is expected to be in place until Sept. 30, the end of fiscal 2016, according to information from the Army G-1 (personnel). The program is expected to resume no later than Oct. 1, officials said. "The decision to suspend the SRB program was based on the current and projected success of the Army's retention program, needs and budget constraints," said Lt. Col. Jerry Pionk, an Army spokesman, in a statement to Army Times. "Currently, we are projecting we will be at about 106 percent of our retention mission across all [military occupational specialties]."

The suspension of the SRB program was announced in a force-wide message. The MILPER effectively means soldiers are not authorized to receive a Selective Retention Bonus for reenlistment contracts beginning Aug. 2 until the program is reinstated. Army officials said it is not uncommon for bonuses and Army policies relating to them to fluctuate. But they noted that the SRB program was last suspended in 2006. Prior to that, the program was suspended in 2003. All soldiers previously eligible for an SRB are still able to reenlist, Pionk said. They also can wait until Oct. 1, when the program is expected to be reinstated. "They may continue processing for a reenlistment assignment as long as they reenlist no later than Oct. 14," Pionk said. "Assignments will be deleted after Oct. 14 if the soldier does not reenlist."

The Selective Retention Bonus program offers cash to soldiers in high-demand specialties, and the size of the bonus depends on the soldier's rank, the length of the reenlistment and MOS. Some specialties, such as Special Forces, cyber, civil affairs and psychological operations, offered bonuses ranging from \$12,300 to \$72,000, according to information from Army G-1. The SRB program also targets critical locations such as U.S. Army Special Operations Command, the 75th Ranger Regiment, the 160th Special Operations Aviation Regiment, and other airborne positions. Under federal law and Army policy, soldiers can receive more than one SRB during their career, but the combined payments cannot exceed \$200,000. A soldier's individual reenlistment window opens 12 months from their Expiration Term of Service date and continues through 90 days before their ETS. [Source: Army Times | Michelle Tan | August 4, 2016 ++]

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## **Military Tattoo Criteria Update 08 ► USAF Review | Last Done in 2010**

Sit tight, airmen. The Air Force is updating its uniform and appearance policy, which it does every four years, and tattoos are indeed under review. But whether the service intends to change what's acceptable ink, and if so, how, is still being determined, Air Force Secretary Deborah Lee James told Air Force Times on 3 AUG. But as part of the tattoo policy review, James has asked for a detailed comparison of Air Force regulations with the regs of the other services, which are more lenient. "Every four years, and we happen to be at that crucial point right now, there is a review of our personal appearance and uniform policy," James said during a roundtable discussion with Air Force Times. Recommendations will be presented to her and Air Force Chief of Staff Gen. David Goldfein by the "late fall timeframe."

"The tattoo policy will be reviewed as part of that greater look," James said, "and one thing I specifically asked for as part of that review is that we look at what the other services are doing because we're ... in a healthy and friendly competition with our sister services, and we don't want to lose out on good recruits at least without thinking it through on what the tattoo situation is."

In April, the Air Force said a working group had formed to discuss an update to the tattoo regulations. "Depending on the working group's findings, we anticipate any policy change proposals to be ready for Air Force leadership consideration in the fall of 2016," Air Force spokeswoman Capt. Brooke Brzozowska said at the time.

That same month, the Navy overhauled its tattoo policy, allowing sailors to sport neck tattoos, sleeves and even markings behind their ears, the most lenient policy of any military service. “I did specifically ask for when [the working group] comes forward...to give us recommendations, that whatever they recommend, they also tell us how does this stack up vis-à-vis the other services so that we can make some informed judgments about it,” James said.



James said she isn't completely familiar with each of the sister services' policies, but she's aware that Army “recently relaxed some of their stipulations ... and I would like to learn more about that moving forward.” Input from soldiers prompted the Army to update its tattoo policy in 2015. Under the new rules, sleeve tattoos, which typically cover the arm from shoulder to wrist, are once again authorized as long as they don't extend past the wrist, Sergeant Major of the Army Dan Dailey told Army Times last April.

The Air Force hasn't updated its policy on tattoos since 2010, when there was a change to how the chain of command could determine, or even measure, a tattoo to be "excessive." If airmen have excessive tattoos — anything defined as covering 25 percent of an exposed body part or readily visible when wearing any uniform other than PT gear — they need to fill out a form for their commander to document that an excessive tattoo has been waived and the individual has been authorized to cover the tattoo with his or her uniform. The form remains on an airman's service record until the he or she leaves the Air Force or the tattoo is removed, Brzozowske said. Other restrictions apply:

- Any visible tattoos or markings above the collarbone, such as the neck, head, face, tongue, lips, and/or scalp, are prohibited. Unauthorized tattoos need to be removed. At the commander's discretion, they could be removed through various sessions in a Defense Department medical treatment facility.
- Airmen cannot tattoo themselves with symbols linked to hate groups, Brzozowske said. The Air Force Office of Special Investigations generates a list of what constitutes intolerable markings.

Airmen have been very vocal on welcoming a new policy:

- “I would love to have a sleeve, because tattoos are one of my stress relievers, and it lets me show off my personality when I'm outside of uniform,” one airman wrote to Air Force Times July 15. “Other branches allow half sleeves, even full sleeves but the Air Force policy prevents us from being ourselves.”
- “I [want] to join the Air Force, but the only thing holding me back is the quarter-size tattoo behind my ear,” one reader, Amanda, said in an email. “Joining the Air Force means so much to me, and I don't want something so small to hold me back.”
- “I respectfully request that our great Air Force leaders embrace the culture and side with the Army and Navy in regards to adjusting the policy so that we may have tattoos on our arms extending past 25 percent

of the exposed body part,” one staff sergeant wrote on July 27. “They do not show when we wear official military uniform and we have long-sleeved Air Force blues.

- “I hope this fall, we truly see a change in the current policy and that we may all reach our full potential, regardless if we have 26 percent of our skin tattooed or none of it,” the staff sergeant said.

[Source: Air Force Times | Oriana Pawlyk | August 5, 2016 ++]

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## **M4A1 Rifle ► 117,000 Upgrades Completed to Date**

The US Army has now produced at least 117,000 battle-tested, upgraded M4A1 rifles engineered to more quickly identify, attack and destroy enemy targets with full auto-capability, consistent trigger-pull and a slightly heavier barrel, service officials said. The service’s so-called M4 Product Improvement Program, or PIP, is a far-reaching initiative to upgrade the Army’s entire current inventory of M4 rifles into higher-tech, durable and more lethal M4A1 weapons, Army spokesman Pete Rowland, spokesman for PM Soldier Weapons, told Scout Warrior in an interview. “The heavier barrel is more durable and has greater capacity to maintain accuracy and zero while withstanding the heat produced by high volumes of fire. New and upgraded M4A1s will also receive ambidextrous fire control,” an Army statement said.

To date, the Army has completed 117,000 M4A1 upgrades on the way to the eventual transformation of more than 48,000 M4 rifles. The service recently marked a milestone of having completed one-fourth of its intended upgrades to benefit Soldiers in combat. The Army is planning to convert all currently fielded M4 carbines to M4A1 carbines; approximately 483,000,” Rowland said. “Most of the enhancements resulted from Soldier surveys conducted over time.” Rowland explained that the PIP involves a two-pronged effort; one part involves depot work to quickly transform existing M4s into M4A1s alongside a commensurate effort to acquire new M4A1 weapons from FN Herstal and Colt.



Army developers explain that conversions to the M4A1 represents the latest iteration in a long-standing service effort to improve the weapon. “We continuously perform market research and maintain communications with the user for continuous improvements and to meet emerging requirements,” Army statements said. The Army has already made more than 90 performance “Engineering Change Proposals” to the M4 Carbine since its introduction, an Army document describes. “Improvements have been made to the trigger assembly, extractor spring, recoil buffer, barrel chamber, magazine and bolt, as well as ergonomic changes to allow Soldiers to tailor the system to meet their needs,” and Army statement said.

Today's M4 is quite different "under the hood" than its predecessors and tomorrow's M4A1 will be even further refined to provide Soldiers with an even more effective and reliable weapon system, Army statements said. The M4A1 is also engineered to fire the emerging M885A1 Enhanced Performance Round, .556 ammunition designed with new, better penetrating and more lethal contours to exact more damage upon enemy targets. [Source: The National Interest | Kris Osborn | July 28, 2016 ++]

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## **LRSO Weapon System ► Pentagon Solicits Nuclear Contracts**

The U.S. Air Force took a first step toward buying controversial new nuclear weapons 29 JUL, asking defense companies to submit bids to design and build cruise missiles and ICBMs. The move comes amid the highest tension with Russia since the end of the Cold War and flies in the face of senators who have called on the Obama administration to cancel plans to build the new cruise missile, called the Long-Range Standoff Weapon, or LRSO. "The LRSO weapon system will be a cost-effective force multiplier for B-52, B-2, and B-21 aircraft to credibly deter adversaries and assure U.S. allies of our deterrent capabilities," the Air Force officials said in a statement, referring to the two existing and one planned nuclear-capable bombers.

In the statement, they said they would choose up to two contractors by the fourth quarter of 2017 to build the new cruise missiles. Those two contractors will then compete for 54 months "to complete a preliminary design with demonstrated reliability and manufacturability, which will be followed by a competitive down-select to a single contractor," the statement said. A group of 10 senators, all Democrats, have called on the Obama administration to scale back its plans for new nuclear weapons and the bombers and submarines that will carry them. The senators specifically called for canceling LRSO, saying it could save taxpayers \$20 billion. "Nuclear war poses the gravest risk to American national security," the senators wrote. The Air Force countered that argument 28 JUL, saying the new cruise missile is necessary to replace its current air-launched cruise missiles, which were designed in the 1970s and built in the 1980s. The Air Force wants the new missiles by 2030.



"LRSO is a critical element of the United States' nuclear deterrence strategy," said Maj. Gen. Scott Jansson, commander of the Air Force Nuclear Weapons Center and Air Force program executive officer for strategic systems. "Releasing this solicitation is a critical step toward affordably recapitalizing the aging air leg of the nuclear triad." The triad is a reference to the Pentagon's three nuclear arms, Air Force strategic bombers, intercontinental ballistic missiles and Navy submarines, which carry nuclear missiles.

The Air Force also issues a solicitation Friday to buy new ICBMs to replace the Minuteman, which date back to the 1960s, but have been upgraded over the years. The Air Force calls the replacement project the "Ground-Based

Strategic Deterrent.” “The new GBSB weapon system will meet existing national requirements, while having the adaptability and flexibility to affordably address changing technology and threat environments through 2075,” the Air Force said. The Pentagon wants to deploy the new ICBMs in the late 2020s.

The Congressional Budget Office last year estimated it would cost about \$350 billion to buy new nuclear weapons, ICBMs, stealth bombers, submarines and cruise missiles, between 2015 and 2024 based on the Pentagon's current plans. The total cost of buying all of the new weapons over the next 25 years is estimated at more than \$700 billion. Last October, the Air Force announced it had selected Northrop Grumman to build new stealth bombers that will carry nuclear weapons. The B-2 and B-52 are the Air Force's two active strategic bombers that can carry both nuclear and conventional bombs. The Navy is in the early stages of buying new submarines, which will replace the Ohio-class subs. The announcement came as Congress is out of session until after the Labor Day holiday in September [Source: Defense One | Marcus Weisgerber | August 1, 2016 ++]

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## **Navy Uniform Changes Update 02 ► TYPE I | 3-YR Phaseout**

The Navy is ready to dump the military's most pointless uniform. The blue-and-gray Navy working uniform, known as the Type I, will be dumped effective 1 OCT, Navy officials announced 4 AUG, though wear will be phased out over three years. In its stead, the digital woodland pattern cammies, or NWU Type III, will become the standard shore duty uniform across the service. The NWU Type III is a tactical uniform that has a reputation for being more comfortable and officials also anticipate some cost-savings by switching to it. “We have heard the feedback and we are acting on it,” said Navy Secretary Ray Mabus in a statement provided to Navy Times Aug. 4. “As a direct result of sailors' input, effective October 1, we will transition from the NWU Type I to the NWU Type III as our primary shore working uniform.”



**Blueberries (left) to be replaced by green cammies**

The announcement signals another tectonic shift in the Navy's changing seabag. Many details are still being worked out. What you need to know:

- Green cammies. Sailors who don't currently wear the woodland cammies may start to do so in October, with their commanding officer's approval. These uniforms will start going on sale at uniform stores. Recruits will start being issued them in October 2017 and sets of these units will be rolled out to sailors over the next two years. By October 2019, green-and-tan cammies will be the shore duty standard uniform.
- Blue cammies. Sailors will not be allowed to wear their blueberries after Oct. 1, 2019.
- Fleet uniforms. Officials are working on a replacement to the unpopular flame-resistant variant coveralls worn in the fleet. In addition to the improved FRV coverall, officials are also pursuing a new direction after surveys found interest in a two-piece utility style uniform that's flame-resistant and can be worn at sea and ashore. A wear test is planned for 2017.

Who's paying for the NWU changes? The answer depends if you're enlisted or an officer. Enlisted will get money to purchase woodland cammies and accessories via the Clothing Replacement Allowance. Officers will have to pay

out of pocket, however, as required by law. Managing this uniform shift will be Vice Adm. Robert P. Burke, the Navy's top personnel officer who oversees sailor's seabags. "Our sailors want uniforms that are comfortable, they want them to be lightweight and breathable and ultimately, they want fewer of them," Burke said in a phone interview. "Our force really loves the Type III's. Fleet feedback is that it's lighter, it breathes good in hot weather climate, it's got the right accessories for cold weather climates — and it just wears better.

"This is one where I think we can give our sailors quickly, as compared to starting from scratch, and relatively inexpensively because it's already designed and in use." Burke acknowledges these changes will seem like yet more uniform upheaval to many. But he says this effort will lead to a smaller, more common sense seabag. Woodland cammies are a tactical uniform that's typically worn by masters-at-arms and expeditionary sailors, like Seabees, SEAL and explosive ordnance disposal technicians, who deploy in detachments on missions around the globe and rarely wear their blue-and-grays. Some 50,000 sailors are paid to maintain three sets of blue NWUs, at \$215 a pair. Getting rid of this requirement would thus save the service around \$10 million a year in organizational clothing costs for purchasing Type III's.

The switch to the green-and-tans is only part of the massive effort as the service works to redo it's seabag without the embattled blue-and-gray cammies, which were introduced in 2009. The improved flame-resistant coveralls are being developed by Fleet Forces Command, which has been leading the efforts to replace the FRV coverall. That uniform was rapidly fielded in 2013 after it emerged that the NWU and the utility coveralls contained synthetic fibers that could melt onto a sailor in a fire. It's likely to be years as the Navy develops and fields this new uniform. Officials said they're still working on a uniform prototype and it remains to be seen whether they'll be issued in the seabag or organizational clothing provided by commands. [Source: NavyTimes | Mark D. Faram | August 4, 2016 ++]

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## **MUTT** ► **Gun Mounted Unmanned Vehicle**

The Marine Corps just wrapped up a round of experiments with new and cutting-edge technology in the California desert, including tests with a gun mounted aboard an unmanned vehicle. This system, the Multi-Utility Tactical Transport Vehicle, or MUTT, from General Dynamics, is designed to take the load off dismounted troops. According to officials with the Marine Corps Warfighting Lab, the system will allow just one Marine to move a .50-caliber machine gun downrange—a job that typically takes five. Watch the system in action during testing at <https://youtu.be/5BEGevTf7x4> . The Warfighting Labs identifies possible challenges of the future and develops new warfighting concepts and tests new ideas to help develop equipment that meets the challenges of the future operating environment.



