

RAO BULLETIN

1 September 2020

PDF Edition



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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.
3. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

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- Attachment – Hawaii Veteran State Benefits
- Attachment - Military History Anniversaries 01 thru 15 SEP (Updated)
- Attachment - WWII Bombing of Berlin



Military Citizenship Opportunities

Update 01: Minimum Service Requirement Change Ruled Illegal

A federal judge 25 AUG struck down a Defense Department requirement that service members serve for six months or a year before being eligible for an expedited path to citizenship. The lawsuit was filed by the American Civil Liberties Union in April on behalf of eight non-citizen service members. They represent a class of thousands in uniform,

according to the ACLU. The matter revolves around a DoD policy signed on Oct. 13, 2017, which lengthened the time a recruit must serve before receiving a certificate of honorable service, which is one of the requirements for getting expedited citizenship. The change lengthened the time in service to 180 consecutive days of active duty or one year in the reserves, to include successfully completing basic training. Previously, eligibility for that certificate began after one day of service.

The U.S. Citizenship and Immigration Services policy manual stated that one day of service was sufficient in establishing eligibility. DoD previously didn't have a formal policy, but Army and Navy personnel documents indicated that the certificate of honorable service could be issued after one day of service, according to court documents. Under a ruling by Judge Ellen S. Huvelle in the U.S. District Court for the District of Columbia, DoD must revert to that one-day marker. "Not only is DOD prohibited from considering anything beyond an enlistee's past service record in determining whether he or she has served honorably, but upon receipt of a request [for a certificate of honorable service] by a non-citizen who has satisfied the one day of qualifying service, DOD must make the required determination," Huvelle wrote in her decision. DoD unlawfully withheld those certifications because of its minimum service requirements, she wrote. DoD spokeswoman Lisa Lawrence referred questions to the Justice Department. Justice officials did not immediately respond to a request for comment.

The ACLU applauded the judge's decision. "Congress has long recognized that immigrants who serve in the military during wartime are entitled to be Americans," said Scarlet Kim, staff attorney with the ACLU's National Security Project, in a statement. "This decision rejects the Trump administration's racist attempt to subvert this clear congressional mandate in furtherance of its anti-immigrant agenda. We're pleased that our clients and thousands of others like them can finally benefit from the expedited path to citizenship they have rightfully earned through their honorable military service."

According to court documents, over the last three years, 1,695 certifications of honorable service have been requested and issued to non-citizen service members. But only 10 have been requested and issued in the last eight months. Generally, DoD has been able to issue the certification within two days after the request. Most of the non-citizen service members in the lawsuit now have their certificates of service, according to court documents filed by Justice attorneys.

The government attorneys asserted that Congress delegated DoD the responsibility for certifying that a non-citizen's service has been "honorable," according to a court document. "The history surrounding the passage of this statutory authority makes clear that the mere act of enlisting in the military does not automatically entitle an alien to become a naturalized citizen; rather, consistent with DoD's long-standing practice, military officials must make an informed assessment of an alien's service based on a sufficiently developed service record," the court document stated. The government argued that the policy change also aligned DoD's honorable service characterizations with how DoD defines honorable service more broadly. Among other things, DoD's policy governing entry-level separations from the service states that entry-level separations — those that occur within the first 180 days of active-duty service — will be uncharacterized, not specifying whether the service was honorable, according to the document.

The Oct. 13, 2017, policy change resulted from events that began under the Obama Administration. It addressed security concerns raised by DoD officials with the Military Accessions Vital to the National Interest, or MAVNI, program which had brought in more than 10,000 recruits since 2009. Supporters of the MAVNI program say it allows the military to recruit immigrants with vital skills such as foreign language proficiency or high-demand medical training. But critics said the program did not adequately screen potential applicants.

In 2016, the Pentagon determined it didn't have proper security measures to protect against potential insider threats, and began a review. The concerns were confirmed by an investigation by the DoD Inspector General. That resulted in more stringent background checks. "We could not continue what we'd been doing without an espionage potential," then-Secretary of Defense James Mattis said of the previous weaknesses found in the program, speaking to reporters at the time. The policy change also added the requirement that before a non-citizen active-duty member could get a

certification of honorable service, he or she had to successfully complete basic training and serve at least 180 consecutive days of active duty service, to include the basic training.

Those non-citizens in the reserve components had to successfully complete basic training and serve at least one year of service toward non-regular retirement, to include the basic training. For those non-citizens who have served in an active duty status in a hazardous duty area, the service member is eligible for the honorable service certification if he or she has successfully completed basic training; and satisfactorily serves at least one day of active-duty service in a combat zone, a qualified hazardous duty area, or an area where service in the area has been designated to be in direct support of a combat zone and which qualifies the member for hostile fire or imminent danger pay. [Source: Military Times | Karen Jowers | August 26, 2020 ++]

USSF

Update 01: Who Will Move to Space Force?



Lt. Gen. David D. Thompson, Vice Commander of the United States Space Force

The Pentagon is nearing a decision concerning the transfer of Army and Navy units that manage the acquisition and sustainment of space weapons to the Space Force, a top general announced 20 AUG. "To the 90th percentile, we've agreed on most of those transfers and most of those capabilities," Lt. Gen. David "DT" Thompson, Space Force vice commander, said during the National Defense Industrial Association's Space Warfighting Industry Forum. He was asked whether units will move into the Space Systems Command (SSC) or one of the newest service's primary field commands.

Thompson, who earlier this month was nominated to become Space Force's vice chief of space operations and for promotion to the rank of general, said decisions about some organizations and resources are still in discussion with the Office of the Secretary of Defense. "The expectation is that we will come to an agreement in the next few weeks and then begin to work on the details to transfer those ... sometime in fiscal 2021," he said. A meeting is scheduled between Space Force, Army, Navy and OSD officials later this month. Thompson reiterated that the Space Force will open up its application pool for interservice transfers next year for additional Army and Navy space operators; those transfers should begin in fiscal 2022. But unlike the Air Force, those services will likely limit how many space professionals will transfer over -- roughly 100 from each branch, according to media reports.

Last month, the services began a major realignment of some of the Air Force's major space wings, transferring their missions in one of the largest command overhauls in nearly 40 years. Five Air Force units moved to the Space Force, and three wings and eight subordinate groups or centers were deactivated in favor of creating a provisional command that will later form the official Space Training and Readiness Command, officials announced in a release. The restructuring coincides with the Space Force's structure of only three command echelons: field commands, deltas and squadrons. The three primary field commands expected to be activated later this summer are: Space Operations

Command (SpOC), Space Systems Command (SSC), and Space Training and Readiness Command (STARCOM).
[Source: Military.com | Oriana Pawlyk | August 20, 2020 ++]

DARPA

Update 08: ACE | Pilot Loses to AI in AlphaDogfight Trials

An artificial intelligence algorithm has defeated a human F-16 fighter pilot in a virtual dogfight simulation. The 20 AUG event was the finale of the Pentagon research agency's AI air combat competition. The algorithm, developed by Heron Systems, easily defeated the fighter pilot in all five rounds that capped off a yearlong competition hosted by the Defense Advanced Research Projects Agency.

The competition, called the AlphaDogfight Trials, was part of DARPA's Air Combat Evolution (ACE) program, which is exploring automation in air-to-air combat and looking to improve human trust in AI systems. "It's easy to go down the wrong path of thinking that that is either A) definitive in some way as to what the future of [basic fighter maneuvers will be]; or B) that it is a bad outcome," said Justin Mock of DARPA, a fighter pilot and commentator for the trials. "From a human perspective, from the fighter pilot world, we talked about we trust what works. And what we saw was that in this limited area, in this specific scenario, we've got AI that works."

The human pilot, only known to the audience by his call sign "Banger" for operational security reasons, is a graduate of the Air Force's weapons instructor course, a highly selective training course reserved for top fighter pilots. While the victory for the AI system is a big step forward for the young DARPA program, the work is far from over. The conditions in the simulation weren't realistic for aerial combat. To start, the artificial intelligence system had perfect information, which experts commentating on the event noted never happens in the field. The human pilot was also flying a fake stick in a virtual seat. "There are a lot caveats and disclaimers to add in here," Col. Dan Javorsek, program manager in DARPA's Strategic Technology Office, said in a post-event livestream.

Heron's AI system gained notoriety throughout the competition for its aggressiveness and the accuracy of its shot. Mock noted before the human-AI matchup that the AI system will "take shots that we would never take in our training environments." Mock also said Heron often made an error in basic fighter maneuvers by turning away from enemy aircraft to where the AI thought the other aircraft would go, but was able to recover throughout the fights because of Heron's "superior aiming ability" and the competitor aircraft taking the bait. Heron was one of eight AI teams selected by DARPA to take part in the final round of the agency's competition. Heron topped the likes of Lockheed Martin, Perspecta Labs, Aurora Flight Sciences, EpiSys Science, Georgia Tech Research Institute, PhysicsAI and SoarTech.