[Source: DoD Buzz | Hope Hodge Seck | August 10, 2016 ++]

## \* Military History \*



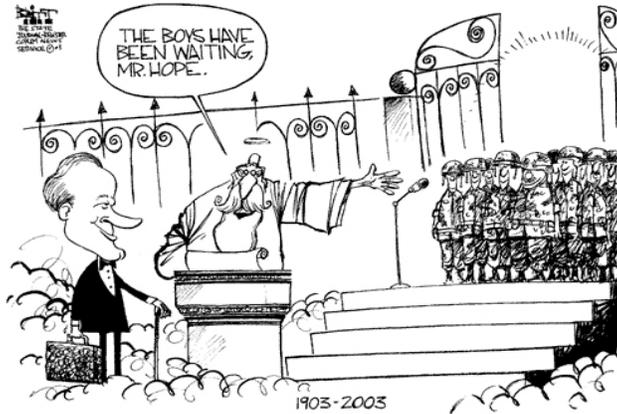
### **BoB Hope** ► National World War II Museum Exhibit

Bob Hope's commitment to entertaining U.S. troops will be recognized at the National World War II Museum in New Orleans through a \$3 million donation from the comedian's foundation. Hope's story "represents the value of laughter and humanity in even the darkest times," the museum said in a news release. The museum examines the American experience in World War II, and Hope's role is "essential to revealing this era's history," museum President and CEO Gordon H. "Nick" Mueller said. Hope, who died in 2003, performed for troops from World War II until the Persian Gulf War.



**Bob Hope shakes hands with American servicemen after entertaining them on Christmas Eve in 1964 in Bien Hoa Air Base near Saigon**

Museum plans include a special exhibit, a documentary about Hope's achievements and a film series honoring his legacy. The museum also will make photographs, artifacts and other archival materials about Hope available through its digital collections at [ww2online.org](http://ww2online.org). The museum also will offer military, families of military and veterans some free tickets to shows at BB's Stage Door Canteen. The new "Tickets for Troops" program began this summer, along with an annual youth theater camp to teach students about dance, song, costume, set design and Hope's role in World War II. "I know my dad would be extremely proud of this association with The National WWII Museum in New Orleans, one of his favorite cities," Linda Hope said. "We all hope that the visitors to the National WWII Museum enjoy learning more about his service to the armed forces and hopefully it will trigger some special memories." [Source: The Associated Press | August 3, 2016++]



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## USS Quincy (CA-39) ► Brothers - Shipmates | One Survived - One Died

The day Carl Kidwell boarded the U.S.S. Quincy was one of his happiest. He had waited years to be on that ship with his little brother, Logan. "The moment I came aboard, the sailor on duty at the gangway exclaimed: "Hey! Aren't you Logan Kidwell's brother?" Carl would later write in family letters. "A few minutes later, Logan came running up on the deck. What a reunion we had!" Together at last, the brothers from rural Washington, Indiana, were ready for adventure. They had no way of knowing just how little time they had left. Within months of that reunion, the United States entered World War II. In a little more than year, the U.S.S. Quincy sank in a quick and fiery battle. And when the Quincy sank, Logan died.



Carl Kidwell (left) and brother Logan Kidwell

By then, Carl was serving on a different ship. His first word was that Logan was missing. "At first they thought — could he be one of the ones saved," said Joe Kilps, Logan's nephew, who lived with the Kidwell brothers as a boy. "There were a lot of them saved after it sunk. But as time went by, it became clear that hadn't happened." Logan's body was never found, and Carl was never quite the same. Carl died in 2003, at the age of 92. Toward the end of his life, he wrote several long letters to his family about Logan. Kilps has the letters now. "As long ago as it was, it is still so real and vivid in my mind," Carl wrote in one such letter in 1989. "Logan and I were always very close, and even after all this time, I still miss him."

Carl and Logan grew up during the Great Depression. Their father had about a dozen children from two marriages. There wasn't a lot of money in the family, but they were happy. Kilps remembers Carl and Logan playing music together on their front porch. They would sometimes draw small crowds of friends and neighbors. "It was such fun," Kilps said last week from his Washington, Indiana, home. As young men in the early 1930s they took odd jobs at hotels, stores and car shops around Washington. The work was never reliable, so in 1933 Carl enlisted for a year in the Civilian Conservation Corps, a work relief program. It sent him all over the country for public projects, then returned him home, where there were still no reliable jobs. After some long talks, Carl and Logan concocted a wild plan to earn money. They built a photo booth, bought an old car, and took off to see the country.

For several years, the pair traveled with their booth. They charged people 25 cents for three pictures, developed right there. "They would set up at fairs or carnivals, or sometimes just in vacant lots," Kilps said. "Some people would come in and try to take crazy pictures, just like today." The photo booth was fun, but the brothers weren't making much money. And by the late 1930s, they were looking for a more secure future. So, after a few more long talks, they decided on the Navy. It was an adventure. In their time together aboard the Quincy, they saw tropical islands in the Caribbean and polar icebergs in the Arctic. They explored cities in Africa and gazed in awe at the Northern Lights. "It was a crowded and eventful year, and I've always been grateful for it," Carl wrote. But it was also scary. Not long after the attack on Pearl Harbor, Logan came to Carl with a disturbing feeling. He'd had a premonition of his own death in the war. It was just a feeling, but he couldn't shake it, Kilps said.

Logan and Carl served aboard the Quincy together for about a year. In the spring of 1942, the Quincy docked in New York, and Carl was sent ashore to be transferred. As a radioman, he was moved frequently. He and Logan left notes for each other at a YMCA so they could find times to meet. Then the Quincy left. Carl never saw his brother again. Carl spent years trying to research the battle that killed Logan. He wanted to know what happened, how his brother had died. It wasn't until decades later, when the military reports on the battle were declassified, that he got a true picture.

According to those reports, in the early morning of Aug. 9, 1942, the crew on Quincy's deck heard a plane buzzing overhead. The sound didn't raise any alarm until an explosion from a nearby ship lit up the sky. "Warning — warning — strange ships entering the harbor!" came a sudden voice across the Quincy's radio at 1:47 a.m. The warning came too late. As the crew ran for their battle stations, Japanese ships opened fire. The Quincy made a vain attempt to maneuver, but by the time the ship had swung around most of the deck was in flames. "The bridge had been hit, killing practically everyone in the pilot house," a declassified military report reads. "Radio I was struck and filled with shrapnel, both stacks perforated, the galley on fire, the hanger and well deck blazing inferno, the steam escaping from #1 Stack was deafening, and Battle II in flames. No water was available topside to fight the fires."

As artillery rained above deck, torpedoes struck the Quincy below, trapping men in the ship's belly by either fire or water. It's impossible to know where Logan was during the attack. If he was on duty, he was likely near the ship's boilers. Much of that area burned before the ship sank. "My thought was always that he drowned," Kilps said. "He was certainly below deck." The ship lost all onboard communication. The captain, who was gravely injured, ordered the only surviving man in the pilot house — a signalman — to beach the ship. The signalman grabbed the wheel and frantically spun it toward starboard. There was no steering control. "Just then the captain rose up about halfway and collapsed, dead," the report reads.

By then, the ship was sinking fast. The ranking officer ordered the crew to abandon ship. Survivors scattered, throwing life rafts, nets and anything that would float overboard. At about 2:40 a.m., less than an hour after the attack began, the Quincy capsized. "We were the last net away from the Quincy," Raymond Walter, one of the ship's fire controlman, told his hometown newspaper, the Green Bay Press Gazette, in October 1942. We "had only drifted 50 or 75 feet away, when I looked back and saw the fantail sticking straight up like a sore thumb. Then she plunged head first, to the bottom." [Source: The Evansville Courier and Press | Jessie Higgins | August 6, 2016 ++]



USS *Quincy* (CA-39), underway on 1 May 1940,

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## USS Monitor Update 01 ► Sinking

On 5 AUG in 2002, the rusty iron gun turret of the U.S.S. Monitor broke from the water and into the daylight for the first time in 140 years. The ironclad warship was raised from the floor of the Atlantic, where it had rested since it went down in a storm off Cape Hatteras, North Carolina, during the Civil War. Divers had been working for six weeks to bring it to the surface.



Nine months before sinking into its watery grave, the Monitor had been part of a revolution in naval warfare. On March 9, 1862, it dueled to a standstill with the C.S.S. Virginia (originally the C.S.S. Merrimack) in one of the most famous moments in naval history—the first time two ironclads faced each other in a naval engagement. During the battle, the two ships circled one another, jockeying for position as they fired their guns. The cannon balls simply deflected off the iron ships. In the early afternoon, the Virginia pulled back to Norfolk. Neither ship was seriously damaged, but the Monitor effectively ended the short reign of terror that the Confederate ironclad had brought to the Union navy.

Designed by Swedish engineer John Ericsson, the Monitor had an unusually low profile, rising from the water only 18 inches. The flat iron deck had a 20-foot cylindrical turret rising from the middle of the ship; the turret housed two 11-inch Dahlgren guns. The ship had a draft of less than 11 feet so it could operate in the shallow

harbors and rivers of the South. It was commissioned on February 25, 1862, and arrived at Chesapeake Bay just in time to engage the Virginia.

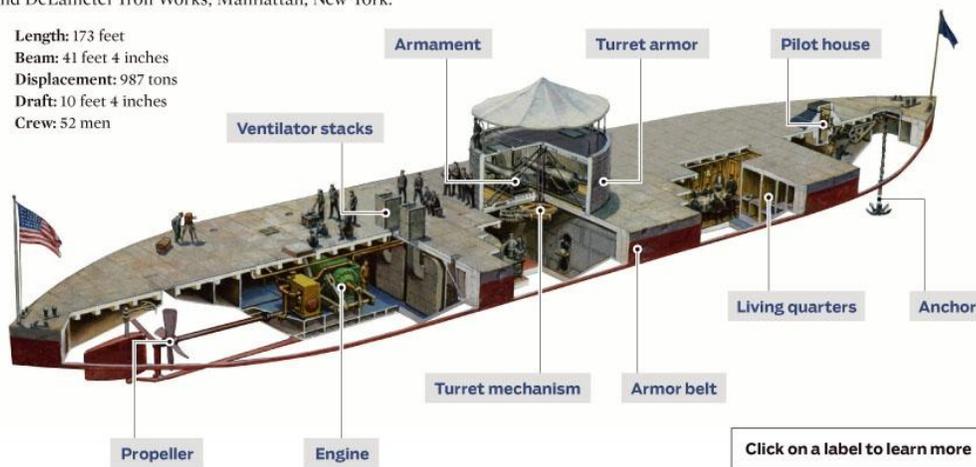
After the famous duel, the Monitor provided gun support on the James River for George B. McClellan's Peninsular Campaign. By December 1862, it was clear the ship was no longer needed in Virginia, so she was sent to Beaufort, North Carolina, to join a fleet being assembled for an attack on Charleston. The Monitor served well in the sheltered waters of Chesapeake Bay, but the heavy, low-slung ship was a poor craft for the open sea. The U.S.S. Rhode Island towed the ironclad around the rough waters of Cape Hatteras. As the Monitor pitched and swayed in the rough seas, the caulking around the gun turret loosened and water began to leak into the hull. More leaks developed as the journey continued. High seas tossed the craft, causing the ship's flat armor bottom to slap the water. Each roll opened more seams, and by nightfall on December 30, the Monitor was in dire straits.

That evening, the Monitor's commander, J.P. Bankhead, signaled the Rhode Island that he wished to abandon ship. The wooden side-wheeler pulled as close as safety allowed to the stricken ironclad, and two lifeboats were lowered to retrieve the crew. Many of the sailors were rescued, but some men were terrified to venture onto the deck in such rough seas. The ironclad's pumps stopped working, and the ship sank before 16 of its crew members could be rescued. The remains of two of these sailors were discovered by divers during the Monitor's 2002 reemergence. Many of the ironclad's artifacts are now on display at the Mariners' Museum in Newport News, Virginia.. [Source: <http://www.history.com/this-day-in-history/divers-recover-u-s-s-monitor-turret> | Aug 5, 2016 ++]

## USS Monitor

Designed by John Ericsson and constructed at Continental Iron Works, Brooklyn, and DeLameter Iron Works, Manhattan, New York.

Length: 173 feet  
Beam: 41 feet 4 inches  
Displacement: 987 tons  
Draft: 10 feet 4 inches  
Crew: 52 men



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## Gold Star ► How It Became A Symbol of Ultimate Sacrifice

It's been a symbol of honor that no one wants. The gold star denoting a family member who died in combat dates back to World War I, but before last week, the phrase "Gold Star family" wasn't as widely known as it was during World War II. Then came the controversy surrounding Donald Trump and Khizr and Ghazala Khan, who lost a son, Army Capt. Humayun Khan, to a suicide bomb in Iraq in 2004. Khizr Khan, speaking at the Democratic National Convention, challenged Trump's policies, saying, "You have sacrificed nothing and no one."



**Thelma England of Alhambra places a gold-star flag in her window to acknowledge her son, Ensign John C. England, who died in the attack on Pearl Harbor in World War II.**

After Trump lashed out at the Khans, the Veterans of Foreign Wars was among the many who came to their defense, with VFW President Brian Duffy saying, “Election year or not, the VFW will not tolerate anyone berating a Gold Star family member for exercising his or her right of speech or expression.” “There are certain sacrosanct subjects that no amount of wordsmithing can repair once crossed,” Duffy said. Arizona Sen. John McCain, in a statement released 1 AUG said Humayun Khan exemplified the best of America. “Captain Humayun Khan of the United States Army showed in his final moments that he was filled and motivated by this love,” McCain said. “His name will live forever in American memory, as an example of true American greatness.”

But how did the gold star become a symbol of the ultimate sacrifice?

- During World War I, a practice developed across the country: Families displayed flags featuring a blue star, a sign that a family member was fighting in the war. Some flags would display more than one star. Just how the next tradition began is unclear, but when a soldier died, the blue star was replaced by a gold one.
- In 1918, President Woodrow Wilson approved a recommendation by the Women’s Committee of National Defenses to wear a black armband with a gold star — an update on traditional signs of mourning. It’s believed Wilson coined the term “Gold Star Mother.” Over time, two types of service flags were created. One banner had a white background, red border and blue star. The other had a white background, blue border and gold star.
- In 1928, 25 mothers met in Washington, D.C., to establish a national organization called American Gold Star Mothers Inc. That organization exists to this day (i.e. <http://goldstarmoms.com>).
- In 1947, Congress authorized the military to issue gold star lapel pins to families of those who had been killed in combat. In 1973, Congress approved another for families of service members who died while on active duty but not in combat.

During World War II, the star flags were common sights across the country, often displayed in windows. That changed during the Vietnam War. During that unpopular conflict, when many Americans associated soldiers with government policies, many saw little value in displaying a blue or gold star flag. Those attitudes have changed in recent years. “It’s been a slow build to get it’s respect back,” said Richard Parker, a public policy lecturer at Harvard’s John F. Kennedy School of Government. “But there was a dissociation within the American public. They were disillusioned with the military after Vietnam.” Parker credited Army Gen. Creighton Abrams, a prominent commander during the Vietnam War, with helping to restore the military’s reputation, especially as it moved away

from the hugely unpopular draft of the Vietnam era. “He used the fact that the military had converted to all-volunteer forces to gain some public favor,” Parker said.

After Abrams, Gen. Colin Powell’s support of President George H. W. Bush’s “Operation Desert Storm” caused the military’s approval rating to soar, he said. The terrorist attacks of Sept. 11, 2001, further enhanced the military’s standing, prompting many Americans to enlist in the armed forces. Although the practice of displaying blue and gold stars has been revived since the wars in Iraq and Afghanistan, the images still remain a mystery to some. The widow of one serviceman once said she wished more Americans appreciated the meaning of the gold star. Donna Engeman lost her husband, Chief Warrant Officer John Engeman, in 2006 while he was stationed in Baghdad. In 2011 she told an interviewer with the U.S. Army that more needed to be done to educate people on the meaning of the gold star. "It's disheartening to be so far into this war," she said, “yet when I drive around with a bumper sticker and pin and people just don't know." [Source: Los Angeles Times | Alexia Fernandez | August 3, 2016 ++]

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## **Hiroshima Peace Memorial** ▶ **Pokemon No**

It was a bit touch and go for Hiroshima officials, but the atomic bomb memorial park in the western Japanese city is now Pokemon No. The city had asked the developer of the popular "Pokemon Go" smartphone game to remove the creatures and sites that appeared in the park by last weekend, when a solemn annual ceremony was held to mark the anniversary of the atomic bombing that killed 140,000 people in the final days of World War II. The "Pokestops" and gyms, and the clumps of players that they attract, were gone by 4 AUG, but the monsters that gamers try to catch were still popping up. The city sent an email inquiry to game developer Niantic, and got a response at 1:56 a.m. Saturday, just six hours before the start of the ceremony. "We were so relieved," city official Tatsuya Sumida said. "We were worried if those 'Pokemon' were really going to go away in time." He said city officials expect the monsters will stay away from the park permanently. "We consider the park a sacred place where we pray for the victims of the atomic bombings," he said.