DARPA's leadership on the project acknowledged that the results of the simulated dogfight are just the first step in a long journey to fielding AI that can fight in air combat. "Artificial intelligence shows a lot of promise. It's kind of been bang or bust in the past," Javorsek said. "In the larger ACE program, our plan is to take the modeling and simulation work that we're doing here and translate it from that digital environment into the real world. And it turns out that's a pretty important jump to make." [Source: C4ISRNET | Andrew Eversden | August 21, 2020 ++]

Covid-19 National Guard Activations

Democrats Ask for More Consistent Orders & Funding

Thirty House Democrats wrote a letter demanding the administration "stop playing political games" with National Guard resources in the fight against COVID-19. The letter -- addressed to Secretary of Defense Mark Esper and Acting Secretary of Homeland Security Chad Wolf -- criticized the administration's lack of a "reliable plan" for the

length of National Guard COVID-19 activations. It also demanded an explanation for the recent cut in National Guard COVID-19 activation funding.

National Guard COVID-19 orders have been repeatedly extended by President Donald Trump, generally with much ire and negotiation from the states. The orders were originally slated to end in May before Trump agreed to push them out to 21 AUG. As 21 AUG approached, some governors formed an organized campaign against the Trump administration in an attempt to again extend those orders. The administration agreed to do so through December 31, 2020. But the National Governors Association has complained that these piecemeal extensions are negatively impacting operations. "Unnecessary delays in extending Title 32 create significant challenges for states and territories, which are amplified in the middle of a crisis," a letter from the NGA to the White House reads.

While the previous orders continued until 21 AUG, in order to allow National Guard troops to remain on orders during the two-week quarantine period required at the end of COVID-19 operations, some states had already begun transitioning Guard troops out of COVID-19 capacities before Trump announced the most recent extension, the NGA explained. The rapid operational changes significantly hindered the Guard's fight against the virus as they had to move troops back out of quarantine and into the field once orders were extended. "While we appreciate the new extension to December 31st, that deadline is just as arbitrary as the previous one set for August 21st," the Congressional letter to Esper reads. "Because COVID-19 doesn't act on specific timelines, we urge you and the president to authorize Title 32 activations for as long as they're needed, i.e., the duration of declared disasters or emergencies."

And while Trump did agree to extend COVID-19 orders through the end of 2020, the administration cut 75% of the funds for those operations. With the exception of Texas, Florida, Connecticut, California and Arizona, states must now foot 25% of the bill associated with these National Guard activations. The White House offered no explanation for why funding was cut nor why those five specific states were spared. Political preference is suspected by some. "For months, the federal government has covered all the costs for these crucial deployments, but now the administration reverted to the statutory minimum, demanding that states contribute 25%," the letter reads. "This is not consistent with the treatment of these costs during previous disasters and undermines the overall response to the virus. We request a full explanation of the rationale behind this decision."

Representatives Cheri Bustos (D-IL), Max Rose (D-NY), and Deb Haaland (D-NM) led the cohort of 30 Democratic members of the House of Representatives calling for more consistent orders and funding for National Guard troops still activated against COVID-19. "Give the states the help they need, for as long as they need it. Do it in a consistent manner," the letter reads. "Likewise, the men and women of the National Guard who continue to make sacrifices for our public health need to be able to rely on consistent pay and healthcare coverage. There is no reason to continue playing bureaucratic and political games with either our governors or our neighbors in uniform."

In the United States, 5.75 million cases of COVID-19 have been reported. In total, 177,000 Americans have been killed by the virus. The very first service member killed by COVID-19 was Capt. Douglas Linn Hickok, a physician assistant activated with the New Jersey National Guard against COVID-19. [Source: ConnectingVets.com | Elizabeth Howe | August 25, 2020 ++]

POW/MIA Recoveries & Burials

Reported 16 thru 31 AUG 2020 | Eight

“Keeping the Promise“, “Fulfill their Trust” and “No one left behind” are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century as of FEB 2019 are: World War II 73,025 of which over 41,000 are presumed to be lost at sea, Korean War 7665, Vietnam War 1589 (i. e. VN-1,246, Laos-288, Cambodia-48, & Peoples Republic of China territorial waters-7), Cold War 111, Iraq and other conflicts 5. Over 600

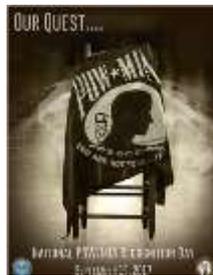
Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home.

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

== Mail: Public Affairs Office, 2300 Defense Pentagon, Washington, D. C. 20301-2300, Attn: External Affairs

== Call: Phone: (703) 699-1420

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



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

- <https://www.vfw.org/actioncorpsweekly>
- <http://www.dpaa.mil/News-Stories/News-Releases>
- <http://www.thepatriotspage.com/Recovered.htm>
- <http://www.pow-miafamilies.org>
- <https://www.pownetwork.org/bios/b/b012.htm>
- <http://www.vvmf.org/Wall-of-Faces>

LOOK FOR

-- **Army Air Forces Staff Sgt. Charles G. McMackin**, 26, was assigned to the 68th Bombardment Squadron (Heavy), 44th Bombardment Group (Heavy), 8th Air Force. On Aug. 1, 1943, the B-24 Liberator aircraft on which McMackin was serving as a bombardier crashed as a result of enemy anti-aircraft fire during Operation TIDAL WAVE, the largest bombing mission against the oil fields and refineries at Ploiesti, north of Bucharest, Romania. Interment services are pending. [Read about McMackin.](#)

-- **Army Sgt. James N. Stryker**, 20, was a member of Company L, 3rd Battalion, 23rd Infantry Regiment, 2nd Infantry Division. He was reported missing in action on May 18, 1951, when the enemy attacked his unit near Han'gye, South Korea. His remains could not be immediately recovered, but he was not officially declared dead until after the Armistice was signed July 27, 1953. Interment services are pending. [Read about Stryker.](#)

-- **Army Sgt. John E. Hurlburt**, 26, was a member of the 105th Infantry Regiment, 27th Infantry Division. He was killed July 7, 1944, during a massive Japanese attack against the 105th on the island of Saipan. Interment services are pending. [Read about Hurlburt.](#)

-- **Marine Corps Reserve Pfc. Charles D. Miller**, 19, of Albany, Indiana, was a member of Company A, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, which landed against stiff Japanese resistance on the small

island of Betio in the Tarawa Atoll of the Gilbert Islands, in an attempt to secure the island. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded, while the Japanese were virtually annihilated. Miller died on the third day of battle, Nov. 22, 1943. Miller will be buried at Arlington National Cemetery in Arlington, Virginia. The date has yet to be determined. [Read about Miller.](#)

-- **Navy Coxswain Layton T. Banks**, 20, of Dallas, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Banks. Banks will be buried Oct. 24, 2020, in Plano, Texas. [Read about Banks.](#)

-- **Navy Fire Controlman 2nd Class George Gilbert**, 20, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Gilbert. Interment services are pending. [Read about Gilbert.](#)

-- **Navy Fireman 1st Class Frank E. Nicoles**, 24, of Eau Claire, Wisconsin, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Nicoles. Nicoles' family has yet to decide on a funeral date or location. [Read about Nicoles.](#)

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

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

* VA *



Suicide Postvention

Helping Survivors Work through Emotions

Veterans have a significantly higher suicide rate than other adults in the U.S. This means Veterans are also more likely to have known someone who took their own life. Uniting for Suicide Postvention (USPV) helps make sense of a suicide loss. The program connects survivors with resources to help them work through powerful and unique emotions specific to this type of grief.

Compared with many other kinds of loss, suicide can be particularly challenging for survivors. Specifically, they must wrestle with the difficult moral, societal and religious implications. Shock at the suddenness of the death may compound their grief. Or they may feel a mix of shame, anger, guilt and, sometimes, relief. Some survivors blame themselves for not noticing warning signs, even though such signs may not have been obvious. And the effects extend beyond close family members. Even first responders, who never personally knew the deceased person, can be affected

emotionally by the suicide scene. USPV provides postvention information and resources to assist survivors as they navigate their healing journey, both immediately after the loss and in the months and years that follow.

Suicide prevention aims to avert the incident, while postvention fosters healing afterward, for those touched by the loss. With tens of thousands of suicides every year in the U.S., coping with the aftermath is an unfortunate reality for more people than some might think. For every suicide, an estimated average of 135 people are affected. Beyond the immediate circle of grieving family members and friends, those who regularly interacted with the person who died also can be affected. This includes coworkers, doctors, neighbors, bus drivers or a regular waitress at a favorite restaurant. Quality postvention can facilitate survivors' healing. It helps them understand and address the complex thoughts and emotions that make coping after a suicide loss particularly challenging. USPV offers a safe space where loss survivors can explore painful and challenging emotions. It strives to create a community of shared healing by improving education about postvention and access to support and resources.

VA's Office of Mental Health and Suicide Prevention supports USPV. However, most USPV resources support anyone who has been touched by suicide loss regardless of their military, Veteran or military family status. At the heart of USPV is a website (<https://www.mirecc.va.gov/visn19/postvention>) that features multimedia resources designed to promote open dialogue. The site is structured to meet the needs of community members, health care providers and workplace colleagues. It offers videos, infographics and podcasts related to connecting and healing.

How is suicide postvention part of prevention?

Experts consider exposure to suicide a risk factor for suicide. Survivors are at greater risk for substance use disorders and mental health issues than those who haven't experienced such a loss. This includes including thoughts of suicide. Those exposed to suicide in the workplace are 3.5 times more likely than others to take their own lives. In a military unit with five or more suicide attempts in a year, the risk for another attempt is double that of units that had no attempts.

Grief after loss can be so intense that it prevents survivors from seeking help at a critical crossroad. But by helping survivors heal after a suicide, postvention reduces the risk of additional suicides in the deceased person's circle. In that way, postvention healing is a vital component of prevention. Postvention is so important that the Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) has established USPV as part of VA's mission to develop, disseminate and implement a comprehensive prevention program. To learn more about USPV at the Rocky Mountain MIRECC, visit <https://www.mirecc.va.gov/visn19/postvention>.

If you know someone grieving after a suicide loss, you may wish to [read about ways you can help and talk to them](#). To learn about mental health support for Veterans, visit [mentalhealth.va.gov](https://www.mentalhealth.va.gov).

- If you or someone you know is in crisis, don't hesitate to get help.
 - Call 9-1-1 immediately.
 - Contact the [Veterans Crisis Line](#), which connects service members and Veterans in crisis, as well as their family members and friends, with qualified, caring VA responders. Call 1-800-273-8255 and press 1, text to 838255, or chat online at net/Chat.
 - Call the [National Suicide Prevention Lifeline](#) at 1-800-273-TALK (8255) or text TALK to 741741.
- The Tragedy Assistance Program for Survivors (TAPS) provides free, compassionate care and survivor support services for the families of America's fallen military heroes. Services include peer-based emotional support, grief and trauma resources, grief seminars and retreats for adults, Good Grief Camps for children, casework assistance, connections to community-based care, online and in-person support groups and a 24/7 resource and information helpline for all who have been profoundly affected by the death of a military loved one. For more information, visit taps.org or call the toll-free information helpline at 1-800-959-TAPS (8277).

[Source: Vantage Point | Sarra Nazem & Laurel Gaeddert | August 18, 2020 ++]

VA Pharmacy Mail-Order

Update 02: Vets Encouraged to Order Routine Prescriptions in Advance



Capitol Hill lawmakers sent letters this week to U.S. Postal Service and Department of Veterans Affairs senior leaders, demanding they take immediate action to resolve "significant delays" in veterans' mail-order prescriptions. In the Senate, Jon Tester (D-MT), ranking member of the Senate Veterans Affairs Committee, and Gary Peters (D-MI), ranking member of the Homeland Security and Governmental Affairs Committee, sent a letter to Postmaster General Louis DeJoy and VA Secretary Robert Wilkie, along with 29 other Democratic senators, urging USPS to "correct operational changes that are needlessly delaying veterans' access to life-saving prescriptions." On the House side, Veterans Affairs Committee Chairman Mark Takano (D-CA) and Transportation and Infrastructure Chairman Peter DeFazio (D-OR) led a similar letter, saying they were "gravely concerned" by the "alarming" delays and citing Connecting Vets' reporting.

Connecting Vets first reported the delays, according to dozens of veterans, VA pharmacy staff and pharmaceutical company leaders, on 5 AUG. By 14 AUG, nearly 200 veterans and caregivers, along with dozens of VA employees, pharmaceutical leaders and USPS staff confirmed that Postal Service issues are delaying veterans' medications, sometimes by weeks. The vast majority of VA prescriptions are fulfilled by mail from a group of seven massive, automated hub pharmacies across the country, the Consolidated Mail Outpatient Pharmacy (CMOP) system. That centralized pharmacy system processes about 80% to 90% of all VA outpatient prescriptions and almost all (90%) of those are shipped through USPS. The other prescriptions are typically filled at local VA medical facilities.

VA's mail-order pharmacy system processes nearly half a million prescriptions daily and each working day, more than 330,000 veterans receive a package of prescriptions in the mail. Veterans who live further from VA medical facilities, especially in rural and remote areas of the country, often depend on mail-order prescriptions. But recent policy changes at USPS issued by DeJoy have caused a slow-down of mail and package deliveries in some areas, leaving VA rushing to ensure veterans receive critical prescriptions on time.

- "Veterans and the VA should be able to count on USPS for the timely delivery of essential prescription drugs," the senators wrote in their letter "No veteran should have to wonder when their antidepressant or blood pressure medication may arrive – and the effects can be devastating if doses are missed. (https://images.radio.com/connectingvets/200813_Letter_USPSdelaysveteranprescriptions.pdf)
- "USPS needs to immediately cease operational changes that are causing mail delays so that veterans do not needlessly suffer from illnesses exacerbated by delayed medication deliveries. Those who gave so much to serve this country should be able to count on the nation's Postal Service to deliver their medications in a timely manner."

House lawmakers echoed those concerns.

- "We are particularly alarmed that these (reported delays) come in the wake of the implementation of USPS's new operational standards. The reports offer evidence that the requirements have rendered postal workers

unable to deliver mail in a timely manner," House lawmakers wrote. "The culmination of these major changes, pursued in the heat of a brutal pandemic and economic crisis, is now impacting our veterans' access to prescriptions. This is completely unacceptable."

<https://images.radio.com/connectingvets/Congressional%20Letter%20-%20reported%20delays%20in%20Veteran%20Rx%20USPS.pdf>

USPS is now headed by a new Postmaster General, Louis DeJoy, who took over on June 15. DeJoy, a top donor to President Donald Trump, issued a memo during his first month leading USPS which mentioned the Post Office's continued financial struggles and announced new policies, including that the Post Office would now accept delayed mail to save costs. "One aspect of these changes that may be difficult for employees is that — temporarily — we may see mail left behind or mail on the workroom floor or docks (in Processing and Distribution Centers), which is not typical," the memo reads, adding that USPS should avoid overtime payments caused by "late and extra trips."

The memo, first reported by The Washington Post, directed employees to leave mail behind at distribution centers if it would delay carriers on their routes. USPS warned customers months before DeJoy took over that the coronavirus pandemic could cause mail delays. USPS is one of the country's largest veteran employers, with nearly 100,000 veterans on staff (about 15% of the total USPS workforce). About 60% of the veterans working at USPS have a disability rating, the agency estimates.

Cole Butterfield, an Army veteran and American Postal Workers Union leader in Oregon, said postal workers nationwide tried to warn USPS leaders of the dangers of delaying mail, including prescriptions for veterans, seniors and people with disabilities. He said his wife is a disabled veteran who relies on USPS for her medication. "That has now come to pass," he said. "Parcel volumes are at or above Christmas volumes. However, even first-class letter mail is being delayed in many installations ... The delaying of mail is troubling and borderline criminal. In the past, workers have been disciplined or fired for delaying mail. The USPS provides a vital service to all Americans, especially to our veterans. "I assure you that postal workers nationwide are outraged. We care about the mail and we care about our customers."

Veterans and staff who reached out to Connecting Vets provided documents showing medication shipping delays, internal memos and more. Most said they had not yet heard from VA about delays. Some said healthcare providers warned them during recent telehealth appointments to order refills earlier and that mail-order was their only option, as some VA facilities are still limiting visitors because of the coronavirus pandemic. Veterans and their caregivers told Connecting Vets they've faced wait times that have doubled, tripled or worse. Some reported wait times as long as three weeks or more for prescriptions that previously took a few days. Others said medical equipment deliveries were also delayed. Many expressed concerns about going to VA in person to retrieve medications during the pandemic.

VA's website says prescriptions "usually arrive within three to five days" of being ordered or even an average of "60 hours from filling to delivery," and advises veterans to request refills at least 10 days in advance of running out. That estimate appeared consistent with the normal wait times veterans described to Connecting Vets, and some vets said they have yet to see significant delays. VA pharmacy staff said they had reports of veterans experiencing medication withdrawal or relapses as they waited for their prescriptions to arrive. Some veterans reported having to get emergency seven-day supplies of their medications while they waited:

- "I have been experiencing medication delays with little to no assistance offered from the VA," a Florida veteran told Connecting Vets, adding that while VA advises veterans order refills before they run out, not all medications can be ordered early. She's gone without some of her critical medication for a week. "Currently, I am experiencing adverse side effects from not having my medication and I have only been offered reassurance that 'it's on the way.' This is unacceptable. Some veterans take life-saving medications. The VA needs a serious inquiry into how to prevent this issue from continuing."
- Another veteran said going without his prescription for a week because of USPS delays landed him in the hospital. "They've never been late," he said of his mail-order prescriptions. "They often show up early ... This time, I had to wait and I thought I could make it through until they arrived but I was wrong."

- A VA pharmacy chief, who spoke on condition of anonymity because they said they feared retaliation from the department, said some prescriptions authorized by their VA from July 29 still have not arrived, along with a large batch from Aug. 3.
- "A neurology case manager called today about a vet picking up anti-seizure medication in the morning because he took his last dose today," the pharmacy chief said. "(The case manager(said her own meds -- she's a veteran -- took 11 days. It's not solved. We field many questions and problems daily ... We adjusted pull ahead times to the maximum setting allowed, which might help a little."
- VA's online My HealtheVet tool allows veterans to track their mail-order prescriptions. For some veterans who spoke to Connecting Vets, their medications have been sitting at post office locations for weeks with no movement.

Last week, VA told Congress it plans to mitigate the medication delays by sending prescriptions earlier, according to sources with knowledge of those conversations. VA is developing a communications plan to inform veterans of the possibility of delays and that the department plans to send prescriptions out for delivery earlier than expected. VA told Congress that USPS delays may be worse in some areas, including New York, New Jersey, Arizona and Michigan. In those areas, VA is converting its deliveries from USPS to UPS 2nd Day Air or FedEx temporarily. VA also is setting up a new USPS code to help the Postal Service identify and prioritize veteran prescription deliveries. That code is already in place for first-class and priority mail packages, and the two agencies are working to expand it to other mail categories.