Seventy-one years ago on 6 AUG United States airmen dropped a nuclear bomb on the Japanese city of Hiroshima. At 8:15 a.m., the first bomb exploded over Hiroshima, killing 140,000 people. The Genbaku Dome was the only building left standing near the hypocenter of the bomb’s blast. Designed by Czech architect Jan Letzel, it was completed in 1915 and housed the Hiroshima Commercial Exhibition Hall. Every year, thousands gather at the iconic dome, now the Hiroshima Peace Memorial, to commemorate the day that forever changed the world. [Source: Associated Press || August 8, 2016 ++]

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## **Operation Downfall** ▶ **MacArthur's Plan to Invade Japan**

In 1966, two years after the death of Gen. Douglas MacArthur, the U.S. Army published the Reports of General MacArthur. Compiled by MacArthur’s staff, headed by Maj. Gen. Charles Willoughby and with the assistance of Prof. Gordon W. Prange, who was on leave from the University of Maryland, the Reports detailed the operations of forces under MacArthur’s command in the southwest Pacific, and included a chapter on “Operation Downfall,” the planned invasion of Japan. In announcing their publication, Gen. Harold K. Johnson, then Chief of Staff of the U.S. Army, described them as “an illuminating record of momentous events influenced in large measure by a distinguished American soldier.”

The planning for Operation Downfall began in early 1945 at the Argonaut Conference in Malta, where the Combined Chiefs of Staff with the approval of President Roosevelt and Prime Minister Churchill set forth the following objectives for the Pacific War:

- Following the Okinawa operation, to seize additional positions to intensify the blockade air bombardment of Japan in order to create a situation favorable to:
- An assault on Kyushu for the purpose of further reducing Japanese capabilities by containing and destroying major enemy forces and further intensifying the blockade and air bombardment in order to establish a tactical condition favorable to the decisive invasion of the industrial heart of Japan through the Tokyo Plain.

In March 1945, the U.S. Joint Chiefs of Staff, assuming that Germany would be defeated by early July 1945, divided Downfall into two main operations: Olympic, the assault on Kyushu scheduled for Dec. 1, 1945; and Coronet, the invasion of Honshu scheduled for March 1, 1946. On April 3, 1945, the Joint Chiefs instructed MacArthur, in coordination with Adm. Chester Nimitz and Gen. Hap Arnold, to begin planning for the invasion of Japan. MacArthur suggested to General George Marshall three approaches to bringing about the surrender of Japan:

- First, the Allies could encircle Japan by further ... expansion to the westward, at the same time deploying maximum air power preparatory to attacks on either Kyushu or Honshu in succession, or on Honshu only.
- A second course would be to isolate Japan completely by seizing bases to the west and endeavoring to bomb her into submission without actually landing in force on the Homeland beaches.
- The third course open was to attack Kyushu directly and install air forces to cover a decisive assault against the principal island of Honshu.

MacArthur explained the advantages and disadvantages of all three strategies, and concluded that the third option would be the most effective in terms of attaining the objective timely and at reasonable cost. “[I]t ... would,” said MacArthur, “permit application of full power of our combined resources, ground, naval, and air, on the decisive objective.” Nimitz, according to the Reports, suggested several modifications but in general agreed with MacArthur’s plan, and both MacArthur and Nimitz advised Marshall to advance the date of the invasion of Kyushu to Nov. 1, 1945. After V-E Day in May 1945, the Joint Chiefs issued the directive for Olympic, giving MacArthur principal command of the invasion forces and setting 1 NOV as the date for the assault on Kyushu.

The plans for Downfall assumed that Japan would vigorously defend its main islands with both military forces and “a fierce and active resistance by the entire population.” It was further anticipated that “massed Kamikaze attacks” would be launched against the invading American forces. The Reports noted that the Japanese High Command in April 1945 issued its planned defense of the main islands, designated “Ketsu Operation.” The Homeland defenses consisted of “30 line-combat divisions, 24 coastal-combat divisions, and 23 independent mixed brigades, 2 armored divisions, 7 tank brigades, and 3 infantry brigades.” In addition, 8,000 “suicide or special-attack planes” and special attack boats and midget submarines were produced.

The planned U.S. invasion of Kyushu would be preceded by “one of the heaviest neutralization bombardments by naval and air forces ever carried out in the Pacific.” B-29 bombers would pound Kyushu from the air, while carrier task forces conducted coastal raids to attack Japan’s air and naval forces and to disrupt enemy communications. The last 10 days leading up to the landing “would see the massed bombing power of all available planes, both land and carrier-based, directed in a mighty assault to reduce the enemy’s defenses ...” The staging areas for the assault would be Hawaii, the Marianas, the Philippines, and the Ryukus. It was hoped that, as in the D-Day landings in Normandy, deception operations would be able to confuse Japan’s military and political leaders as to the precise locations of the assaults.

Operation Coronet would be launched four months after Olympic, and would utilize airfields on Kyushu to contribute to the invasion of Honshu. The goal was to destroy all opposition forces on the Kanto Plain and seize and occupy the Tokyo-Yokohama area. MacArthur planned to use the First and Eighth Armies, consisting of 10 infantry divisions, along with three marine divisions and two armored divisions, to make the initial assault. After seizing the Kanto Plain, the armies would be reinforced by 10 more divisions. As in Olympic, the Coronet assault would be preceded by bombardment by air and naval forces. “The total defeat of Japan’s armies in the core of the Empire,” the Reports note, “was the overall primary objective.”

U.S. plans assumed that Japanese forces would fiercely contest the landings, waging “an all-out battle on the main beaches leading to the Kanto Plain.” Tokyo also had plans to construct underground fortifications from which to conduct resistance for months or even years. “Whether or not these desperate but extensive defense measures would have made an invasion prohibitively expensive in American lives is a matter for speculation,” noted the Reports.

The atomic bombing of Hiroshima on Aug. 6, 1945, and of Nagasaki three days later, along with the Soviet declaration of war and invasion of Manchuria, and the subsequent Japanese surrender, meant that Operation Downfall — amphibious assaults that would have dwarfed the D-Day Normandy landings in scope and casualties — did not have to be undertaken.

Interestingly, MacArthur, even before he knew about the atomic bomb, thought that an invasion of Japan would not be necessary. He told one member of his staff, “Don’t spend too much time planning for Olympic and Coronet. If you can find a way to drag your feet, do so, because we are never going to have to invade Japan.” According to MacArthur biographer Geoffrey Perret, once MacArthur was briefed on the development of the atomic bomb, he “was certain the bomb would knock Japan out of the war.” But he also believed and stated on several occasions, according to D. Clayton James, that “the use of atomic bombs at that stage was completely unnecessary from a military point of view to compel Japan’s capitulation.” That belief continues to be the subject of debates.

The Reports of General MacArthur concluded that it “is reasonable to assume ... that Operation Downfall could have been successfully concluded only after a hard and bitter struggle with no quarter asked or given. It was fortunate for both sides that Japan realized the wisdom of surrender and that the Allied plan eventually executed was not ‘Downfall’ but ‘Blacklist’ — a peaceful occupation without gunfire, without further destruction, and without bloodshed.”

In formally accepting the Japanese surrender on the U.S. battleship Missouri in Tokyo Bay, on Sept. 2, 1945, MacArthur expressed the sentiments of millions when he stated, “It is my earnest hope and indeed the hope of all mankind that from this solemn occasion a better world shall emerge out of the blood and carnage of the past — a world founded upon faith and understanding — a world dedicated to the dignity of man and the fulfillment of his most cherished wish — for freedom, tolerance and justice. ... Let us pray that peace be now restored to the world and that God will preserve it always.” [Source: [www.realclearhistory.com](http://www.realclearhistory.com) | Francis P. Sempa | August 8, 2016 ++]

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## **Battle of Tarawa Casualty ► Marine Pvt. Dale R. Geddes**

Dale Geddes worked as a newspaper carrier in Grand Island, Neb., and later moved to Wyoming, where he continued to work for a local paper on the business side of the operation. He enlisted in the Marine Corps Reserves in 1942, according to the Independent. He was killed during the World War II Battle of Tarawa. It was November 1943. He was 21 years old. For more than 70 years, Geddes’s remains were buried on the island of Betio, where he was killed. As time passed, it looked as though they might never be found and returned to his family, according to a local newspaper report.



**Marine Pvt. Dale R. Geddes**

In 2015, a group told authorities that it had discovered a burial site on that island in the Pacific. The remains of several U.S. Marines were recovered at that site. And DNA testing has determined that Geddes was one of them. “Dale is finally coming home,” Linda Elliott, a grandniece of Geddes, told the Grand Island Independent. “He is coming home to his parents. I know that I speak for the family to say that we are all very happy, very privileged, to witness the wishes of Dale’s parents and Dale’s siblings. Our boy is coming home.”

Staff Sgt. Kristen Duus of the Defense POW/MIA Accounting Agency told The Post in a phone interview that Geddes’s remains were identified through DNA analysis. “We used mitochondrial DNA, which traces the maternal line,” she said. “So that matched a niece of his.” Officials also used lab analysis, including dental records, and “circumstantial evidence,” she said. “All which matched up to his records,” Duus said. Geddes’s remains weren’t located during a remains recovery operation on the island in the late 1940s, Duus said, and Geddes was declared “non-recoverable.” Then, in 2015, a group called History Flight discovered a burial site on the island. That’s where the remains were located, Duus said. “In July, they turned those remains over to us,” Duus said. “So he was one of 35 sets of remains that were returned to us last summer.”

The Battle of Tarawa lasted for a few days in November, but in that brief span, thousands were killed or wounded. The Tarawa atoll, though small, was strategically important to the Americans who captured it. “If American bombers wanted to reach Japan, they would need an air base in the Mariana Islands; to capture the Marianas, they would first need the Marshall Islands; and for the Marshalls, they needed Tarawa,” Wil S. Hylton wrote for the New York Times Magazine in 2013. The islands were heavily fortified, though. Thousands of Japanese troops had been sent there. Bunkers had been constructed, Hylton wrote, and cannons were on the beaches. The war correspondent Robert Sherrod was with American forces that November and wrote about what he witnessed when the Marines disembarked.



**Marines storm a stronghold on Tarawa. Gilbert Islands, November 1943.**

In his New York Times Magazine piece, Hylton wrote: They descended into amphibious landing vehicles and raced toward the beach, but the tide was out, and the water was too shallow for their boats. The Marines found themselves stranded on reefs, hundreds of yards offshore, wading through waist-high water as Japanese gunners mowed them down. Those lucky enough to reach the shore crawled through a maze of corpses. “No one who has not been there,” Sherrod wrote, “can imagine the overwhelming, inhuman smell of 5,000 dead who are piled and scattered in an area of less than one square mile.”

Later this month (22 AUG), Geddes will be buried next to his parents at a Nebraska cemetery. His family was told that he had died as he was “administering first aid to a buddy who was a fellow Marine”. Here’s the Grand Island Independent, with more details about what happened: The Battle of Tarawa took place on Nov. 20 through 23, 1943, as American troops fought to capture the island of Betio in the Tarawa Atoll of the Gilbert Islands. About 1,000 Marines and sailors were killed, with another 2,000 wounded. Geddes died sometime on the first day of the

battle. A March 17, 1944, article in The Grand Island Independent said Geddes “had removed first-aid materials from his kit and was about to bandage his buddy’s wounds when he was hit ... probably by the same sniper who wounded his buddy.” [Source: VAntage Point | July 15, 2016++]

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### **Military History** ▶ **USS Laffey | Ship That Wouldn't Die**

The USS Laffey (DD-724) was laid down 28 June 1943 by Bath Iron Works Corp., Bath, Maine. She was launched 21 November; sponsored by Miss Beatrice F. Laffey, daughter of Medal of Honor recipient S1c Bartlett Laffey. Commissioned 8 February 1944, Cdr. F. Julian. Becton as her first "Captain". After shakedown, the Laffey traveled the world in the war effort. She was off the beaches of Normandy on D-Day. Off Cherbourg, France where an unexploded shell bounced off her hull above the waterline and did little damage. Rescuing a badly wounded Japanese pilot off the Philippines. Firing support in Leyete Gulf and Ormoc Bay. Transported intelligence to McArthur in the Philippines. Supported landings at Mindoro and Luzon, Iwo Jima, and Kerama Retto. That is where this story begins. To read it go to the attachment to this Bulletin titled "**USS Laffey | Ship That Wouldn't Die**". [Source: Together We Served | July 2016 ++]

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### **Military History Anniversaries** ▶ **16 thru 31 AUG**

Significant events in U.S. Military History over the next 15 days are listed in the attachment to this Bulletin titled, "**Military History Anniversaries 1 thru 15 Aug**". [Source: This Day in History <http://www.history.com/this-day-in-history> | August 2016 ++]

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### **Medal of Honor Citations** ▶ **Doss-Desmond P | WWII**



*The President of the United States in the name of The Congress  
takes pleasure in presenting the  
Medal of Honor  
to*

**Desmond P. Doss**

**Rank and organization:** Private First Class, U.S. Army, Medical Det., 307th Infantry, 77th Infantry Division

**Place and date:** Near Urasoe Mura, Okinawa, Ryukyu Islands, 29 April-21 May 1945

**Entered service:** Lynchburg, Va. 1 November 1945

**Born:** Lynchburg, Virginia February 7, 1919

### *Citation*

He was a company aid man when the 1st Battalion assaulted a jagged escarpment 400 feet high. As our troops gained the summit, a heavy concentration of artillery, mortar and machinegun fire crashed into them, inflicting approximately 75 casualties and driving the others back. Pfc. Doss refused to seek cover and remained in the fire-swept area with the many stricken, carrying them 1 by 1 to the edge of the escarpment and there lowering them on a rope-supported litter down the face of a cliff to friendly hands. On 2 May, he exposed himself to heavy rifle and mortar fire in rescuing a wounded man 200 yards forward of the lines on the same escarpment; and 2 days later he treated 4 men who had been cut down while assaulting a strongly defended cave, advancing through a shower of grenades to within 8 yards of enemy forces in a cave's mouth, where he dressed his comrades' wounds before making 4 separate trips under fire to evacuate them to safety. On 5 May, he unhesitatingly braved enemy shelling and small arms fire to assist an artillery officer. He applied bandages, moved his patient to a spot that offered protection from small arms fire and, while artillery and mortar shells fell close by, painstakingly administered plasma. Later that day, when an American was severely wounded by fire from a cave, Pfc. Doss crawled to him where he had fallen 25 feet from the enemy position, rendered aid, and carried him 100 yards to safety while continually exposed to enemy fire. On 21 May, in a night attack on high ground near Shuri, he remained in exposed territory while the rest of his company took cover, fearlessly risking the chance that he would be mistaken for an infiltrating Japanese and giving aid to the injured until he was himself seriously wounded in the legs by the explosion of a grenade. Rather than call another aid man from cover, he cared for his own injuries and waited 5 hours before litter bearers reached him and started carrying him to cover. The trio was caught in an enemy tank attack and Pfc. Doss, seeing a more critically wounded man nearby, crawled off the litter; and directed the bearers to give their first attention to the other man. Awaiting the litter bearers' return, he was again struck, this time suffering a compound fracture of 1 arm. With magnificent fortitude he bound a rifle stock to his shattered arm as a splint and then crawled 300 yards over rough terrain to the aid station. Through his outstanding bravery and unflinching determination in the face of desperately dangerous conditions Pfc. Doss saved the lives of many soldiers. His name became a symbol throughout the 77th Infantry Division for outstanding gallantry far above and beyond the call of duty.



A star-studded, Mel Gibson-directed World War II drama telling the story of Pvt. Dodd, the first conscientious objector to receive the Medal of Honor, will debut in theaters 4 NOV. The new trailer for "Hacksaw Ridge," which will introduce moviegoers to the heroism of then-Pfc. Desmond Doss, had more than 400,000 Facebook views

within six hours of its debut 28 JUL. Go to <http://www.hacksawridge.movie/#/videos/trailer> to view it. It features Andrew Garfield ("The Amazing Spider-Man") as Doss, a Seventh-Day Adventist who served as a medic on Okinawa with 307th Infantry Regiment, 77th Infantry Division. There's plenty of supporting star power (Sam Worthington, Vince Vaughn, Hugo Weaving) in the short clip, and plenty of explosions — but none caused by the hero of the story, a Seventh-Day Adventist who refused to carry a weapon into combat. That didn't stop him from saving dozens of fellow soldiers during a series of engagements with the Japanese in May 1945.

Doss died in 2006. He was interviewed as part of "Conscientious Objector," a 2004 one hour and forty one minute documentary that told his story. Go to [https://www.youtube.com/watch?v=Nm\\_m8IWENJ4](https://www.youtube.com/watch?v=Nm_m8IWENJ4) to view the documentary. That film's writer-director, Terry Benedict, is listed as a producer on "Hacksaw Ridge," which reportedly boasts a budget topping \$50 million.

[Source: <http://www.history.army.mil/moh/wwII-a-f.html#DOSS> | August 2016 ++]

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## **Famous Civil War Battles Quiz 2 ► Do You Know?**

- 1. How many men did the Confederates lose at the Battle of Fort Donelson?**
  - 12,000.
  - 4,000
  - 1,200
- 2. In which body of water did the Battle of Island Number Ten take place?**
  - Potomac River
  - Missouri River
  - Mississippi River
- 3. In total, about how many soldiers fought in the Battle of Gettysburg?**
  - 180,000/60,000
  - 45,000
- 4. At which battle did the Confederacy lose its last large army?**
  - Battle of Atlanta
  - Battle of Gettysburg
  - Battle of Appomattox Courthouse
- 5. Why is The Battle of Hampton Roads so famous?**
  - It nearly turned the tide of the war in favor the South.
  - It featured a clash of new naval technologies
  - It was the first battle in which the Union used repeating rifles.
- 6. How many total casualties were there at the Battle of Spotsylvania Court House?**
  - 13
  - 10,000
  - 32,000
- 7. How many casualties did the Confederates suffer during the Battle of Gettysburg?**
  - about 27,000
  - about 18,000
  - about 7,000

8. Which battle is sometimes called the "Gettysburg of the West?"
  - Battle of Glorieta Pass
  - Battle of New Madrid
  - Battle of Roan's Tan Yard
9. Union Gen. Meade took criticism from President Lincoln for not pursuing the Confederates following which battle?
  - Battle of Mansfield
  - Battle of Pine Bluff
  - Battle of Gettysburg
10. Union forces had access to the entire Mississippi River after the end of which military action?
  - Siege of Vicksburg.
  - Battle of Champion Hill
  - Battle of Stones River

[Source: How Stuff Works - Historical Events | Nathan Chandler | July 2016 ++]

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## Famous Civil War Battles Quiz 2 ► Did You Answer Correctly?

1. How many men did the Confederates lose at the Battle of Fort Donelson?
  - **12,000.** It was the first major victory of the war for the Union; most of the Confederate losses were due to their surrender.
2. In which body of water did the Battle of Island Number Ten take place?
  - **Mississippi River.** Union forces trapped the Confederates on a river island and forced thousands to surrender.
3. In total, about how many soldiers fought in the Battle of Gettysburg?
  - **180,000.** The battle featured a clash of huge forces amassed on both sides.
4. At which battle did the Confederacy lose its last large army?
  - **Battle of Appomattox Courthouse.** Gen. Lee surrendered his army, essentially ending the South's ability to wage war.
5. Why is The Battle of Hampton Roads so famous?
  - **It featured a clash of new naval technologies.** Two ironclad ships, the CSS Virginia and the USS Monitor, fought to a draw but sparked an immediate change in warship design.
6. How many total casualties were there at the Battle of Spotsylvania Court House?
  - **32,000.** It was one of the costliest battles of the war for both sides, and it had an inconclusive end.
7. How many casualties did the Confederates suffer during the Battle of Gettysburg?
  - **About 27,000.** The Union suffered almost as many. More casualties occurred here than at any other battle during the war.
8. Which battle is sometimes called the "Gettysburg of the West?"
  - **Battle of Glorieta Pass.** Confederates won the battle but were unable to secure the Southwest for themselves due to supply line problems.

9. Union Gen. Meade took criticism from President Lincoln for not pursuing the Confederates following which battle?

- **Battle of Gettysburg.** Gen. Lee's forces were pinned by the rain-swollen Potomac River on one side and Meade could potentially have ended the war right there.

10. Union forces had access to the entire Mississippi River after the end of which military action?

- **Siege of Vicksburg.** The decisive Union victory sent the Confederates scurrying back to Eastern strongholds.

[Source: How Stuff Works - Historical Events | Nathan Chandler | July 2016 ++]

**\* Health Care \***



**Hydration** ► **Water, Electrolyte, & Calorie Needs**

Maintaining proper hydration can be a challenge in the summer heat, especially for active-duty service members who are exercising and following training regimens. Doctors from the Military Health System say water, nutrition and preparation are necessary to avoid dehydration. You should drink water after being in the heat or exercising, but if you've been doing physical exertion for more than an hour, you also need electrolytes and calories, said Dr. Jeff Leggit, associate professor of family sports medicine at the Uniformed Services University of Health Sciences (USU) in Bethesda, Maryland.



If the body is not properly hydrated for a long period of time, its balance of electrolytes, sodium and potassium is thrown off. This can cause metabolic changes that affect everything from the brain to muscles and joints to blood flow. Dehydration can cause muscle soreness, muscle breakdown, fatigue, lightheadedness, dizziness, even kidney problems. It can also affect your thinking. "You don't think as well if you're hungry or thirsty," said Leggit. In the military, that's particularly important. "Individual degradation performance, unit degradation performance and mission degradation performance are all possible consequences, in addition to the medical problems."

Air Force Lt. Col. (Dr.) Christopher Jonas, USU assistant professor of family and sports medicine says to be prepared and have fluids close by when you are exercising. “It is important to stay ahead of thirst by hydrating before, during and after exertion,” said Jonas. “Watch your energy level, how much you sweat, the heat and humidity, and how much exertion you will be doing.” A rule of thumb for water intake has always been eight glasses of water a day, but it is different for each person. Watch for signs that you might not be getting enough water: monitor the color and concentration of your urine and how much you’re sweating—not just the day you exercise, but the days prior as well. Darker yellow or cloudy urine means your body needs water.

Service members are also at risk for rhabdomyolysis, or muscle breakdown, when highly dehydrated, overworked or both while in hot weather. The body breaks down muscle to some degree during physical activity, potentially causing soreness. The rebuilding of muscle is what provides increased strength. However, exercising while dehydrated and in a hot environment can cause muscle cramps or rhabdomyolysis, which occurs when people do more than their bodies can handle. “Listen to your body,” said Leggit, who advises avoiding increasing an activity or intensity by more than 10 percent per week. “If you’re in pain the next day, you did way too much. There’s a difference between pain and being sore.” Extreme cases of muscle breakdown can require aggressive fluid rejuvenation through IVs. In addition to staying hydrated, exercising earlier or later in the day, moving activities indoors, being mindful of ingredients in supplements and having a good nutrition strategy can help prevent muscle injury due to summer heat. “We recommend physical activity, and neither the heat nor the cold should preclude you from doing that,” said Leggit. “It’s a matter of being smart.” [Source: Health.mil | August 3, 2016 ++]

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## **DoD Vaccination Program ► Configured to Protect You**

About a year ago, a young man heading to Pakistan came to Army Col. Margaret Yacovone's travel clinic. She recommended the polio vaccine, but he wanted to decline. She asked him what he thought would happen if he came down with the disease. He figured he'd get some kind of cough. Imagine his shock when she told him he could become paralyzed, or because infected people don't always show symptoms, he could unknowingly bring the disease back to his family and friends in the United States. Until the 1950s, polio not only paralyzed thousands of people in the U.S. and around the world, it killed many. Now polio is rare thanks to worldwide immunization efforts. During Preventive Health Month, let's consider how important immunizations are in preventing some of our worst diseases.



**Army Col. Margaret Yacovone**

Immunizations are our top public health achievement of the 20th century. Routine vaccinations have saved more lives throughout the world than any other medical invention. They drastically reduced the prevalence of many diseases, and even eradicated some, such as smallpox. Though polio isn't fully wiped out, we're getting closer every day. Today, immunizations, such as those for hepatitis B and the human papillomavirus, are helping with the elimination of some cancers. Along with preventive services and health screenings, getting immunized is our best defense against many serious illnesses and preventable diseases. Vaccinations protect more than the people who receive them. The spread of disease is limited when a large percentage of the community is immunized. For

example, infants who are too young to get certain vaccinations rely on the immunity of others to prevent the spread of disease to them. This is known as “herd immunity,” or “community immunity.” Between 80 and 95 percent of the community must be vaccinated for herd immunity to be helpful.

In recent years, a vaccine-hesitancy movement has seen well-intentioned parents avoid immunizing their children, and this has led to several large outbreaks of vaccine-preventable diseases abroad and in the U.S. Before we had vaccinations available for certain diseases such as meningitis children suffered and died from these devastating contagious diseases. Now we have preventive measures available, and not everyone is taking advantage of the opportunity. The DHA IHB (Defense Health Agency-Immunization Healthcare Branch), is piloting programs to help providers listen to the concerns of vaccine-hesitant parents and help them make the best-informed decisions.

No matter what your age, there are immunizations recommended to help protect you. Those with certain medical conditions or occupations or those who plan foreign travel might require additional immunizations. The nature of our mobile military means our families as well as our active-duty service members are exposed to diseases unheard of in the U.S. but endemic to certain overseas areas where we work and live. The importance of receiving recommended immunizations and getting regular updates through adulthood is key to making sure that you and your family stay healthy. It’s for everyone’s good. Discuss recommended immunizations with your provider and visit [www.health.mil/vaccines](http://www.health.mil/vaccines) , for more information on vaccines. [Source: Healt.mil | Chief, DHA IHB | August 9, 2016 ++]

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## **TRICARE Immunization Update 01 ► AUG is Awareness Month**

August is Immunization Awareness Month and is a great time to find out which vaccines you and your need to be protected at different ages and stages in life. Immunization typically starts at birth.

- At 2 months old, infants start receiving a series of six primary immunizations that protect against disease. These diseases can be spread in a variety of ways. Flu and other diseases spread through the air or on surfaces. Hepatitis B is spread through exposure to infectious blood or bodily fluids. Rotavirus is spread when the virus is shed by an infected person and then enters another person’s mouth. Babies frequently use their mouths to explore the world around them, so this vaccine is extremely important. For more information, visit the Rotavirus page on [www.Health.mil](http://www.Health.mil) .
- Some vaccines require multiple doses for lifelong protection. These may start in infancy and continue in later stages of childhood. Toddlers and school-age children typically get immunized again for Measles, Mumps, and Rubella (MMR), Hepatitis A and chickenpox.
- Recommendations for middle school aged and older kids include vaccines to enhance protection against tetanus, diphtheria and pertussis, and protect against meningitis and human papillomavirus (HPV). HPV is a leading cause of cervical and other cancers.
- More vaccines may be needed during adulthood based on factors like age, occupation, lifestyle, high-risk medical conditions, type and locations of travel, and previous vaccine history. For older beneficiaries, vaccines are available and recommended to protect against pneumonia and other infections, as well as shingles, a very painful condition caused by the same virus as chickenpox.

TRICARE covers, at no cost, age-appropriate doses of vaccines as recommended by the Centers for Disease Control and Prevention (CDC). Visit <http://www.tricare.mil/CoveredServices/IsItCovered/Immunizations> for more information. Through the expanded TRICARE pharmacy vaccine program, you may receive certain covered vaccines (refer to: [https://www.express-scripts.com/TRICARE/news/Vaccine\\_List.pdf](https://www.express-scripts.com/TRICARE/news/Vaccine_List.pdf)) for zero copayment at participating network pharmacies. For more information, call Express Scripts at 1-877-363-1303 or search for participating pharmacies online at <https://www.express-scripts.com/TRICARE/pharmacy/findpharmacy.shtml>. For

more information on immunizations, visit the DHA Immunization Healthcare Branch's website at [www.health.mil/vaccines](http://www.health.mil/vaccines). [Source: TRICARE Communications | August 12, 2016 ++]

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## TRICARE Help ► Q&A 160815



**(Q)** I am in the process of going to boot camp, but I want to know if Tricare will cover my wife's pre-existing illness? Thanks.

**A.** Your wife will be covered under Tricare Standard from the day you arrive at boot camp if you enroll her in the Defense Enrollment Eligibility Reporting System. Under Tricare Standard, she may have to make co-payments at some appointments but any treatment deemed medically necessary by Tricare would be covered, even pre-existing conditions.

About 30 days after you arrive at basic training and enroll your wife in DEERS, she should receive a packet in the mail that would allow her to get a military identification card and enroll in Tricare Prime, the military's health maintenance organization-style health program that is available at military hospitals and clinics and network providers near military bases. Tricare Prime carries few out-of-pocket expenses but requires the family member to see an assigned primary care doctor and get referrals from that provider for any specialty care.

Be sure to save any receipts if she incurs health care costs under Tricare Standard to process any claims not filed by the provider.

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**(Q)** How do I obtain proof of membership in Tricare for Life? My husband recently passed away, which was reported, and I would like a statement of my continued membership.

**A.** Your military identification card is the proof you need to show you are eligible for any Tricare program, including TRICARE For Life, which acts as secondary payer to Medicare. You are eligible for a Defense Department identification card — with access to military bases, health care, commissaries and military exchanges — as long as you remain unmarried. To receive your unremarried widow ID card, bring two forms of ID, either an old military ID card with a driver's license or a Social Security card, or a birth certificate or current passport, and a copy of your sponsor's death certificate to the ID Card office closest to you. You can find the nearest office at this Defense Department website.

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**Have a question for the TRICARE Help column. Send it to [tricarehelp@militarytimes.com](mailto:tricarehelp@militarytimes.com) and include the word "Tricare" in the subject line. Do not attach files.** [Source: Military Times | August 8, 2016 ++]

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## Hepatitis C ► Curable Contagious Liver Disease

Dr. Mary Jane Burton has one simple goal: eliminate the silent killer known as Hepatitis C from the Veteran population. “We call that our wildly fantastic goal, but we’re getting there slowly but surely,” said Burton, an infectious disease specialist at the VA Medical Center in Jackson, Miss. Hepatitis C is a contagious liver disease, a viral infection that if left untreated can lead to cirrhosis of the liver or liver cancer. “But you can’t treat someone for Hep C unless you know they’re infected,” Burton observed. “That’s why screening for it is so critical, and that’s why VA hospitals and clinics all across the country actively screen for this infection.”



Burton and her team came up with a simple but efficient strategy to make sure they were screening as many Veterans as possible: they began testing any Veteran who entered the residential substance use disorder treatment program at the Jackson VA. “A substance use disorder treatment setting is a natural place to screen for Hep C,” she explained. “Veterans with substance use disorder are at a particularly high risk for Hepatitis C. Of course, we need to get their permission before we test them, but most of them don’t have a problem with it.” According to the Centers for Disease Control and Prevention, Hepatitis C is most commonly transmitted via contact with blood from an infected person, primarily through the sharing of contaminated needles, syringes or other injection drug equipment.

Burton said she and her team last year were able to screen nearly 100 percent of Veterans entering the substance abuse program at Jackson. That’s nearly 280 patients. “We discovered that one in five of these patients had Hep C,” she said. “Of these infected patients, 25 percent were brand new cases. That means when they walked in here they didn’t even know they were infected.” Burton said she feels that successfully treating someone for Hepatitis C is like giving them a second chance at life. “I tell my substance use disorder patients, ‘We can diagnose you, but we can do more than just diagnose you. We can help you overcome your addiction to drugs and alcohol and also get rid of your Hep C at the same time.’” The physician described Hepatitis C as a patient, quiet killer that can take 20 years or more to do its damage.