Connecting Vets tried multiple times to confirm with VA officials that the department is aware of delays for veterans' prescriptions. VA Press Secretary Christina Noel refused to respond to those questions, saying only: "VA always encourages veterans to order routine prescriptions in advance. When it comes to emergent prescriptions, VA fills them onsite or uses commercial carriers to ensure timely delivery." Noel referred any other questions to USPS. After Connecting Vets' first published stories detailing the delays, VA released guidance on prescription refills and announced the launch of a new prescription refill app. The VA pharmacy chief said "it doesn't do the vet any good to have the tracking apps like they suggest when it just doesn't move."

At the local level, VA facilities in states including Louisiana and Texas acknowledged the delays in emails to veterans this week, but blamed them on "increased package volume, election mail, hurricane season and the pandemic," and did not mention the recent policy changes at USPS. [Source: ConnectingVets.com | Abbie Bennett | August 14, 2020 ++]

TSGLI

Update 08: Proposed Rule Change Will Expand List of Covered Injuries



A proposed rule change would expand insurance benefits to troops suffering from a swath of service-connected injuries, including most traumatic brain injuries (TBI), heatstroke and cold weather injuries, according to a notice recently published by the Department of Veterans Affairs. The expansions to the Servicemembers' Group Life Insurance

Traumatic Injury Protection (TSGLI) program were first proposed by the VA in 2018. There is no limitation on when claims can be filed for TSGLI payments. Those previously denied payment for newly covered injuries will be able to request a review, thanks to another expansion in the proposed rule change, which allows for appeals based on "new and material evidence."

TSGLI is an insurance program that provides short-term financial assistance to severely injured service members and veterans to assist them in their recovery from traumatic injuries. Any service member who is enrolled in the Servicemembers' Group Life Insurance Program (SGLI) is automatically covered by the TSGLI program. All SGLI participants are insured for traumatic injury protection of up to \$100,000 for covered injuries. Different injuries have different payout amounts. The rule change is detailed in a [Federal Register notice](#) from the VA. The notice is open for public comment until 18 OCT. Just when the rule change would go into place remains unknown. Implementation for changes detailed in Federal Register notices can range from months to more than a year.

The proposed change would expand the list of covered injuries. Newly covered injuries would include service-related traumatic injuries from shock waves of improvised explosive devices; accidental ingestion of a contaminated substance or injuries as a result of exposure to extremely high or low temperatures; insect stings and animal bites; and traumatic injuries caused by diagnostic or medical procedures that were used to treat other service-related injuries. The Federal Register post notes that many veterans who may suffer no external physical trauma from IED blasts may indeed incur internal injuries that take time to manifest themselves. These include TBIs, as well as stroke and other debilitating injuries. It also said that several hundred service members suffer from weather-related injuries each year, such as frostbite or heatstroke. These injuries may have long-lasting physical effects that limit a veteran's ability to carry out a normal daily life routine, and therefore will be covered under the TSGLI program once the rule is put in place.

Several other minor proposed changes are related to the appeals process, including the implementation of a three-tiered appeal process across all military branches. Veterans who appeal decisions on their TSGLI claims must do so through their prior branch of service, not the VA. Appeals may be made by the veteran or a designated representative, and each subsequent appeal moves further up the service branch's chain of command. Appeals may not be made while a veteran has a pending lawsuit related to their claim. There is also language in the proposal to clarify that the TSGLI program is designed to provide financial assistance for an injury rather than an illness. Learn more about the TSGLI program at <https://www.military.com/benefits/veterans-health-care/traumatic-injury-protection.html>. [Source: Military.com | Jim Absher | August 18, 2020 ++]

VA Presumptive AO Diseases

Update 34: Advocates Begin 'Final Push' to Get Benefits



National veterans organizations launched a "final push" 20 AUG for Congress to grant Department of Veterans Affairs benefits to tens of thousands of Vietnam War veterans believed to be suffering the effects of Agent Orange. The effort,

led by Rep. Josh Harder (D-CA) is designed to put pressure on lawmakers to publicly support the Fair Care for Vietnam Veterans Act (S.3444). The measure was added to the Senate's annual defense bill last month but didn't make it into the House's version because of cost concerns, Harder said. It must survive negotiations between House and Senate lawmakers before becoming law.

"People on the other side of this issue, their position is so indefensible that they don't want to be seen fighting against this," Harder said on a call with veterans groups 20 AUG. "Our job is to draw them out and shine sunlight on this issue." The bill would approve benefits for Vietnam War veterans suffering from bladder cancer, hypothyroidism and Parkinson's-like symptoms — conditions thought to be caused by exposure to the chemical herbicide Agent Orange. The bill would add the diseases to the VA presumptive list, which lowers the amount of proof veterans must provide in order to receive VA benefits.

Navy veteran Lyle Ducheneaux, who spoke on the call served as a machinist mate aboard the USS Blue Ridge during the Vietnam War. He was diagnosed with bladder cancer in 2015, making him one of five veterans from his division that have the disease, he said. Ducheneaux has undergone two operations and multiple treatments. He's relapsed twice. Ducheneaux applied for VA benefits but was rejected. He's appealed that decision multiple times and is now waiting for his case to be heard by the Board of Veterans' Appeals. "I'm now on my third or fourth denial," he said. "I lost track of how many times at this point. Last time I checked, I'm number 125,800 on the docket to be reevaluated again. If I'm not dead by that time, well... something might come of it."

Harder said he wants Ducheneaux's story – and others like it – to get the attention of lawmakers who are against the measure. "I want to make sure everybody understands what's at stake here," Harder said. "Everybody talks a big game about helping veterans, but congressmen and senators of both parties have failed to provide the support our veterans deserve." Harder plans to send a letter this week to the House lawmakers who were selected to negotiate on the fiscal 2021 National Defense Authorization Act. The letter asks them to include the measure in the final version of the defense bill. Further, the Veterans of Foreign Wars, American Legion, Vietnam Veterans of America and Military Officers Association of America tasked their members with calling their representatives and urging their support.

"With this NDAA, we have an incredible opportunity to make things right," said retired Lt. Gen. Dana Atkins, CEO of Military Officers Association of America. "Veterans suffering now can't wait for further studies like the VA has proposed, nor should they have to." While the VA secretary has the power to add the conditions to the presumptive list, Robert Wilkie said earlier this year that he wouldn't make a decision about the conditions until at least the end of 2020, when results of two more scientific studies on the issue are expected to be published. Advocates, however, think there is already enough evidence.

In 2018, researchers with the National Academies of Sciences, Engineering and Medicine determined there was "suggestive" evidence linking Agent Orange exposure to hypothyroidism. A 2016 report from the academies determined that there was "limited" or "suggestive" evidence linking Agent Orange to bladder cancer. That year, the academies also clarified that Parkinson-like symptoms should be considered as part of Parkinson's disease, which is on the list of presumptive diseases.

Previous efforts were made by former VA secretaries to add the conditions. Under former VA Secretary David Shulkin, the agency recommended in 2016 the addition of bladder cancer, hypothyroidism and Parkinson's-like tremors to the presumptive list. Shulkin's recommendation never made it past OMB. Lawmakers were told at the time that OMB was waiting on the results of more scientific studies. OMB and Mick Mulvaney, its director at the time, objected to the recommendation. In addition to a lack of scientific evidence, OMB had concerns about the budget implications of expanding access to VA benefits to the thousands of veterans diagnosed with the conditions, Military Times reported, citing emails between Shulkin and OMB.

Seven national veterans groups wrote to President Donald Trump in February and asked him to intervene. They criticized the VA for dragging its feet. It's uncertain when negotiations on the annual defense measure will be finalized, but it's likely to happen around the end of the year, Harder said. Trump has threatened to veto the bill if it includes

language that would remove Confederate names from military installations. [Source: Stars & Stripes | Nikki Wentling | August 20, 2020 ++]

VA Foot Care

A New Tool to Help Keep Vets Healthy

Foot ulcers are a common complication of poorly controlled diabetes, forming as a result of skin tissue breaking down and exposing the layers underneath. They're most common under your big toes and the balls of your feet, and they can affect your feet down to the bones. One of the first signs of a foot ulcer is drainage from your foot that might stain your socks or leak out in your shoe. Unusual swelling, irritation, redness, and odors from one or both feet are also common early symptoms of a foot ulcer. The most visible sign of a serious foot ulcer is black tissue (called eschar) surrounding the ulcer. This forms because of an absence of healthy blood flow to the area around the ulcer. Partial or complete gangrene, which refers to tissue death due to infections, can appear around the ulcer. In this case, odorous discharge, pain, and numbness can occur.