- “There are few symptoms, at least initially, so if you don’t get tested you won’t know you even have it,” she explained. “Sadly, you generally won’t experience symptoms until the end-stages of the disease, and then it can be more difficult to treat.”
- “Three out of four people with Hep C don’t know they have it.”
- Not that long ago, treatment for Hepatitis C was an exhausting, unpleasant experience, the physician noted. “You had to get weekly injections and take several pills twice daily,” she said. “And you had to do this for 11 months. On top of that, the side effects were pretty bad. You felt like you had the flu.”

Burton said there are new medications available that make the treatment experience much less disagreeable. “It’s often just one pill a day for 12 weeks,” she said. “That’s it. And the symptoms are considerably milder. Take your pill every day and you’re cured more than 75 percent of the time.” Burton, who’s been working at the Jackson VA

for 10 years, said her big challenge now is getting patients to stay on their Hep C meds until their treatment is complete. “We can cure you,” she said. “But with some patients, especially those who have substance use disorder, it can be hard to convince them to take their meds consistently once they leave our program. We’re working on ways to address that challenge... “You can counsel somebody, you can tell them what’s eventually going to happen to them if they don’t take their meds, but that doesn’t mean they’re going to follow through. So we’re working on that aspect of it.”

She added: “Just because you can’t refrain from using drugs doesn’t mean you can’t adhere to a Hep C treatment program. You can. You deserve a chance. You deserve a chance at getting cured.” Burton said she derives a deep sense of purpose and satisfaction from the work she does at the VA. “Giving people hope gives you a good feeling,” she said. “Also, this is a very exciting time because we’re getting to a point where we can actually rid the Veteran population of this disease. It’s achievable. And the entire VA is working on it together. That’s exciting.” To learn more about getting screened or treated for Hepatitis C, visit [www.hepatitis.va.gov/provider/reviews/screening.asp](http://www.hepatitis.va.gov/provider/reviews/screening.asp).

[Source: [www.tricare.mil/CoveredServices/BenefitUpdates/Archives/07\\_25\\_16\\_TRICARE-Asked-Answered](http://www.tricare.mil/CoveredServices/BenefitUpdates/Archives/07_25_16_TRICARE-Asked-Answered) | July 25, 2016 ++]

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## **Warming Seas ► Could Make Us sicker | Vibrio Bacteria Increase**

Warming seas might be making us sicker. Researchers have found that Vibrio bacteria — small organisms that can cause lethal infections such as cholera in humans — have become more abundant in coastal regions of the North Atlantic as water temperatures increased over a 50-year period. And that change might be responsible for an "unprecedented" rise in human infections, scientists say. The increase in Vibrio bacteria is substantial. The report (<http://www.pnas.org/content/early/2016/08/02/1609157113>), published 8 AUG in Proceedings of the National Academy of Sciences, shows that since 1958, their numbers have doubled or tripled in certain coastal areas that have also grown warmer. And during that same period, the rate of human infections along the coasts of North America and Northern Europe also increased, reports The Washington Post.

Vibrio bacteria infect both fish and humans, and the results aren't pretty. Some bacterial species can cause cholera, whereas others poison people through their food, causing symptoms like diarrhea, fever, and chills. And this happens a lot; Vibrio bacteria are responsible for around 80,000 illnesses and 100 deaths in the US each year, according to the CDC. So, having more of these little critters in coastal waters probably isn't a good thing. To obtain these results, the scientists analyzed water samples collected over a period of 54 years at nine coastal sites in North America and Europe. In all but one of those sites, the researchers found that Vibrio bacteria thrived and became more abundant as waters warmed. Because of this, the researchers suggest that sea-surface temperature data taken from satellites could be used to predict outbreaks — and plan a response — before they happen. [Source: VICE News | Arielle Duhaime-Ross | August 9, 2016 | ++]

### **\* Finances \***



## USFSPA & Divorce Update 25 ► Amendment to Reform

Former spouses might get a smaller share of a military member's monthly retirement pay if Congress passes legislation that some are describing as a “radical rewrite” of the law regarding the division of marital assets when military couples divorce. It would require state courts to award payments to ex-spouses of service members based on the rank and years of service at the time of divorce — not the rank and years of service at the time of retirement, as is currently the case. In some cases, it will mean the spouse will get a smaller share of the service member’s monthly retirement. “We’re trying to protect warriors out there fighting for our country. We see a lot of marriages failing, unfortunately, and we want to make sure warriors have benefits at the end of the trail,” said Rep. Steve Russell, R-Okla., who introduced the legislation in the House to amend the Uniformed Services Former Spouse Protection Act. in the FY 2017 National Defense Authorization Act (NDAA).



**Rep. Steve Russell**

He gave the example of a constituent in Oklahoma who served for 35 years in the Air Force, and was divorced from his first wife after two years of marriage, in the first years of his career. The former spouse was able to receive half of his retirement pay based on those two years of marriage. Given that the service member’s current wife had been married to him for more than 30 years, “it’s just not equitable” that the former wife would receive that much of the service member’s retirement pay, Russell said. Russell, a retired Army lieutenant colonel, said his proposal has nothing to do with him personally, noting he has been happily married to his wife for 35 years, and they moved 15 times during his 21-year career.

He tried to address the problem when he was a state senator in Oklahoma, he said, but was unable to because of conflicts with the federal law. But state legislation adopted encouraged state judges to consider the service member's rank and time of service in their decisions. He said the response to the proposal has been “absolutely overwhelmingly positive,” although people have complained that the proposal would not be retroactive. Some attorneys oppose the proposed changes, including the American Academy of Matrimonial Lawyers Board of Governors, which adopted a resolution against on 24 JUN.. An AAML report on the issue stated that virtually all states have adopted the rule of division of retirement based on the rank and years at the time or retirement, because “of all the options available, it comes closest to doing equity in the greatest number of cases to everyone affected.” “It is used for all defined benefit pension plans, including military pension cases.”

Mark Sullivan, a retired Army colonel in the Judge Advocate General's Corps who is a family law attorney in Raleigh, North Carolina, and specializes in military divorce, described the proposed change as a “radical rewrite” of the Uniformed Services Former Spouse Protection Act. He noted that the current system allows division of the retirement pay based on state law, and that there is no federal formula, giving states more latitude to deal with individual divorce cases. The proposed revision “would torpedo this ‘state law approach,’” he said. “It would reserve all power to the federal government on how the pension should be divided.”

The Former Spouses Protection Act doesn't give former spouses an automatic entitlement to any portion of service members' retirement pay; that's decided by state law. But the federal law allow state courts to consider military retirement pay as part of the property that can be divided in a divorce. "By freezing the benefit to be divided at divorce, rather than the actual retired pay of the service member, this proposal would cause great harm to spouses and former spouses going through separation and divorce, people that have sacrificed their careers and their own retirement, with the hope of sharing the military member's final retired pay — or, upon divorce — of getting a fair share of that actual retired pay, not a benefit frozen in time for years before," Sullivan said. The proposed new approach "completely ignores the 'marital foundation theory,' which recognizes that the individual's final retired pay is based on a foundation of marital effort," he said.

Some military family advocates are in favor of the change, as long as it corresponds to the Senate version of the bill. That provision would allow payments to former spouses based on rank and years at the time of the divorce — but that amount would be updated to reflect the current pay table for someone with the same rank and years of service as that retired service member was when he or she retired. In other words, if the service member retires as a colonel with 30 years of service — 14 years after the divorce when he was a major with 16 years of service — the payments to the former spouse should be based on the current pay table for a major with 16 years.

Spouses' retirement benefits, such as their 401(k) plans, can also be divided as part of a divorce, as can the service member's Thrift Savings Plan. "My biggest concern is spouses being abandoned and not being able to afford an attorney, and not getting anything at all," said Kelly Hruska, director of government relations for National Military Family Association. The idea of using the paygrade and years of service at the time of divorce rather than the time of retirement has long been proposed, and NMFA has been OK with the idea as long as the former spouse benefits from increases in the pay table approved by Congress, said Joyce Raezer, executive director of the association.

Defense Department officials also recommended that approach in their September 2001 report to Congress on changes to the Former Spouse Protection Act, which was enacted in 1982. "The objective in this regard should be to provide the former spouse, on a present value basis, with approximately the same amount," the DoD report stated. This approach is reflected in the Senate version of the bill, but not the House version. Members of the House and Senate Armed Services committees are negotiating the differences in the bills. [Source: Military Times | Karen August 1, 2016 ++]

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## **State Retirement Income Tax ► Military Pay**

Some States exempt all or a portion of retired pay from income taxation. In all States, disability payments received from VA and all Social Security payments are exempt from taxation. State income tax, where applicable, is not withheld from retired pay unless a state has entered into an agreement with the Department of Defense to permit finance centers to withhold state income tax. Retirees who do not currently have state tax withheld from retired pay may request it from DFAS by a letter over their signature and social security number. The letter must state the amount of tax to be withheld and the state to which it will be paid. You can contact DFAS at: Defense Finance and Accounting Service, US Military Retirement Pay , P.O. Box 7130, London, KY 40742-7130 - Toll Free: 800-321-1080



### States Without Personal Income Tax

Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming do not have a personal income tax. Two others, New Hampshire and Tennessee, tax only dividend and interest income.

### States With Special Military Retirement Pay Exemptions

The following States have special provisions for Military or Public pensions:

Alabama	Arizona <sup>1</sup>	Arkansas <sup>2</sup>
Colorado <sup>3</sup>	Connecticut	Idaho <sup>4</sup>
Iowa	Kansas	Louisiana
Maryland <sup>5</sup>	Missouri	Nebraska <sup>6</sup>
New Jersey	North Carolina <sup>7</sup>	Ohio
Oklahoma <sup>8</sup>	South Carolina <sup>9</sup>	Wisconsin

**Notes:**

<sup>1</sup>The first \$2,500 of military retirement pay is exempted.

<sup>2</sup>The first \$26,000 of military retirement pay is exempted.

<sup>3</sup>Military retirees ages 55 - 64 can exclude up to \$20,000 in any one taxable year from their retirement pay, those 65 and over can exclude up to \$24,000.

<sup>4</sup>Only if the retiree is over age 65, or over age 62 and disabled

<sup>5</sup>The First \$5,000 of military retirement pay is exempted, totally disabled retirees and those over 65 receive additional exemptions.

<sup>6</sup>Special rules - see <http://www.military.com/benefits/veteran-state-benefits/nebraska-state-veterans-benefits.html>

<sup>7</sup>Only if you had at least 5 years active duty before August 12, 1989

<sup>8</sup>The greater of 75% of your retirement pay or \$10,000

<sup>9</sup>Currently \$3,000/year is exempt until age 65, then \$15,000/year is exempt, these amounts will increase by \$2,900/year for under 65 and \$3,000/year for over 65 until 2020 when the exemptions will be \$17,500/year for under 65 and \$30,000/year for over 65.

[Source: <http://www.military.com/benefits/military-pay/state-retirement-income-tax.html> Aug 2016 ++]

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### **Hulu ► Say Goodbye to Its Free Service**

Hulu is ditching its free service and going subscription-only. But if you're a fan of Hulu's free programming, don't worry: You'll still be able to catch up on many of your favorite shows — and still for free — thanks to a new Hulu partnership. After Hulu phases out its free streaming service — which should be complete in the next few weeks — it will offer just two subscription plans: \$7.99 a month with ads, or \$11.99 for commercial-free viewing. However, Hulu has agreed to license its free programming to Yahoo, and it can be seen on Yahoo View, a new ad-supported free TV-streaming site, according to Variety. You can watch the five most recent episodes of shows from popular

networks on Yahoo View about a week after the shows first air. It's been nine years since Hulu first joined the on-demand television scene. At the time, it launched a free, ad-supported service that offered viewers on-demand streaming of recently aired TV shows from networks such as NBC, Fox and ABC. But times have changed. In the Variety report, Ben Smith, Hulu senior vice president, says: "For the past couple years, we've been focused on building a subscription service that provides the deepest, most personalized content experience possible to our viewers. As we have continued to enhance that offering with new originals, exclusive acquisitions, and movies, the free service became very limited and no longer aligned with the Hulu experience or content strategy." Variety says Hulu is also preparing to launch a live-TV service sometime next year. For more on streaming programs, check out [www.moneytalksnews.com/17-online-services-that-offer-free-movies-and-shows](http://www.moneytalksnews.com/17-online-services-that-offer-free-movies-and-shows). [Source: MoneyTalksNews | Krystal Steinmetz | August 8, 2016 ++]



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## Car Leasing Myths ► Is it Cheaper to Buy or Lease

Car shoppers leased 2.2 million vehicles in the first half of 2016, more than in any first half in history, according to a report by Edmunds.com. That's a 13% increase over the first half of 2015 and double what the number was in 2011. It's a trend led by millennials and seniors age 75 and older, with drivers of other ages jumping in now as well. But just as there is an art to buying a car, leasing one requires a bit of extra know-how to ensure you get the best possible deal. Click on [https://youtu.be/XvLbOBzd\\_CI](https://youtu.be/XvLbOBzd_CI) to see the below video on what you should focus on rather than the monthly cost. Don't fall for the myths following that about leasing:



**Myth No. 1: You should ask the dealer what cars you can lease** - If you do that, dealers will steer you to cars they want to clear off their lots. Choose exactly what car you want to lease. All models should be fair game. (if

someone says one isn't, they're likely bluffing. Ask to speak to the sales manager.) Then decide every detail about the car you want to lease including color, interior and extras.

**Myth No. 2: You should tell the salesperson up front that you want to lease** - This is debatable, but most experts say not to mention leasing. All sales are negotiations so it's always a good idea to remain somewhat of a mystery to the seller. When you go to the dealership, you want to approach the deal just as if you were buying the car, advises The Wall Street Journal. In fact, don't mention you want to lease until after you negotiate a purchase price.

**Myth No. 3: Leasing negotiations are the same as those to buy** - That's not true because there are many variables that go into a car lease including miles driven annually, depreciation and other variables. Once you have negotiated a purchase price on a car, return home and calculate your lease price. The best way to determine what you'll pay is to call the finance manager at the local dealership and ask for the "three-year residual value" of the car you want (for a typical lease term of three years.) Don't be bashful. They're accustomed to such questions. Then take that amount and the purchase price you negotiated to begin to calculate your probable lease price. Edmunds has a lease calculator that allows you to factor in mileage, down payment, trade-in and other variables.

**Myth No. 4: You'll get the best deal talking to the salesperson** - Maybe. But maybe not. You should check online for lease deals. You'll find them on the car manufacturers' and dealers' sites. It's like having a coupon at a retail store. It's nice if the salesperson tells you there is one, but what if they don't?

**Myth No. 5: The monthly payment is what's important** - Wrong. So wrong, in fact, that Marc Frons, writing for The New York Times, called focusing on the monthly payment a "major misstep" when he leased. "Focusing on the monthly payment, I learned too late, is the equivalent of only knowing your monthly mortgage payment without knowing the interest rate or how much you were even borrowing," Frons wrote. Insist on the total price of leasing the car.

**Myth No. 6: Lease price includes all fees** - Not usually. When you settle on a lease price make sure that it includes all fees. Frons wrote about the fees he unwittingly agreed to pay including a \$395 "disposition fee," which he was required to pay if he turned in the car without leasing another. If he wanted to buy the car when the lease ended, he needed to pay a \$300 "purchase options fee." He also paid an array of smaller fees including a \$12.50 tire free. The best way to make sure you don't pay these fees is to take your time during the deal. Don't go when you're rushed.

**Myth No. 7: All dealers will offer the same lease price** - Dealers compete for leases just as they do for sales. Let dealers vie for your business. Consult at least three dealerships' internet sales departments before you commit to a lease. Don't be shy about telling them what price you're willing to pay. Also, let them know you are talking to other dealers. And again, make sure all fees are included in your final agreed upon price.