Signs of foot ulcers are not always obvious. Sometimes, you won't even show symptoms of ulcers until the ulcer has become infected. Talk to your doctor if you begin to see any skin discoloration, especially tissue that has turned black, or feel any pain around an area that appears callused or irritated. Diabetic ulcers are most commonly caused by:

- Poor circulation
- High blood sugar (hyperglycemia)
- Nerve damage
- Irritated or wounded feet

Poor blood circulation is a form of vascular disease in which blood doesn't flow to your feet efficiently. Poor circulation can also make it more difficult for ulcers to heal. High glucose levels can slow down the healing process of an infected foot ulcer, so blood sugar management is critical. People with type 2 diabetes often have a harder time fighting off infections from ulcers. Nerve damage is a long-term effect and can even lead to a loss of feeling in your feet. Damaged nerves can feel tingly and painful at first. Nerve damage reduces your sensitivity to foot pain and results in painless wounds that can cause ulcers. Ulcers can be identified by drainage from the affected area and sometimes a noticeable lump that isn't always painful. Dry skin is common in diabetes. Your feet may be more prone to cracking. Calluses, corns, and bleeding wounds may occur.



Veterans with diabetes who are vulnerable to foot infections, ulcerations and amputation have a new tool in their arsenal to help keep them healthy. And it involves simply stepping on a mat for 20 seconds a day. The non-invasive Podometrics mat offers detection of diabetic foot ulcers as early as five to six weeks before they would otherwise be diagnosed, said Dr. Ryan Vega, executive director of the Veterans Health Administration Innovation Ecosystem.

“It’s easy to use,” he said of the mat. After a veteran stands on the mat, their information is recorded and uploaded to the cloud. In the cloud, Podometrics’ artificial intelligence system analyzes it for signs of diabetic foot ulcers. Vega said the radiation-free mat uses special thermal imaging to measure the temperature of a patient’s feet. The technology allows doctors to prevent potential complications such as amputations. “Veterans face a five-year mortality rate of 43 percent after developing their first DFU,” said Vega. Last year, VA treated 75,000 DFUs, which accounted for more than 80% of non-traumatic amputations in VA, at a cost of more than \$3.2 billion, said Vega.

The average cost incurred by the VA to treat each ulcer is \$47,000. Diabetic care costs VA an estimated \$3.5 billion annually. The cost of the mat is approximately \$3,500. A VA-led study in 2017 connected Vega to the technology. The mat is currently used in 15 VA locations for high-risk patients who are most vulnerable to DFUs. [Source: ConnectingVets.com | Julia LeDoux | August 24, 2020 ++]

VA COVID-19 Cases

Update 04: Four Vets Back From the Brink

Former Airman 1st Class David James was fading fast on the ventilator. Doctors with the Department of Veterans Affairs had twice asked his wife, Patty, to sign the DNR papers: Do Not Resuscitate. Twice, Patty James refused. "My husband is a fighter," she told the doctors. As a last resort, doctors administered to James the anti-inflammatory tocilizumab, one of the experimental drugs approved for use by the U.S. Food and Drug Administration in an effort to find a safe and reliable therapeutic for the virus. James would become the very first case of a veteran on the ventilator to recover from COVID-19 at the Louis B. Stokes Veterans Affairs Medical Center (VAMC) in Cleveland, according to the Department of Veterans Affairs.

James was one of three recovered veterans and the wife of a recovered veteran who spoke with Military.com this month. Hailing from different parts of the country, their treatments and experiences varied; some still face painful and taxing aftereffects of the virus. All four veterans are over age 65 and have underlying conditions that may have made them more susceptible to COVID-19. All had little memory of being on a ventilator, and all gave high praise to the doctors, nurses and staff at the VAMCs for giving them a new lease on life -- in a pandemic that the VA and the nation's entire health care system have struggled to contain.

James is from Cleveland; former Marine Master Gunnery Sgt. Jim Warehime was treated at the Jack C. Montgomery VAMC in Muskogee, Oklahoma; former Air Force Tech Sgt. Robert Colleton was at the Overton Brooks VAMC in Shreveport, Louisiana, an area particularly hard-hit by the virus; and former Army Sgt. Mike Bolnick was at the Albany Stratton VAMC in Albany, N.Y. They are now listed among the 24,232 "convalescent cases" of novel coronavirus, out of 34,995 total cases of COVID-19 tracked by the VA as of July 24. While James was treated with tocilizumab, Warehime received "convalescent plasma," or plasma donated by a recovered COVID-19 patient; Bolnick and Colleton simply awoke from induced comas while under care at the VA.

With approval from FDA, the VA has participated in a number of industry-sponsored studies of promising medications, such as remdesivir, and including tocilizumab with Hoffmann-La Roche AG pharmaceuticals, and sarilumab, an anti-arthritis drug, with Regeneron Pharmaceuticals. "Both drugs are used in arthritis care and block an inflammatory protein known as IL-6," according to the VA. Clinicians at Yale New Haven Hospital have also reported promising results from the use of tocilizumab with patients severely ill with COVID-19. In the 15 JUN edition of the medical journal "Chest," the Yale clinician-researchers said that patients treated with tocilizumab showed "higher than expected" survival rates but added that "randomized trials must confirm these findings."

The VA and the FDA have also issued cautionary notes on some of the promising initial results in the use of convalescent plasma to treat COVID-19. On 1 MAY, the VA announced that it was participating with the Mayo Clinic in studies on whether antibodies in the blood of patients who recovered from COVID-19 can help those who are still

suffering from the virus. The VA said that more than 60 of the VA's hospitals and clinics were prepared to perform the plasma transfusions for COVID-19 patients. In a 13 JUL conference call with reporters, Janet Woodcock, director of the Center for Drug Evaluation and Research at the FDA, said "there's a strong possibility that convalescent plasma is helpful," but "we still don't know for sure if it works and those studies are being done as we speak." The statistics publicized by VA show that nearly 70% of all cases, which include veterans, staff and other VA employees, have resulted in recovery; nearly 6% of all tracked cases have resulted in death, a rate almost double that within the U.S. population as a whole. Each veteran who spoke with Military.com -- and Ginger Warehime, who spoke on behalf of her still-recovering husband -- described their own survival as nothing short of a miracle.

'Miracle' For Master Guns -- Jim and Ginger Warehime, of Bartlesville, Oklahoma, were high school sweethearts who married after he joined the Marine Corps in 1966. In 1968, he was with the 26th Marine Regiment during the long siege of Khe Sanh, where he would receive the Purple Heart. Ginger waited and worried at home, unable to see him or speak with him. Decades later, his battle with the virus would leave her with similar feelings of separation. "It was just like Vietnam, not being able to see him -- that's what it felt like," she said. "[But] if I could make it through Vietnam with him, I could make it through anything." Ginger, who spoke for Jim during an interview 25 JUL, said her husband had been having issues with his balance and last September fell and hit his head. He also had five back surgeries since leaving the Marine Corps, she said.

In April, he had difficulty standing up and had lost his sense of taste, Ginger said. He initially tested negative for COVID-19, but later tests came back positive. They went to the emergency room in Bartlesville, Okla., but she kept in touch with the VA, and he was transferred to the Jack C. Montgomery VAMC in Muskogee. "From that moment on, our lives changed," Ginger said. "Anytime we needed something, they jumped on it. They were the most generous, kind people we ever dealt with." He had always been reluctant to go to the VA, Ginger said: "We had insurance, but Jim thought there were probably a lot of other veterans who needed it more." She's still not quite sure how it happened, but Jim was approved for the use of convalescent plasma donated by a recovered COVID-19 patient.

He received the plasma 5 MAY, and Ginger recalled the time two days later when the doctors and nurses hooked her up on a call to Jim's hospital room. "It was 11 a.m.," she said, "and I could hear Jim speak. The doctor said, 'he's cured.'" "They had never seen anything like this. He was so near gone," Ginger said, of the doctors and nurses. With the transfusion, "he was back to being Jim again." She had no hesitation in calling what had happened a "miracle." Jim Warehime still has a long path to full recovery. Ginger said he's never far from the oxygen mask and uses a walker when he can. But, she said, the VA "remains our lifeline."

'You Can Come Through It' -- "They told me I was a miracle, the first one at the Cleveland VA to come out of a coma and off the ventilator and survive," David James said. When he awoke and was transferred to the intensive care unit, James said he could hear the nurses walking by and pointing: "There's the miracle patient." His appearance testified to the ordeal. James said he lost 50 pounds while in treatment, shrinking from 265 to 215 pounds. After leaving the Air Force, James said he worked for 39 years at the General Motors Lordstown plant near Youngstown, Ohio. He has worked a variety of jobs since, most recently as a school bus driver. He's had a number of close calls over the years, including heart attacks, and said he had two carotid artery surgeries -- all treated at the VA. "The VA is the only place I go for medical care," he said.

He's not sure where he may have contracted the virus but said he began to feel out of sorts in March. On 23 MAR, his wife, Patty, came home to find him listless in a chair. "She asked where the dogs were, and I didn't know," James said. "I'm taking you to the VA," she responded. He said that he has "no memory whatsoever" of what took place between 23 MAR and 15 APR, shortly after the drug tocilizumab was administered. The recovery has been slow and difficult. The first time they tried to stand him up at the VA, he collapsed, James said. But he's now up to walking with a cane, sometimes as much as two miles. "I'm still weak, memory's not back all the way," he said, but he has a powerful incentive for recovery: a Heritage Springer Classic motorcycle out in the garage. Patty wasn't supposed to know about it but, yes, he's taken that hog back out on the road since he recovered. "I've been riding for 52 years," he said. "It's

important to me." His message to other veterans who fall victim to the virus: "there is hope. You can come through it, bad as it was."

'Blessing From God' -- "How I got it, I'm not sure," said 20-year veteran airman Robert Colleton, originally from Yemassee, South Carolina. He had underlying conditions, including a kidney transplant, that may have compromised his immune system and made him more susceptible to the virus, Colleton said. But he did not recall any symptoms until the first week of April, when he began experiencing a dry cough. Even then, he did not feel particularly ill. But he called the VA at the Overton Brooks VAMC in Shreveport, Louisiana. "They told me I probably need to come in," he said. Colleton was tested for the virus and sent home to await results. A few days later, "I walked outside and I just collapsed. I guess I was pretty sick at the time."

Much like the other recovered veterans, Colleton said his memories of events at the hospital were a blur. He believes that at some point the doctors asked if he wanted to be put on a ventilator, and he agreed. "I guess I was put on a ventilator, but I don't remember being put on it," he said. He also recalled thinking that he was "always cold and I could never sleep" during his stay at the VA. But he's not sure if that was really the case or that was my mind playing tricks on me. "I never understood what was happening to me," Colleton said, but in early May he awoke. He was taken off the ventilator. The doctors "told me how blessed I was. They told me I had survived and I was a fighter. I believe it had to be a miracle, a special blessing from God." "I can't ever forget these people," he said of the staff at the VA. The illness left him with difficulties in motor coordination, and he now uses a walker. "I was determined to walk again," he said.

'Hit Like A Bus' -- "I thought this was the end," said Army Vietnam veteran and former New York Fire Department lieutenant Mike Bolnick. The family had gone to a summer home near Harrison, N.Y., to lessen chances of catching the virus when New York City put shelter-in-place orders into effect. On the fourth or fifth day after arriving, "I started to feel lousy," Bolnick said. He thought he could sleep it off, "but I felt like I got hit by a bus. I thought I was dying. I knew something was wrong, but I had no idea I had the virus." His wife, Dorothy, said, "Get up and get in the car." They first went to the Castle Point VA, part of the VA's Hudson Valley Heath Care System. "I remember very, very little," Bolnick said. But he does recall somebody saying "he needs to be on a ventilator." That meant going to Albany Stratton VAMC, about 100 miles away.

He recalled little of the ambulance ride and nothing of his first 17 days at the hospital, when he was in an induced coma. "The next thing I knew, it was a month later," Bolnick said. When he awoke, "I didn't know my grandkids' names, who the president was. I couldn't even sit up. My cognitive ability was nil," but gradually "I started mentally coming back. I realized how fortunate I was." "I thought Vietnam was tough, but this was a tough act," said Bolnick, who was a sergeant and squad leader with the 1st Cavalry Division, mostly operating in Tay Ninh province. He was a New York City firefighter for 21 years after the war, rising to lieutenant and serving mostly with Ladder 27 in the South Bronx. He was retired when the planes hit the towers on Sept. 11, 2001. But, he said, you never really retire from NYFD. After the towers fell, he knew he had to help. "You do what you have to do," Bolnick said. He went down with the other retirees and volunteers to the wreckage of the World Trade Center to "work the pile." His two sons, Dustin and Michael, are now firefighters in the South Bronx.

Bolnick said he's still battling through the aftereffects of the virus. He's prone to headaches and fatigue, he said, and he has little strength in his right hand. At times, he can walk two miles, but "then I just want to lay down," he said. Still, "I was better before I realized how close I was to dying." He acknowledged that the VA has a somewhat checkered history on health care, and "there were [previous] times when I felt they fell short," but his current experience has changed his view. "Every single person -- the doctors, the nurses, the staff -- were fantastic," he said.

[Source: Military.com | Richard Sisk | July 26, 2020 ++]

VA COVID-19 Cases

Update 05: August Deadliest Month for Virus Patients Since May

The Department of Veterans Affairs on Tuesday surpassed 50,000 coronavirus cases among its patients since the start of the pandemic in March, with more than half of those positive tests coming in the last 50 days alone. Despite the milestone, the department has seen a significant decrease in its number of active coronavirus cases in recent weeks. As of 24 AUG, 137 VA hospitals were monitoring 3,942 current cases of the fast-spreading illness, a drop of about 32 percent in the last month. VA officials have said that they do not consider the active-case counts or the cumulative coronavirus totals as appropriate measures of the spread of the illness, and point instead to the hospitalization rate among patients with positive tests.

So far in August, about 15 percent of all patients who test positive for coronavirus have required hospitalization. That's the lowest rate in the last five months. In July, the figure was 17 percent. In the prior four months, the figure topped 20 percent. Currently only two department sites — one in North Chicago, one in Gainesville, Fla. — have reported more than 100 active coronavirus cases on campus. That number was as high as 14 late last month. Of the 50,000-plus cases among VA patients in the last six months, about 87 percent of the cases were veterans. The remainder are a mix of dependents, military personnel, VA employees and community members receiving care at veterans hospitals as part of the department's federal mission to serve as a backup health system for the nation.

At least 2,636 VA patients have died from the illness since 18 MAR. More than 520 of those deaths were in August so far, making it the deadliest month for virus patients in the system since May, when 740 deaths were recorded. Along with the patient deaths, the department has seen 49 fatal cases of the virus among its employees. All but nine of those occurred before 9 JUL. The decrease in active cases and increase in fatalities comes as large sections of America are seeing similar trends after a summer spike in coronavirus transmissions, particularly in the south and west. More than 176,000 Americans have died from complications related to the virus in the last six months.

VA officials have said they are preparing for the possibility of another surge in cases this fall, in line with predictions from national health experts. But the department has also worked to reopen many medical care sites to non-emergency patients, staff and visitors in recent weeks, in an effort to return to normal operations. [Source: MilitaryTimes | Leo Shane III | July 31, 2020 ++]

VA Accountability Office

Discipline Recommended for Seven Leaders Since 2018

An office created by President Donald Trump to root out poorly performing Department of Veterans Affairs leaders has received thousands of complaints since 2018, has investigated 389 of them and has recommended disciplinary action against seven senior employees. The VA Office of Accountability and Whistleblower Protection substantiated six allegations of misconduct and one instance of whistleblower retaliation, according to its annual report, which was shared with Congress this week. In at least one case, however, no disciplinary action was taken. The report highlights the office's work over 19 months, from October 2018 to May 2020.

Trump created the office in 2017, fulfilling a campaign promise to make it easier to say, "You're fired," to VA workers. He often touts the office as one of his biggest achievements, and it's being highlighted as a reason to reelect him. During the Republican National Convention on 24 AUG, Natalie Harp, a member of Trump's campaign advisory board, said if Trump hadn't been elected, "there would still be no accountability at the VA." Of 3,463 complaints submitted to the office from October 2018 to May 2020, 389 cases were

determined to be in its purview. The office investigates matters against VA leaders or supervisors suspected of breaking the law, abusing their authority or endangering veterans, among other things.

The office substantiated allegations against seven employees and recommended to top VA officials that they be disciplined. It was unsure 25 AUG whether the employees in some of the cases were disciplined and to what extent. While the report didn't include the employees' names, it detailed four of the cases. In one, the office recommended a demotion for the chief of staff of a VA medical center because the chief of staff failed to separate an employee from a suspected sexual harasser. The medical center followed through on the recommendation and the employee was demoted.

In another instance, a chief of staff at a VA hospital closed a surgery center without ensuring veterans could receive care elsewhere. The office determined it was a neglect of duty that potentially endangered veterans' care. However, the hospital didn't follow the office's recommendation that the chief of staff be suspended. An investigation by the office led to the removal of two senior executives because of discrimination, the report states. The office also found that a hospital supervisor had retaliated against a whistleblower by recommending they be fired. The supervisor had left his or her VA position before any disciplinary action could be taken.

While the office investigated 389 allegations in the past 19 months, much of its time was spent fixing problems with the office that existed since its outset. The VA Office of Inspector General revealed last year that the office took "troubling" actions, was confused about its mission and retaliated against those it was tasked to protect. The IG accused the former directors of the office, first Peter O'Rourke and then Kirk Nicholas, of "leadership failures" that led to "significant deficiencies" in how it operated. The IG found cases of limited and one-sided investigations that had a "chilling effect" on other whistleblowers' willingness to come forward.

The current director of the Office of Accountability and Whistleblower Protection, Tamara Bonzanto, was appointed in January 2019. In a preface to the report, she wrote the office has "undergone a radical transformation." Bonzanto established new policies, improved investigations and increased training, she said. [Source: Stars & Stripes | Nikki Wentling | August 25, 2020 ++]

VA Caregiver Program

Update 68: PCAFC Eligibility Expansion

The Final Rule - Program of Comprehensive Assistance for Family Caregivers (PCAFC) Improvements and Amendments under the VA MISSION Act of 2018, can be found on the [Federal Register](#). The program is expanding under the new final regulation and changes will begin in October. PCAFC expansion will occur in two phases, once the Secretary of Veterans Affairs has certified to Congress that VA's new caregiver information technology system is fully implemented. The first phase will include eligible Veterans who incurred or aggravated a serious injury in the line of duty in the active military, naval, or air service on or before May 7, 1975. WWII, Korean and Vietnam Veterans will be able to apply after the official launch date, which will be announced by VA in mid-September.