[Source: MoneyTalksNews | Nancy Dunham | August 9, 2016 ++]

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## **Warehouse Stores Best Buys ► The Top 18**

Just because something is displayed on a pallet doesn't make it a bargain. There are, however, some things you should nearly always buy at your favorite warehouse club. Warehouse clubs excel at making things seem cheaper, even if they're not. Nonetheless, there are some really good deals to be had. Single best way to save? Record the prices (smartphones are great for this), then comparison shop. When you're at the grocery store, note the unit prices of items there, then on your next warehouse club visit, compare them and find out if you're really getting a deal. As with any store, always watch for sales. It's possible a discount at the local supermarket may beat the warehouse club price. Finally, watch the sizes on food items – if half of your purchase goes bad before you eat it, you haven't saved

anything. That said, there are some items that are often better buys at warehouse clubs. Here are 18 that will help you get the most from your membership.

1. **Alcohol** - Beer, wine, liquor: Pretty much all of it is cheaper at a warehouse store. Unopened wine stored properly keeps practically forever as does hard liquor, and what are the odds the beer will stay around long enough to turn? Added bonus: Many states even allow non-members to buy booze. Call your closest store and ask.
2. **Medications** - Warehouse stores can save you on both prescription and nonprescription drugs, although you still should shop around. Over-the-counter meds are almost always cheaper at warehouse stores, but since they can lose potency over time, watch the quantity.
3. **Dairy** - Milk can be super cheap. The downside is you might have to buy two gallons at once, so make sure you'll use all of it before the expiration date. Cheese can also be a good buy, along with eggs.
4. **Organic produce** - Yet another of those things that can be cheap but is often also offered in large quantities at warehouse stores. If you can't use all of it before it goes bad, share with a friend.
5. **Meat** - Meats, both regular and organic, can be a great deal at warehouse clubs. Freeze it, and it will last for a long time.
6. **Coffee** - Prices for whole beans can be less than half, per pound, what a grocery store charges, let alone a coffee shop. Just make sure you'll use it before it becomes stale.
7. **Pet supplies** - Dog and cat food can be cheap, but be wary of the package size – pet food can go bad, too. Other things, like cat litter, can be a great deal and obviously last. Chew toys for dogs, as well as rawhide bones and dog biscuits are often cheaper than at the pet store.
8. **Gas** - Gas at the pump at the warehouse store is often a few cents cheaper and allows you to kill two birds with one stone. Be sure to gas up first; you don't want to find yourself waiting in line for a pump with perishables in the trunk.
9. **Tires** - Tires are often a good deal, and many clubs will install them for you for low, or sometimes no, charge.
10. **Caskets** - Of course, nobody wants to feel like they're cutting corners when making funeral arrangements, but some warehouse clubs offer steeply discounted caskets. If you can get the same quality for a lower price, why not?
11. **Batteries** - Disposable batteries can be much cheaper at warehouse clubs, and might mean you don't need a second mortgage to power your video game controllers.
12. **Laundry detergent** - Giant containers of soap don't go bad if they're stored properly. Watch the bleach, though, which has a shelf-life of only about six months.
13. **Paper goods** - While warehouse clubs often offer giant packages at low prices, toilet paper or paper towels can sometimes be cheaper if you get them on sale at the grocery store. Look for coupons and compare prices. This is another item you don't have to worry about going bad.
14. **Electronics** - You're probably going to shop around before you plunk down a thousand bucks for the gigantic 4K TV. When you're shopping, consider more than price. Some warehouse clubs have better warranties. Also, check the club website as well as the brick-and-mortar store. There will sometimes be a price difference between the two.
15. **Travel packages** - Car rentals, hotels and travel in general are worth checking out. Costco and BJ's wholesale clubs each offer travel deals through their websites. Prices and deals vary, but it's worth the extra couple of minutes to check their prices against more traditional travel sites.

16. **Services** - People may not be aware that some warehouse chains offer to help you buy a car, get a mortgage or shop for insurance. There are far too many variables involved in those sorts of purchases to make blanket statements about whether or not it would be a good deal, but it never hurts to check.

17. **Clothes** - The selection of colors and sizes isn't as good as what you'll find at a department store. But if you find something you like that fits, the price will often be better.

18. **Plastic bags** - Everything from full-sized trash bags all the way down to sandwich bags will come at a lower price and will keep until you use them.

[Source: MoneyTalksNews | Ari Cetron | August 9, 2016 ++]

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## **IRS SPEC ► Information for Veterans Website**

The Internal Revenue Service's Stakeholder Partnerships, Education and Communication (SPEC) office has stood up a special webpage at <https://www.irs.gov/individuals/information-for-veterans> called "Information for Veterans" for VA, Veterans service organizations and Veterans and their families. The page highlights programs offering tax preparation and counseling services, in addition to information about VA disability benefits, homeless Veterans, Veteran legal services, programs for hiring Veterans and much more. IRS and SPEC are committed to assisting Veterans and their families through this webpage, which will be updated frequently to include the latest news and information about VA/IRS partnership and any new tax information for Veterans as well as VA programs.

SPEC and the VA have been formally collaborating since April 2015, delivering outreach messages to millions of Veterans. In addition to free tax preparation, SPEC wants to assist Veterans with additional tools such as financial education and asset building programs through its thousands of partners located in almost every local community throughout the country. SPEC is the education and outreach department of the IRS serving low to moderate-income taxpayers, Veterans, senior citizens, persons with disabilities, those with limited English proficiency, and Native Americans. SPEC is widely known for oversight of the Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs, which offer free tax return preparation and outreach to these taxpayers. In 2016, over 90,000 IRS certified volunteers in approximately 12,000 locations provided nearly 3.8 million free tax returns including over 435,000 free tax returns for Veterans. Veteran organizations that are interested in providing free tax preparation services to Veterans can use the Information for Veterans page by sending an e-mail to [partner@irs.gov](mailto:partner@irs.gov). [Source: Vantage Point | August 3, 2016 ++]

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## **MOPH Presidential Election Scam ► How It works**

The Military Order of the Purple Heart — a congressionally chartered service organization for active-duty and combat-wounded veterans — is warning about a telephone scam being conducted in its name. Unknown individuals have been cold-calling people across the United States, often from 315-516-2512, and requesting donations for the upcoming presidential election. The callers say they're doing so on behalf of MOPH and mention the name of the group's national commander, Robert Puskar. "The public should be informed that these calls are a hoax," a MOPH statement said. "MOPH remains an apolitical organization and, as such, 'shall not contribute to or otherwise support or assist any political party of candidate for public office.'" The statement asks people to contact local authorities if they receive such calls. MOPH was formed in 1932 "for the protection and mutual interest of all combat wounded veterans and active-duty men and women who have received a Purple Heart, the statement said. The group also helps with Veterans Administration claims, homelessness and employment assistance. [Source: Stars and Stripes | August 3, 2016 ++]



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## Tax Burden for Kentucky Retired Vets ► As of Aug 2016

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. Following are the taxes you can expect to pay if you retire in Kentucky:

### **Sales Taxes**

**State Sales Tax:** 6% (food and prescription drugs, residential utilities except telephone, and medical supplies are exempt)

**Gasoline Tax:** 44.4 cents/gallon (Includes all taxes)

**Diesel Fuel Tax:** 47.4 cents/gallon (Includes all taxes)

**Cigarette Tax:** 60 cents/pack of 20

### **Personal Income Taxes**

**Tax Rate Range:** Low – 2.0%; High – 6.0%

**Income Brackets:** Five. Lowest – \$3,000; Highest – \$75,000

**Personal Tax Credits:** Single – \$10; Married – \$10; Dependents – \$10 – \$40 age 65 and over – plus \$20 members if KY National Guard – \$40 Blind – \$80 age 65 and over plus Blind

**Standard Deduction:** May either itemize deductions or take a \$2,460 standard deduction. There is no additional deduction for elderly/blind taxpayers. The amount is adjusted annually.

**Medical/Dental Deduction:** The state allows a deduction of medical and dental expenses that exceed 7.5% of adjusted gross income. You may also deduct medical and dental health insurance premiums paid with after-tax dollars. Long-term care insurance premiums can also be deducted.

**Federal Income Tax Deduction:** None

**Retirement Income Taxes:** Social Security, Railroad Retirement benefits, and Roth IRA proceeds are exempt. Exclusion of up to \$41,110 for military, civil service, state/local government, qualified private pensions, and annuities. The exclusion will no longer be subject to an annual adjustment on the consumer price index after 2006.

**Retired Military Pay:** Not taxed. If retired after 1997, pay is subjected to tax if amount exceeds \$41,110 – See Kentucky Schedule P.

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

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

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

### **Property Taxes**

All real property in Kentucky is subject to state and local property tax. The state real property tax rate is 13.6 cents per each \$100 of assessed value. Real property is assessed on 100% of fair market value. Kentucky has a homestead exemption on the assessed value of a qualifying single-unit residential property which is adjusted every two years

according to the cost of living index. For homeowners 65 and older or totally disabled, \$34,000 of the assessed value of their property is exempt from state taxes under the homestead provision for tax year 2011 and 2012. Call 502-564-4581 for details.

### **Inheritance and Estate Taxes**

Kentucky has an inheritance tax but all Class A beneficiaries (spouse, parent, child, grandchild, brother, and sister) are exempt. As for the estate tax, if the total amount of the estate is less than the federal applicable exclusion, federal estate and gift tax is not due.

For further information, visit the Kentucky Department of Revenue site <http://revenue.ky.gov> or call 502-564-4581. [Source: <http://www.retirementliving.com/taxes-kansas-new-mexico#KENTUCKY> Aug 2016 ++]

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



### **Notes of Interest ► 1 thru 15 AUG 2016**

- **NJ Homeless Vets.** Republican Gov. Chris Christie on 1 AUG signed legislation into law that requires the state division of housing and community resources to consult with the state department of military and veterans affairs and provide preferential status to vets who qualify for public housing assistance.
- **GTMO.** Now, 33 of the last 76 captives at the U.S. Navy base in Cuba can go to nations providing security assurances that satisfy Secretary of Defense Ash Carter. Ten captives are charged with war crimes. So half of those long-held, uncharged detainees are now approved to go. The figure could rise. Seventeen captives not currently facing charges await their parole board hearings, or decisions from them.
- **PTSD.** The New Jersey state Senate on 1 AUG approved a measure previously approved by the Assembly that allows marijuana to be used to treat PTSD — if it's not treatable with conventional therapy. Lawmakers say the measure is meant to help military veterans diagnosed with PTSD.
- **Consumer Lawsuit.** A group of Colorado lenders agreed to pay \$3.9 million for taking advantage of military customers through illegal lending practices and money-collecting schemes. The lawsuits - filed last year - alleged that Freedom Furniture and USA Discounters charged consumers interest rates higher than what Colorado law allows, the office said. In addition, the lenders sued military members in Virginia by "using abusive collection techniques," like contacting the commanding officers of military members who were alleged to owe debts, the lawsuits state.
- **U.S. Constitution.** To get a free copy got to <http://lp.hillsdale.edu/free-pocket-constitution> and fill out the form.
- **Chiefs.** Check out <https://www.youtube.com/embed/lXIHv1-YPxM?rel=0&autoplay=true> for a view of Navy Chief skills not normally seen.
- **Internet.** Comcast is arguing that it should be able to charge people more if they want to keep their internet usage private. Internet providers like AT&T already allow people to get a discounted rate if they allow

the company to track their usage. Comcast now wants a similar deal, according to The Washington Post. The company would then use the data it collects from your internet usage to better target ads to you.

- **Olympics.** Winning a gold, silver or bronze medal earns a financial reward for the victorious athlete. The U.S. Olympic Committee pays the following rate which are taxables: Gold: \$25,000, Silver: \$15,000, Bronze: \$10,000.
- **Veterans Preference.** New OPM guidance now extends veterans' preference to both parents of deceased or permanently disabled veterans. Previous law only extended it to mothers of veterans. A July 14 memo from Acting OPM Director Beth Cobert said the agency was currently updating the "Delegated Examining Operations Handbook; the Vet Guide; chapter 211 of title 5, Code of Federal Regulations; the SF-15, Application for 10-Point Veterans' Preference; and relevant website pages" to accommodate the new changes.
- **Statue Repair.** Christ The Redeemer is a world famous statue that sits on a hill above Rio de Janeiro, Brazil that occasionally needs a bit of tender loving care. Go to <http://newsletter.biggeekdad.com/t/i-l-kyuihdk-bhukrhuhd-i> to see how this is accomplished. To view an even higher climb check out <http://biggeekdad.com/2010/09/office-with-a-view>.
- **Passed Laws.** Check out <http://www.washingtonexaminer.com/meet-the-34-lawmakers-who-actually-managed-to-pass-bills-this-year/article/2598527> to meet the 34 lawmakers who actually managed to pass bills this year and the bill that passed.
- **ISIS.** A new report estimates that over 100 Americans, almost all male and many military veterans, have joined up with militia groups in Iraq or Syria to fight ISIS, accounting for more than one-third of all anti-ISIS Western volunteer fighters.
- **USPS.** The U.S. Postal Service lost \$1.6 billion in the third quarter of fiscal 2016, including \$552 million in controllable losses, nearly tripling the deficits from the same period one year prior.
- **TRICARE.** The military health system has assured TRICARE enrollees the Bid protests over the Defense Department's latest TRICARE contract award won't disrupt beneficiaries' access to health care. The current TRICARE contracts will remain in place until the protests are resolved
- **Mission Conan.** Go to <https://youtu.be/K2gYZza5coo> to view comedian Conan O'Brian's interaction with a military working dog.
- **Pokeman.** The Pentagon is urging military troops and other Defense Department personnel not to play Pokemon Go on their government-issued cell phones. However, there is no ban on playing" the location-based augmented reality game on Defense Department property and there is a Pokemon "gym" located in the Pentagon's center courtyard.

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## Urban Legends ► Burglary | Partially True

1. **Long-Term Parking.** Some people left their car in the long-term parking at San Jose while away, and someone broke into the car. Using the information on the car's registration in the glove compartment, they drove the car to the people's home in Pebble Beach and robbed it. So I guess if we are going to leave the car in long-term parking, we should NOT leave the registration/insurance cards in it, nor your remote garage door opener. This gives us something to think about with all our new electronic technology.

2. **GPS.** Someone had their car broken into while they were at a football game. Their car was parked on the green which was adjacent to the football stadium and specially allotted to football fans. Things stolen from the car included a garage door remote control, some money and a GPS which had been prominently mounted on the dashboard. When the victims got home, they found that their house had been ransacked and just about everything worth anything had been stolen. The thieves had used the GPS to guide them to the house. They then used the

garage remote control to open the garage door and gain entry to the house. The thieves knew the owners were at the football game, they knew what time the game was scheduled to finish and so they knew how much time they had to clean out the house. It would appear that they had brought a truck to empty the house of its contents. Something to consider if you have a GPS - don't put your home address in it. Put a nearby address (like a store or gas station) so you can still find your way home if you need to, but no one else would know where you live if your GPS were stolen.

3. **Cell Phones.** I never thought of this! This lady has now changed her habit of how she lists her names on her cell phone after her handbag was stolen. Her handbag, which contained her cell phone, credit card, wallet, etc., was stolen. Twenty minutes later when she called her hubby, from a pay phone telling him what had happened, hubby says, "I received your text asking about our Pin number and I've replied a little while ago." When they rushed down to the bank, the bank staff told them all the money was already withdrawn. The thief had actually used the stolen cell phone to text "hubby" in the contact list and got hold of the pin number. Within 20 minutes he had withdrawn all the money from their bank account.

Moral lesson:

- Do not disclose the relationship between you and the people in your contact list. Avoid using names like Home, Honey, Hubby, Sweetheart, Dad, Mom, etc.
- And very importantly, when sensitive info is being asked through texts, CONFIRM by calling back.
- Also, when you're being texted by friends or family to meet them somewhere, be sure to call back to confirm that the message came from them. If you don't reach them, be very careful about going places to meet "family and friends" who text you.