The final phase will occur two years following the first date of expansion and will expand PCAFC eligibility to include eligible Veterans from all eras regardless of when an eligible Veteran's serious injury was incurred or aggravated in the line of duty in the active military, naval, or air service. Vets and caregivers impacted by the final rule can check back for updates at www.caregiver.va.gov or [subscribe](#) to receive email updates and information about VA

Caregiver Support Program services. In addition, they can see Frequently Asked Questions on four of the major topics at the following sites:

- [Caregivers PCAFC Expansion FAQ 7-31-2020](#)
- [Caregivers PCAFC Legacy FAQ 7-31-2020](#)
- [Caregivers PCAFC Eligibility FAQ 7-31-2020](#)
- [Caregivers PCAFC Stipend FAQ 7-31-2020](#)

[Source: VVA Web Weekly | August 28, 2020 ++]

VA COVID-19 Preparations

Update 08: Coronavirus ‘Boomerang’ in Fall Anticipated



The Veterans Affairs Department is planning for a potential wave of COVID-19 cases and other illnesses starting this fall, which could force it to play a bigger role in the national public health system. “We are preparing in the event this boomerangs on the country in the fall and in the winter,” said VA Secretary Robert Wilkie in an interview with Government Executive. “We are preparing for the eventuality of flu and COVID coming together.” As a result, the VA’s “fourth mission” (in addition to providing health care for veterans, running the veterans’ benefits program and managing national cemeteries) of supplementing the national health care system in times of emergency could become even more critical in the coming months.

“What we’ve been able to do is stockpile for what may come, and I think we’re in an excellent place,” Wilkie said. “We have months of supplies on hand.” The department, which has significantly boosted hiring since the pandemic began, also has accelerated efforts to add even more personnel. “We’ve thrown out the old playbook on hiring,” said Wilkie. “We’ve hired just in the last seven or eight weeks over 30,000 Americans.” The agency has streamlined its hiring process to bring on employees much more quickly. “That’s one thing I don’t want to go back to—a process where in many cases it took a year to onboard someone who wanted to work for the federal government,” Wilkie said. “We’ve cut that down to seven to 10 days, and we’re seeing thousands of Americans flock to us.”

“We’ve been able to do some common-sense things that I think in the end will benefit the entire federal government.” In the early days of the pandemic, VA employees voiced concerns about inadequate supplies of personal protective equipment. Wilkie disputed the notion that employees were at risk. “Not one person who was on the front lines, in a COVID ward, or an emergency ward, or any of our hospital wards, ever had a shortage of equipment,” he said. “In fact, not one of our hospitals ever got below two weeks of supply. Now, what we did was to say that those people who work in our health care system who had no contact with patients—they were not going to get two or three changes of equipment. And I think that upset some people.”

In April, Government Executive reported that some VA facilities had instituted policies under which employees who worked with COVID-19 positive patients before their status was known should continue to work until they developed symptoms, after which they could be tested for the virus. “We test employees who need to be tested,” Wilkie said. “We’re not going to give everyone a test just to give a person a test. In our nursing homes we do test all of our

employees, we test all of our patients.” He said the department had conducted “hundreds of thousands of tests” of employees and veterans. [Source: Government Executive | Tom Shoop | August 14, 2020 ++]

VA Fraud, Waste & Abuse

Reported 16 thru 31 AUG 2020

Albany, New York -- Alex Cheney, age 55, of Moriah, New York, was sentenced 11 AUG to 3 years of probation and 100 hours of community service for making a false statement to the Department of Veterans Affairs (VA) in order to receive Individual Unemployability benefits. The announcement was made by United States Attorney Grant C. Jaquith and Special Agent in Charge Christopher F. Algieri, United States Department of Veterans Affairs, Office of the Inspector General, Northeast Field Office. As part of his guilty plea, Cheney admitted that he falsely certified on an employment questionnaire that he was not employed or self-employed at any time during the prior 12 months when he was, in fact, working in construction and earning wages. This case was investigated by the VA Office of Inspector General and prosecuted by Assistant U.S. Attorney Ashlyn Miranda. [Source: DoJ No. Dist. of New York | U.S. Attorney’s Office | August 11, 2020 ++]

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Agawam, Mass -- A vendor for several Veterans Affairs medical facilities pleaded guilty 20 AUG to a scheme to profit by billing for, but failing to perform, critical medical gas inspections at VA facilities. **Chester Wojcik**, 49, of Agawam, Mass., pleaded guilty to one count of wire fraud. U.S. District Court Judge Mark G. Mastroianni scheduled sentencing for Nov. 19, 2020. From May 29, 2014, through March 5, 2015, Wojcik, as the owner of Alliance Medical Gas Corporation, engaged in a scheme to defraud the VA by creating false invoices and reports for medical gas inspections that never took place. Medical gas supply systems deliver piped gases, including compressed air, oxygen, nitrous oxide, nitrogen and carbon dioxide to operating rooms, recovery rooms and patient rooms.

Medical gas supply systems must be inspected and maintained regularly to ensure the safety of patients and medical professionals. Wojcik failed to perform, and then lied about, scheduled inspections of medical gas systems at VA facilities in Sioux Falls, S.D., Tuskegee, Ala. and Montgomery, Ala. Wojcik was paid \$8,981 by the VA for services that his company did not perform. The charge of wire fraud provides for a sentence of up to 20 years in prison, three years of supervised release and a fine of up to \$250,000 or twice the gross gain or loss from the offense. Sentences are imposed by a federal district court judge based upon the U.S. Sentencing Guidelines and other statutory factors. [Source: DOJ Dist. of Massachusetts | U.S. Attorney’s Office | August 20, 2020 ++]

-o-o-O-o-o-

Clearwater, Fla -- U.S. Attorney James P. Kennedy, Jr. announced 19 AUG that **Michael F. Hanley**, 49, pleaded guilty, before U.S. Magistrate Judge Michael J. Roemer, to threatening a federal employee. The charge carries a maximum penalty of one year in prison and \$100,000 fine. Assistant U.S. Attorney Douglas A. Penrose, who is handling the case, stated that the defendant was formerly employed by the United States Department of Veterans Affairs (VA) as a Veterans Claims Examiner. During his tenure at the VA, Hanley became acquainted with another VA employee (Victim), and the two had a history of contentious interactions. The defendant left a series of similar voicemails on the Victim’s phone between October 15, 2018, and November 13, 2019, in which he threatened to kill the Victim and the Victim’s family. The plea is the result of an investigation by the VA Office of Inspector General, Criminal Investigations Division, under the direction of Special Agent-in-Charge Christopher Algieri. Sentencing is scheduled for November 18, 2020, at 10:30 a.m. before Judge Roemer. [Source: DOJ Western Dist. New York | U.S. Attorney’s Office | August 24, 2020 ++]

-o-o-O-o-o-

Glen Jean, WV -- A federal grand jury has returned an indictment charging **Julie Wheeler**, 44, and her husband **Rodney Wheeler**, 48, both of Beaver, with conspiracy to obstruct justice, according to United States Attorney Mike Stuart.

The indictment alleges that while awaiting sentencing for a federal health care fraud conviction, Julie Wheeler conspired with her husband and others known to the Grand Jury to obstruct justice by falsely reporting her fall from Grandview Park overlook, part of the New River Gorge National River. According to the indictment, on or about May 31, 2020, Rodney and a known person falsely reported her fall to the National Park Service, prompting an emergency 911 call. A massive search and rescue operation ensued. Rescue personnel found a shoe and cell phone that belonged to Julie Wheeler at the base of the overlook. To further the conspiracy, the indictment alleges that Rodney Wheeler and a known person also gave false statements to federal, state and local law enforcement officials concerning Julie Wheeler’s disappearance. According to the indictment, Rodney Wheeler addressed the incident on his Facebook page on or about June 1, 2020, expressing “hope that she will be found,” to further mislead the public and law enforcement authorities into believing Julie Wheeler had fallen and remained missing. On June 2, 2020, members of the West Virginia State Police executed a state search warrant at the Wheelers’ home and found Julie Wheeler hiding in her closet.

“Lies and deception. The indictment alleges that Julie Wheeler knowingly conspired with her husband, Rodney, to falsely report her fall from the New River Gorge National River,” said United States Attorney Mike Stuart. “Wheeler was already convicted of federal health care fraud for a most heinous crime of fraudulently obtaining nearly \$300,000 from the VA’s spina bifida fund. Instead of accepting responsibility and being accountable for her horrendous conduct, she and her husband concocted a really bad scheme and, in the process, risked the lives of first responders and the critical resources of taxpayers. It is unconscionable conduct by any measure.

After being found, Julie Wheeler was sentenced on June 30, 2020, to 42 months in prison and three years of supervised release for health care fraud. She was further ordered to pay restitution in the amount of \$289,055.07. She pled guilty to the health care fraud charge on February 11, 2020, and admitted submitting fraudulent applications to the VA Spina Bifida Health Care Benefits Program where she overbilled for providing spina bifida care for a family member, K.L., in the amount of \$289,055.07. The Wheelers are charged for numerous felony and misdemeanor offenses in state court relating to the false reporting of an emergency. Raleigh County Prosecuting Attorney Kristen Keller has provided invaluable assistance throughout the federal investigation. Please note: An indictment is merely an allegation and the defendants are presumed innocent unless and until proven guilty beyond a reasonable doubt in a court of law. [Source: DOJ So. Dist. West Va. | U.S. Attorney’s Office | August 19, 2020 ++]

*** Vets ***



Vet Homeless Recovery Programs

Update 07: GPD to Receive More than 425 Grants, \$279 Million

The U.S. Department of Veterans Affairs (VA) announced 19 AUG it will award more than 425 grants to community organizations totaling approximately \$279 million under the Grant Per Diem (GPD) program. The GPD program

provides funding to community organizations that provide transitional housing and supportive services for homeless Veterans, with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and income and obtain greater self-determination.