4. **Purse In the Grocery Store Scam.** A lady went grocery-shopping at a local mall and left her purse sitting in the children's seat of the cart while she reached something off a shelf/ Wait till you read the WHOLE story! Her wallet was stolen, and she reported it to the store personnel. After returning home, she received a phone call from the Mall Security to say that they had her wallet and that although there was no money in it, it did still hold her personal papers. She immediately went to pick up her wallet, only to be told by Mall Security that they had not called her. By the time she returned home again, her house had been broken into and burglarized. The thieves knew that by calling and saying they were Mall Security, they could lure her out of her house long enough for them to burglarize it.

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Real incidents or not, the fear that robbers will use their victim's global positioning systems to gain their home addresses is likely exaggerated. Robbers typically favor low-tech solutions over high-tech ones, and it's far simpler to rifle a car's glove compartment for bills or documents bearing the vehicle owner's information than it is to fiddle with (unfamiliar) electronic devices. Moreover, while only some cars have dash-mounted GPS units at this time, nearly all vehicles have at least one or two easily accessible items bearing the car owner's address.

Also, such a "This could happen to you!" warning rubs against the same rock that sinks other cautionary tales (such as a recent item about stolen handbags): the presumption that a particular house necessarily stands empty if one resident has been tricked into leaving it or is known to be elsewhere. A potential burglar breaking into randomly selected cars parked at the site of a football game would have no way of knowing that the vehicle owners' homes weren't occupied by various other family members or friends, or even an ill-tempered, sharp-toothed dog or three.

There have been instances, though, of crooks breaking into cars and harvesting automatic garage door openers which they subsequently used to gain easy access to victims' homes. News stories we've found about such robberies tend to indicate such devices are primarily used to open and raid garages rather than to gain entry to the houses themselves, but even so householders have had their children's bikes and Christmas presents stolen out of locked garages via this mode of entry.

There is one small nugget of truth in the "This could happen to you!" fable: The majority of burglars prefer to go about their business while the home they're breaking into is unoccupied. Some even choose which domiciles to burgle based on knowledge that the residents will be elsewhere at the time of the break-ins (e.g., those who select their targets via the obituary pages).

[Source: Snopes.com |Rumor Has it | September 25, 2009 ++]

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## Self Healing Clothing ► Biodegradable Liquid Material Developed

Does self-healing clothing sound like something you'd see on "The Jetsons," or maybe in a sci-fi movie? Well, think again. Thanks to science, the days of throwing out your favorite clothes due to rips or tears may soon come to an end. Researchers at Pennsylvania State University have developed a biodegradable liquid material — using bacteria and yeast — that can be used to help fabrics self-repair by allowing fabric to quickly bind to itself. No sewing necessary. In a press release, Melik C. Demirel, professor of engineering science and mechanics at Penn State, says: "Fashion designers use natural fibers made of proteins like wool or silk that are expensive and they are not self-healing. We were looking for a way to make fabrics self-healing using conventional textiles. So we came up with this coating technology."

**Here's how it works:** A tiny amount of the liquid is applied to a fabric tear, and then warm water is applied. You hold the edges of the fabric together for a minute or so, and it reattaches itself and self-repairs. The liquid sounds like a great tool for moms of kids who are hard on their clothes, or people who need to mend a clothing item, but can't sew. But there is also a potential commercial use for the liquid. Demirel says the liquid could be used as a self-healing film for textiles and contain specific enzymes that break down toxic material. Then it could be used in manufacturing, farming or the military, helping protect workers and soldiers from hazardous chemicals. Demirel's research was partly funded by the Office of Naval Research and the Army Research Office. He says: "Science happens in small steps. The next step would be to see if clothes can self-repair when we pour the liquid into a washing machine, like you would a detergent, and apply water and heat." [Source: MoneyTalksNews | Krystal Steinmetz | August 11, 2016 ++]



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## Election 2016 | Endorsements ► Who Speaks for the Military | Who Should?

In a heated presidential election dominated by questions over the ability of either candidate to serve as commander in chief, a retired four-star general stepped up and delivered a full-throated endorsement. He billed the candidate as someone who could bring the country, and the military, back to the good old days when America was stronger, and more respected. "I can't help asking myself: wouldn't it be great for our armed forces and for America if we could have another commander-in-chief named George Bush with Dick Cheney on his team?" asked the retired hero of Desert Storm, Gen. Norman Schwarzkopf, via videolink from the deck of the USS New Jersey during the 2000 Republican National Convention.

While Schwarzkopf's speech was dramatic, and controversial, retired generals and admirals have been endorsing political candidates since there have been retired generals and admirals around to jump into the political fray. Gen. George McClellan and Gen. Douglas MacArthur just took their political views further than most. But this year's election has thrown the issue of military endorsement — and of respect for the military more broadly — into high dudgeon. The latest controversy was sparked by a pair of fiery speeches delivered by retired generals Michael Flynn and John Allen at the Republican and Democratic conventions, raising concerns among other retired officers that the military's reputation for nonpartisanship may be damaged.

Lt. Gen. Flynn, once the head of the Defense Intelligence Agency, joined chants at the Republican National Convention to put Hillary Clinton in prison, repeating "lock her up, that's right," several times during his speech last month. And Gen. Allen, who commanded in Afghanistan before becoming Barack Obama's envoy for the global coalition fighting the Islamic State, implicitly criticized Donald Trump's isolationist streak when he said, "I also know that with [Clinton] as our commander in chief, our international relations will not be reduced to a business transaction."

The speeches drew the ire of former Chairman of the Joint Chiefs of Staff, Gen. Martin Dempsey, who dashed off messages of concern to The Washington Post and Defense One decrying the trend of former officers jumping into the partisan fray. In an interview with NPR this week, Dempsey said he is "upset" over his former comrades decision to speak out, as "the image of the American professional officer is one who is on guard for the nation, who is representative of all the people, who is subordinate to elected officials, not the image of someone giving an angry speech at a political convention."

But the conventions might have only been the beginning. A senior aide to Hillary Clinton, the Democratic nominee, confirmed to Foreign Policy that the campaign is in active discussions with other senior military officers about making endorsements or publicly backing the former secretary of state, to be unveiled in the coming weeks. The campaign has also released a list of 22 generals and admirals who have endorsed Clinton. The long-term impact of more officers coming out to champion a political candidate is difficult to assess, said retired Marine Corps Maj. Gen. Arnold Punaro. But over time, the high-profile endorsements "may encourage the view of the military as just another interest group."

Politicians have always courted retired military brass to bolster their own claims of sober judgment and as a seal of approval of their candidacy. But those endorsements carry the risk that military leaders could be seen as mere "pawns in the process," said Punaro, who after leaving the Corps served as staff director of the Senate Armed Services Committee and is now CEO of The Punaro Group. "It endangers the trust of the population and the civilian leadership, who need to trust their counsel."

The generals' recent convention speeches, in particular, were "bitterly partisan ones, and they didn't try and cloak their comments in the non-partisanship of the military," said Richard Kohn, professor emeritus of history and peace, war, and defense at the University of North Carolina. "Citizens have a right to make a decision to enter the political fray," said Marine Gen. John Kelly, who retired earlier this year. "But what we should always try and avoid is a sense that the generals and admirals on active duty, that their recommendations are guided by political thinking

rather than the best military advice." Even after a senior military official retires, if he or she decides to weigh in, Kelly said, elected officials tend to think, "see, he must have given us politically tainted advice, listen to him now!"

Yet another retired three-star Marine general, Walter E. Gaskin, published his endorsement of Hillary Clinton in the Military Times on 4 AUG, in the process taking a swipe at Republican nominee Donald Trump. "Do we want a president who values diplomacy, or one who leverages hate? One who embraces our allies because she understands that our global relationships make us stronger, or one who would abandon our partners with little forethought," he wrote. Getting too deeply involved in partisan politics, as opposed to offering quiet counsel to candidates or politicians, "can chew us up and make us look foolish," Kelly said. **The "vast majority" of senior officers don't think such public endorsements or center stage appearances are a good idea, and the best rule of thumb for those who want to enter politics is to run for office themselves, or agree to serve an administration after the election, he suggested.**

The past week hasn't just raised questions about the place of retired brass, but also what candidates vying for the country's top job owe the families of fallen servicemen and women.

- Trump spent several days this week verbally attacking the family of Humayun Khan, a U.S. Army captain who was killed in Iraq in 2004; Khan's father, with his wife by his side, had given an emotional speech rebuking Trump at the Democratic convention.
- On 4 AUG, a group of veterans organized by left-leaning MoveOn.org and the Common Defense PAC converged on Capitol Hill to deliver a petition with almost 100,000 signatures demanding Sen. John McCain and other Republican leaders retract their endorsements of Trump over his comments about the Khan family.
- The Veterans of Foreign Wars, normally a strictly non-partisan organization, called the Republican nominee "out of bounds," and VFW leader Brian Duffy said in a statement, "the VFW will not tolerate anyone berating a Gold Star family member for exercising his or her right of speech or expression."
- Capt. Khan's former commanding officer wrote in The Washington Post Wednesday that Trump's words were an "attack on all patriotic and loyal Americans who have sacrificed." The Republican nominee made an attempt to limit the damage on Wednesday, meeting for about 30 minutes with family members of troops killed in Iraq and Afghanistan before a rally in Florida. The sitdown was organized by Flynn and Karen Vaughn, the mother of a fallen Navy SEAL who also spoke at last month's Republican convention.
- Earlier this week, seven veterans organizations issued a public letter asking "all candidates, at all levels, demonstrate the character demanded of the offices they seek, and respect not only those who have paid the ultimate price for our freedom but also their families who have borne such a loss to protect our liberties."
- Gen. Kelly, whose Marine son 1st Lt. Robert Kelly was killed in Afghanistan in 2010, said that while the Khans put themselves in the spotlight, he feels deeply for their situation. Making it clear he was not addressing Trump or his comments about the Khans, Kelly said, to his way of thinking, "there is no death more honorable than to serve one's country in uniform and to lose one's life." "There is no burden a family bears that is heavier than to have lost a child, and with that child serving," Kelly added. "There's no sacrifice that you could imagine that is this bad."

[Source: Stars & Stripes | Paul McLeary and Molly O'Toole | August 5, 2016 ++

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## **Trump RP Relations ► Lawmaker Wants Him Banned from Country**

A lawmaker in the Philippines is calling for Donald Trump to be banned from the country after the U.S. presidential candidate suggested that Philippine immigrants posed a threat to the United States. "There is no feasible basis or

reasonable justification to the wholesale labeling of Filipinos as coming from a 'terrorist state' or that they will be a Trojan horse,” Joey Salceda said in a bill filed in Manila's House of Representatives, according to the Philippine Star. At a rally in Portland, Maine, on 4 AUG, Trump included the Philippines on a list of countries he said had sent immigrants who had plotted to kill Americans, sometimes successfully. "We're letting people come in from terrorist nations that shouldn't be allowed because you can't vet them," he said. "There's no way of vetting them. You have no idea who they are. This could be the great Trojan horse of all time."

In his proposed legislation to ban Trump, Salceda cited a 2001 memorandum issued by the Philippine immigration agency. It says foreign nationals who disrespect the authority of the Philippines can be blacklisted in the interest of public safety. Salceda, citing data from the U.S. State Department, said that about 4 million people of Philippine descent live in the United States, making them the second-largest Asian American group in the country. The lawmaker, who represents a district in Albay province, said Trump's "remarks have had widespread dissemination, thus aggravating the shame it has already put [on] Filipinos and Filipino Muslims, including Filipino migrants and overseas Filipino workers who this House and our society have recognized as modern heroes of our country."

Trump, whose provocative views on immigration have upset even members of his own Republican Party, last year proposed a ban on Muslims entering the United States, citing fears of terrorism. That proposal prompted Britain's Parliament to call a debate in January on whether to ban Trump. The debate was noteworthy for its colorful language — one lawmaker called Trump "the orange prince of American self-publicity" — but the move to ban him was unsuccessful. He visited Scotland for the opening of a golf course in June. Trump has since revised his proposal on a Muslim ban several times. Despite some indications that he was backing down from the controversial proposal, however, he said last month that his position on banning Muslims has "gotten bigger."

Trump does not have major business interests in the Philippines, though he has licensed his name to the Trump Tower Manila, a large residential tower scheduled to open in the Philippine capital this year. In response to his comments in Maine, Philippine Presidential Communications Office Secretary Martin Andanar released a statement saying that Trump had "professed his love for the Philippines" during the launch event for the Trump Tower Manila, calling it a "special place." According to GMA News, Salceda said the "ugliness of utterances, largely unprompted and undeserved," by Trump last week stood in contrast to the warm welcome he had received from the Philippines when launching the Trump Tower Manila.

Ironically, the Philippines' recently elected president, Rodrigo Duterte, has been called the "Trump of the East" for his controversial statements about drug dealers and rape. Trump adviser Paul Manafort also worked with Philippine dictator Ferdinand Marcos in the 1980s. [Source: The Washington Post | Adam Taylor | August 8, 2016 ++]

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## **Bizarre Museums ► Check Out these 12**

There just might be a museum for every fancy — whether you love pinball, the kazoo or dollhouses. There are even museums devoted to the history of darker subjects such as funerals and witch hunts, not to mention barbed wire. We've rounded up some of America's most bizarre museums. Take a look if you're traveling this summer to a city where one is based. You will find at least one in every corner of the county — Maine, Florida, Washington, California — and in multiple states in between. Plus, lingering low gas prices have thus far made this summer the cheapest in years for hitting the road. In the days leading up to Independence Day weekend, for example, the national average gas price reached lows not seen since 2005, according to AAA. The nonprofit also reported similarly low gas prices leading up to Memorial Day weekend. So perhaps the upcoming Labor Day weekend will follow suit.

1. **Dialysis Museum** - More than a dozen kidney dialysis machines are among the items on display at this museum based at the nonprofit Northwest Kidney Centers in Seattle. Collectively, the exhibits tell the history of this treatment for kidney failure. Many of the machines, which date back to the 1940s, made medical history. <http://www.nwkidney.org/about-us/dialysis-museum>
2. **International Banana Museum** - You just might go bananas at this museum in Mecca, California. It's home to more than 20,000 banana-related items — from staplers to ash trays to harmonicas and even a banana-shaped record player, to name just a few. If you get hungry, take a seat at the banana bar for a banana-themed treat such as a banana split, or even a banana soda ice cream float — there are four types of banana soda to choose from. <http://www.internationalbananamuseum.com> .
3. **International Cryptozoology Museum** - The word “cryptozoology” literally means the study of hidden animals — think the Loch Ness Monster, for example. In fact, this museum in Portland, Maine, boasts “many rare and unique pieces of remarkable evidence” of contested creatures, like hair samples from abominable snowmen and Bigfoot, and fecal matter from a yeti. <http://cryptozoologymuseum.com>
4. **International UFO Museum and Research Center** - Visitors have spent as long as a week or more at this museum in Roswell, New Mexico — near where one of the most infamous unidentified flying objects is believed to have crashed in 1947. Describing itself as “the serious side of the UFO phenomena,” the museum seeks to educate the public about all things UFO. <http://www.roswellufomuseum.com/index.html>
5. **Kansas Barbed Wire Museum** - You'll find more than 2,400 varieties of barbed wire — “each unique” — as well as fencing tools and equipment on display at this museum in La Crosse, Kansas. Barbed wire fencing dates back to 1874, when Joseph Glidden designed and patented it, in case you were wondering. <http://www.rushcounty.org/Barbedwiremuseum> .
6. **Kazoo Museum** - This museum based at the Kazoo Factory in Beaufort, South Carolina, pays homage to what it describes as one of America's only homegrown musical instruments. Nearly 200 unique kazoo-related items tell the history of the musical instrument — “from some of the first kazoos ever manufactured to contemporary kazoo innovation.”. Factory tours are also available. [http://www.kazoomuseum.org/The\\_Kazoo\\_Museum/Welcome.html](http://www.kazoomuseum.org/The_Kazoo_Museum/Welcome.html).
7. **Museum of Miniature Houses and Other Collections** - This museum in Carmel, Indiana, is devoted to dollhouses as well as the miniature items that decorate dollhouse interiors. More than 600 miniatures are on display. Exhibits, which include special collections on loan from collectors and other museums change quarterly. <http://www.museumofminiatures.org> .
8. **Museum of Osteology** - Osteology is the study of bones. So expect to inspect skeletons galore at this Oklahoma City museum, which recently spawned a second location in Orlando, Florida. More than 300 skeletons, of both humans and animals, are on display at the Oklahoma museum. More than 400 animal skeletons are on display at the Orlando museum, which is called “Skeletons: Animals Unveiled.” Note that an online discount of \$3 is currently available for the new museum. Visit its website <http://www.museumofosteology.org> for more information.
9. **National Museum of Funeral History** - This Houston museum boasts America's largest collection of historical funeral service items: Learn about caskets and coffins, hearses through history, plus the funerals of presidents, popes, celebrities and more while you witness the cultural heritage of the funeral service industry and its time-honored tradition of compassion. <http://nmfh.org> .
10. **Plumbing Museum** - Exhibits at this museum in Watertown, Massachusetts, include plumbing artifacts from as far back as the 1800s — like an antique claw-foot bathtub from 1891 and an ornate earthenware toilet typical of those that were common in the 1890s. You'll also find evolving plumbing systems and diagrams of various plumbing technologies. Collectively, these exhibits tell the history of piping and pay “tribute to the plumbers, engineers, and inventors whose hard work and creative spirit have contributed so much to the betterment of our society.” <http://www.theplumbingmuseum.org> .

**11. Salem Witch Museum** - This Salem, Massachusetts, museum will take you back in time to 1692. In fact, the main presentation is based on actual witch trial documents. As the museum describes it: Visitors experience the drama of that dark time through thirteen life-size stage sets, figures, lighting and a stirring narration as they are witness to the web of lies and intrigue of the Salem Witch Hunt. <https://salemwitchmuseum.com> .

**12. Silverball Museum** - This museum and arcade is located in Asbury Park, New Jersey, on the Jersey Shore. It recently opened a second location in Delray Beach, Florida. Six-hundred classic pinball games and other arcade games rotate between the two locations — and you can play them. You purchase an entrance ticket based on the length of time you wish to spend there — from a half-hour to all day — and you can play all the games on site during that time. <http://silverballmuseum.com/asbury-park> .



[Source: MoneyTalksNews | Karla Bowsher | August 8, 2016 ++]

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## **Absentee Voting** ► **Myth & Reality**

Absentee voting issues for military members and families tend to become an issue in every election cycle. If you plan to submit an absentee ballot for this upcoming election, make sure you know the facts. According to the Federal Voting Assistance Program (FVAP), there are many misconceptions about the absentee voting system. Check out some of the most common myths below:

**Myth: States all have the same election rules and deadlines for military and overseas voters.**

Reality: False. States have different rules about how and when the forms are returned. Visit FVAP for your State-specific guidelines.

**Myth: Absentee ballots only count in close elections.**

Reality: False. Absentee ballots submitted in accordance with State laws are counted for every election. The difference is that in a close election, the media reports that the outcome cannot be announced until after the absentee ballots are counted. However, all ballots are counted in the final totals for every election - and every vote (absentee or in-person) counts the same.

**Myth: Military spouses and dependents cannot use military absentee voting forms.**

Reality: False. Military family members who will be 18 years old by Election Day should use the same Federal Post Card Application (FPCA) and Federal Write-In Absentee Ballot (FWAB) that members of the Uniformed Services

and overseas citizens do, even when voting absentee Stateside. Dependents attending college overseas should also use those forms.

**Myth: Absentee ballots are not secret.**

Reality: False. State absentee ballots and the Federal Write-In Absentee Ballot are designed with a “Secrecy Envelope” allowing for the separation of the voter's identity from the cast ballot. Voting Assistance Officers also ensure voters casting absentee ballots on DoD facilities are able to do so in a private and independent manner. Local election officials are professionals who go to great lengths in their ballot handling procedures to ensure your vote, and personal information, are kept private.

**Myth: I can vote in person at a local embassy/consulate or on a military installation.**

Reality: You cannot vote in person at a local embassy, consulate or on a military installation. U.S. elections are run at the State level and citizens must communicate directly with their election official to register, request a ballot and vote. Voting Assistance is available at most embassies and consulates and in all military units to help in the completion of necessary forms. Be sure to account for submission and mail delivery time to ensure your forms are received by the State deadline.

**Myth: Voting will affect the tax status of overseas citizens.**

Reality: It depends. Voting for Federal office candidates will not affect your Federal or State tax liability. Depending on the laws of your State, voting for State or local offices may affect your State income tax liability. If you are concerned about your State tax status, consult legal counsel.

**Myth: I can't vote if I'm deployed.**

Reality: False. You absolutely can vote while deployed. If you're registered to vote while deployed and you don't get your State ballot in time to vote from your location, you can use the Federal Write-In Absentee Ballot (FWAB) found at [FVAP.gov](http://FVAP.gov). Remember to submit the form at least 30 days before the scheduled election.

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“As powerful as our voice has been, no voice speaks louder or more clearly than that of an informed military voter,” said MOAA President and CEO Lt. Gen. Dana T. Atkins, USAF (Ret). To request an absentee ballot or get additional information, visit: [www.FVAP.gov](http://www.FVAP.gov). [Source: MOAA Legislative Update | August 5, 2016 ++]

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**Nut Theft ► Lucrative New Target | 600,000 Truckloads Last Year**

Drugs, art, wallets, electronics ... Stealing those things is so passé. Thieves in California have been targeting a new kind of loot: nuts, by the truckload. CNN reports more than 600,000 truckloads of the cash crops were stolen last year. Most of the thefts involve scams and fraud. Thieves exploit a weakness in the complex distribution system that allows them to simply stroll in with fake papers and drive off with a truck full of high-value nuts, including almonds and pistachios. They're virtually impossible to track, and sometimes the thefts can go unnoticed for as long as six days. By then the goods have likely been sold off, maybe even shipped to another continent. In California, since the crime doesn't involve violence, it's considered a misdemeanor. Put all that together, and the risk is fairly low for a rather high reward.

Nut thefts started to surge in mid-2015, when the typical heist went from being measured in buckets-full to truckloads worth millions of dollars. According to a report by Quartz: Food and beverages have replaced electronics as the most-stolen good in the U.S. Criminals are concentrating their efforts on fewer heists of larger value, and as stolen goods go, nuts have a lot of appeal. They're expensive. They have a long shelf life. They have no serial

numbers and can't be electronically tagged or traced. California produces the most tree nuts in the country (\$9.4 billion worth in 2014) which helps explain why that state is a primary target, though insurance industry officials report seeing similar thefts in Arizona and Georgia. [Source: MoneyTalksNes | Ari Cetron | August 1, 2016 ++]

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## Car Theft ► Top 10 Targeted in 2015

It's not flashy new models that car thieves are after these days. It's 20-year-old Hondas. Two Honda models from the late 1990s top the National Insurance Crime Bureau's latest annual "Hot Wheels" list, which was released this week ([https://www.nicb.org/newsroom/nicb\\_campaigns/hot%E2%80%93wheels](https://www.nicb.org/newsroom/nicb_campaigns/hot%E2%80%93wheels)). The NICB is a national nonprofit that fights insurance fraud and vehicle theft. Its "Hot Wheels" report includes a list of the 10 vehicles that were stolen in the largest numbers during the prior year, which is based on data that law enforcement agencies submit to a national database. Last year, roughly 700,000 vehicles were stolen in the U.S. More than 100,000 of them were older model Honda Accords or Honda Civics, which are valued for parts and engines. The most popular model years for thieves were 1996 Accords and 1998 Civics, the NICB says.



NICB attributes this partly to the older models' lack of anti-theft technology. For example, the nonprofit reports that only 11,807 Accord and Civic models from 2010 through 2015 were stolen in the past six years. Still, Joe Wehrle, NICB president and CEO, notes: "While older vehicles still dominate our Hot Wheels most stolen list, the number of late model vehicles with anti-theft protection on the list goes to show that technology isn't foolproof. Criminals are doing their best to defeat anti-theft technology through hacking and other means while, at the same time, manufacturers and others are working to improve security." The top 10 "Hot Wheels" of 2015 were:

1. Honda Accord (52,244 total thefts last year)
2. Honda Civic (49,430)
3. Ford Pickup, full size (29,396)
4. Chevrolet Pickup, full size (27,771)
5. Toyota Camry (15,466)
6. Dodge Pickup, full size (11,212)
7. Toyota Corolla (10,547)
8. Nissan Altima (10,374)
9. Dodge Caravan (9,798)
10. Chevrolet Impala (9,225)

To see which models were most stolen in your state last year, check out the NICB's "Hot Wheels 2015" map at [https://www.nicb.org/newsroom/nicb\\_campaigns/hot%E2%80%93wheels#States](https://www.nicb.org/newsroom/nicb_campaigns/hot%E2%80%93wheels#States). [Source: MoneyTalksNews | Karla Bowsler | August 5, 2016 ++]

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## Comcast Lawsuit ► \$100M in Refunds for WA Users Sought

Alleging 1.8 million violations of that state’s Consumer Protection Act, Washington Attorney General Bob Ferguson announced his office is suing Comcast for some \$100 million, pursuing refunds for more than 400,000 Washington residents. According to a press release, Ferguson’s office states that Comcast sold people a protection plan that was “near-worthless.” The plan was supposed to cover Comcast repairs to wiring inside a home, but it didn’t include wires that are inside the walls — which constitutes nearly all the wiring in a house. In addition, according to the release:

- The AGO investigation uncovered that Comcast misrepresents the limitations of several other elements of the plan, including its coverage of service calls related to consumer-owned equipment and the repair of cable jumpers, connectors and splitters.
- While Comcast claims that these restrictions are in the plan’s terms and conditions, Comcast does not provide those terms and conditions to its customers, does not require customers to approve them nor do they tell customers that these additional terms and conditions exist. A customer must proactively search Comcast’s website to find these terms and conditions.
- Comcast has been charging people for service calls that should have been free under the company’s Customer Guarantee.

Finally, Ferguson’s office says more than 6,000 people had problems with Comcast improperly running credit checks. Either the people paid a fee they shouldn’t have had to pay, or a credit check was run when it shouldn’t have been — taking a toll on the customer’s credit score. Ferguson is seeking \$73 million in restitution to pay back people who subscribed to the service plan, money to refund people who were charged but shouldn’t have been, and payment of other fines, as well as a commitment by Comcast to clear up customer credit records that were improperly affected, and mandates that the company better disclose the terms of its plans.

Note: Go to <https://youtu.be/Pu8WxObKEmw?t=58> and hear what Comcast is doing with cable datacaps.

[Source: MoneyTalksNews | Ari Cetron | August 2, 2016 ++]



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## Brain Teaser ► Catch the Intruder

Emily was sitting at her study table, home alone, on a cold and stormy night. Her parents had taken a flight earlier in the morning to Australia as her grandmother had passed away. She had wanted to follow her parents but she had an important English examination the next day which she could not miss.

The storm was getting heavier by the minute and the wind was howling outside. All this noise made it very hard for her to concentrate. She was on the verge of dozing off when she was shaken alert by a sudden "THUD!" She dismissed it as a window which had been slammed shut by the wind.

She tried to concentrate on her books when she heard faint footsteps. Emily got out of her room and looked around when suddenly, without warning, she was grabbed by the neck. She tried to scream but it came out as a mere whimper as the intruder was pressing hard against her throat with his arm. She tried to free herself from his grip but to no avail.

"Give me all your money!" growled the man who had grabbed her from behind.

"Th-there is none h-here! Please ll-let me go!" cried Emily.

"Don't LIE TO ME!" screamed the increasingly agitated man. She felt the man strengthen his grip around her neck. She said nothing and a few seconds passed by in silence. Suddenly the phone rang which alerted both of them.

"People will get suspicious if I don't answer the phone," said Emily, with a controlled voice. The intruder let her go.

"Alright, but NO funny business, or ELSE!" said the nervous intruder. Emily walked toward the phone. She took a deep breath and calmed herself. She picked up the phone.

"Hey Em! How's the revision going?" said the caller.

"Hey Anna. Thanks for the call. Hey you know those Science notes I lent you last week? Well I really need them back. It would be a great help to me. It's an emergency, so if you could give me them tomorrow it would be great. Please hurry in finding the notes. I need to get back to my books now. Bye," Emily said. She hung up the phone.

"It was wise of you not to say anything," said the intruder, although he was more than a bit confused by her conversation.

"Now TELL ME WHERE THE MONEY IS KEPT!" screamed the thief.

"It...it's...in my dad's room. The first room on the right. Third drawer," said Emily.

"SHOW me!" said the man, and removed his grip around her neck. She took a big gulp of air and nearly fell. She swallowed hard and said a silent prayer. She walked slowly, in silence, toward her father's room. All of a sudden, they heard police sirens. The intruder froze in his footsteps. He ran to the nearest window and jumped out of it.

Emily ran outside in time to see the intruder being escorted into the car. She saw Anna and she ran toward her and hugged her.

"Smart kids," said the policeman.

**What had happened?** Hint -- Read the conversation carefully and think outside the box.

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## **Have You Heard? ► What's in the Other Bag || Monkey Business**

A little old lady was walking down the street dragging two large plastic garbage bags behind her. One of the bags was ripped and every once in a while a \$20 bill fell out onto the sidewalk.

Noticing this, a policeman stopped her, and said, "Ma'am, there are \$20 bills falling out of that bag."

"Oh, really? Darn it!" said the little old lady. "I'd better go back and see if I can find them. Thanks for telling me, Officer."

"Well, now, not so fast," said the cop. "Where did you get all that money? You didn't steal it, did you?"

"Oh, no, no", said the old lady. "You see, my back yard is right next to a golf course. A lot of golfers come and pee through a knot hole in my fence, right into my flower garden. It used to really tick me off. Kills the flowers, you know. Then I thought, 'why not make the best of it?' So, now, I stand behind the fence by the knot hole, real quiet, with my hedge clippers. Every time some guy sticks his thing through my fence, I surprise him, grab hold of it and say, 'O. K., buddy! Give me \$20 or off it comes!'

"Well, that seems only fair," said the cop, laughing. "OK. Good luck! Oh, by the way, what's in the other bag?"

"Not everybody pays."

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A blonde female motorist was about two hours from San Diego when she was flagged down by a man whose truck had broken down. He walked up to the car and asked, "Are you going to San Diego?"

"Sure," she replied, "do you need a lift?"

"Not for me. I'll be spending the next three hours fixing my truck. My problem is I've got two chimpanzees in the back that have to be taken to the San Diego Zoo. They're a bit stressed already, so I don't want to keep them on the road all day. Could you possibly take them to the zoo for me? I'll give you \$100 for your trouble."

"I'd be happy to," said the blonde.

The two chimpanzees were ushered into the back seat of the blonde's SUV. They were carefully strapped into their seat belts, and off they went.

Five hours later the truck driver was driving through the heart of San Diego when suddenly he was horrified! There was the blonde walking down the street holding hands with the two chimps much to the amusement of a big crowd.

With a screech of brakes he pulled off the road and ran over to the blonde. "What are you doing here?" he demanded; "I gave you \$100 to take these monkeys to the zoo!"

"Yes, and the three of us loved it," replied the blonde; "but we had money **left over, so now we're going to Sea World.**"

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## **Brain Teaser Answer ► Catch the Intruder**

Emily had used the mute button during her conversation with Anna so that all Anna heard was: "call...help...emergency...please hurry". Anna, sensing something was wrong, called the police and told them Emily's address. The police were able to come to Emily's house in time to catch the perpetrator.

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1. The Bulletin will be provided as a website accessed document until further notice. This was necessitated by SPAMHAUS who alleged the Bulletin's former size and large subscriber base were choking the airways interfering with other internet user's capability to send email. SPAMHAUS told us to stop sending the Bulletin in its entirety to individual subscribers and to validate the subscriber base with the threat of removing all our outgoing email capability if we did not. To avoid this we have notified all subscribers of the action required to continue their subscription. This Bulletin notice was sent to the 20,430 subscribers who responded to that notice. All others are in the process of being deleted from the active mailing list.
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