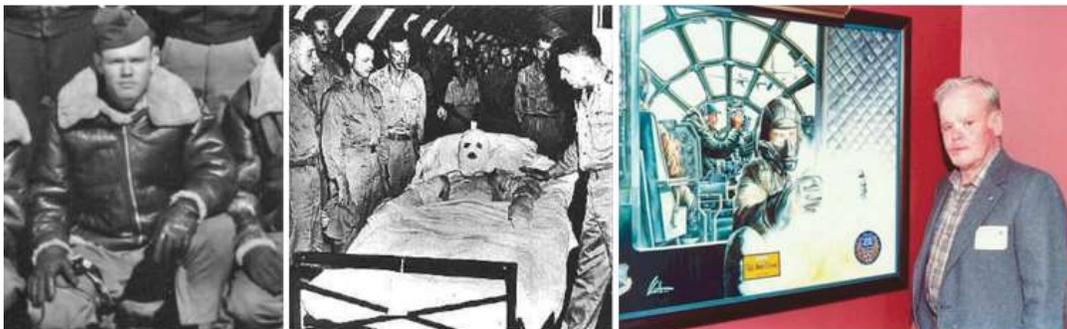
“The GPD program is one component of VA’s multifaceted continuum of services and resources to help Veterans exit homelessness,” said VA Secretary Robert Wilkie. “No Veteran should ever have to worry whether they will have stable housing, and these grants put us one step closer to ensuring all Veterans are living in a safe and supportive environment.” The award period begins 1 OCT to support three different types of grants to address the unique needs of Veterans who are homeless:

- **Per Diem only** grants are used to provide transitional housing beds and operate service centers for Veterans experiencing homelessness. These grants provide funding in the form of per diem payments to reimburse grantees for the cost of care provided to Veterans during the award period. A total of 369 grants to organizations will be awarded to provide 12,138 beds and 18 service centers totaling approximately \$221 million.
- **Special Need** grants provide funding to organizations that incur additional operational costs to help Veterans with special needs who are experiencing homelessness, including women, individuals with chronic mental illnesses and Veterans who care for minor dependents. A total of 11 grants to organizations will be awarded totaling approximately \$2.4 million.
- **Transition in Place** grants provide funding to community agencies that place Veterans experiencing homelessness in transitional housing while providing them with supportive services. These services are designed to help Veterans become more stable and independent, with the ultimate goal of Veterans assuming full responsibility for the lease or other housing agreement. When that goal has been achieved, the transitional residence becomes the Veteran’s permanent residence, and supportive services come to an end. A total of 46 grants to organizations will be awarded to provide 723 beds totaling \$55.3 million.

The GPD program has provided Veterans who are homeless with community-based transitional housing and supportive services since 1994. The number of Veterans experiencing homelessness in the U.S. has declined by 50% since 2010 — resulting from the GPD program and other VA efforts. For a list of grantees refer to <https://www.va.gov/HOMELESS/docs/GPD/GPD-Final-TIP-Award-List-08112020.pdf>. [Source: VA News Release | August 19, 2020 ++]

WWII Vets 233

Henry Erwin | MOH Smoke Bomb Survivor



Few people would be able to survive what Army Master Sgt. Henry Erwin lived through after a midair accident over Japan during World War II. The 23-year-old suffered horrific burns down to his bones after a smoke bomb burst in his

airplane. The efforts he put forth to save the rest of his crew from death earned him the Medal of Honor in an unprecedentedly quick fashion.

Erwin was born on May 8, 1921, in Adamsville, Alabama, and was the eldest child in a large family. His father, a coal miner, died when he was 10, so Erwin took a part-time job to help the family financially. He eventually dropped out of high school to work for the Civilian Conservation Corps before getting a job at a steel mill. About six months after the U.S. entered World War II, Erwin joined the Army Reserve. He initially tried pilot training, but switched to radio and mechanic technical training. He completed that in April 1944, got married the following December, then was sent to the Pacific in February 1945 to be a radio operator with the 52nd Bomb Squadron, 29th Bomb Group in the 20th Air Force.

Erwin and his crew — who called him "Red" due to his auburn hair color — flew B-29 Superfortress strikes against Japan. For those missions, he earned two Air Medals and a promotion to staff sergeant. On April 12, 1945, Erwin's B-29, called the "City of Los Angeles," was the lead bomber in a group attack on a chemical plant in Koriyama, about 125 miles north of Tokyo. Aside from operating the radio, Erwin was also in charge of launching phosphorescent smoke bombs to help assemble the bombers before they proceeded to their target. Erwin was positioned behind the forward gun turret toward the front of the plane. Once he got the order to light the bombs, he dropped them down a chute that launched them out of the aircraft before they exploded. But something went wrong with one of them. It didn't leave the chute, instead bouncing back into the aircraft, striking a kneeling Erwin in the face. The intensely burning bomb obliterated his nose and completely blinded him. To make matters worse, smoke quickly filled the front part of the plane, obscuring the pilot's vision.

Despite his wounds, Erwin knew the plane and crew would not survive if he didn't get the bomb outside. So, despite the fact that he was physically on fire and his skin was burning off, he picked up the incendiary at his feet and, feeling his way instinctively through the plane, crawled toward the cockpit. His path was blocked by the navigator's table, which he had to unlock and raise to get around. To do that, he had to clench the burning bomb against his body. Erwin then struggled through the narrow passage and stumbled forward into the pilot's den. He groped around until he found a window and threw the bomb out. Completely on fire, Erwin collapsed between the pilots. He had journeyed only 13 feet, but later he said it "seemed like miles when you are burning."

The plane had been on autopilot during the crisis, but to keep it from stalling out, the pilot had to drop altitude. When the smoke finally cleared, he realized they were only 300 feet from hitting water. The pilot managed to pull the plane out of its dive, abort the mission and head for Iwo Jima, the closest place for medical aid. During that time, the crew sprayed Erwin with a fire extinguisher to put the flames out, and they gave him morphine for the pain. Somehow, Erwin stayed conscious during the flight and even asked about the crew's safety. Once at Iwo Jima, doctors labored for hours to remove the white phosphorus that had embedded in his eyes. Since it combusts when it's exposed to oxygen, each fleck that was removed burst into flames – small bits of torture for the already struggling airman.

No one thought Erwin would survive, but his entire crew knew he deserved the Medal of Honor for his actions. So, while he was getting treatment the night of their botched mission, the officers in his unit were preparing a Medal of Honor citation. The next morning, they presented it to Maj. Gen. Curtis LeMay, commander of the 21st Bomber Command, so he could sign it. LeMay managed to get it approved in an unprecedented amount of time. They were all hoping to give it to Erwin before he died. Three days after the incident, a still-living Erwin was flown to a Navy hospital on Guam. For days afterward, doctors performed blood transfusions, did surgery and gave him antibiotics to fight infection. On April 19, 1945 — one week after the incident — officials pinned the Medal of Honor on a heavily bandaged Erwin as he lay in a hospital bed. The medal itself was from a display case at U.S. Army Headquarters in Honolulu. It was the only available one in the entire Pacific Theater.

LeMay was able to have Erwin's Marine brother, who was also stationed in the Pacific, flown to be by his bedside. The two hadn't seen each other in three years. "He stayed with me for 24 hours," Erwin said in an Air Force Magazine interview. "I couldn't see him, but I knew he was there, and that was a great comfort." Erwin said he dropped down to

87 pounds because he couldn't eat anything. When he was flown back to the United States about 30 days later, he said, he was still smoldering from the phosphorus, which doctors were still scraping out of his eyes. Over the next 30 months, he went through 43 operations to restructure his face. He had already lost an eye, an ear, his nose and several fingers. But his sight in one eye was eventually restored, and he regained the use of his left arm.

Erwin was promoted to master sergeant in October 1945 and was honorably discharged at Valley Forge General Hospital in Phoenixville, Pennsylvania, on Oct. 8, 1947. Once he returned to civilian life, Erwin spent 37 years working with burn patients and as a benefits counselor for the Department of Veterans Affairs in Birmingham, Alabama. He and his wife, Betty, had four children, including Henry Erwin Jr., who went on to be an Alabama state senator. "He embodied all the ideals of the Medal of Honor. He wore them like a well-pressed suit," Senator Erwin said of his father in an interview. "He was honest, thrifty and patriotic ... and treated everyone with courtesy and respect."

According to a 2014 Joint Base San Antonio article, Erwin spent his life inspiring airmen by emphasizing how many of them would have done exactly what he did if they were in the same position. In 1997, the Air Force created the Henry E. Erwin Outstanding Enlisted Aircrew Member of the Year award, which is presented to three deserving airmen every year. It's only the second Air Force award named in honor of an enlisted person. Erwin died Jan. 16, 2002, at the age of 80. [Source: Vantage Point | Sarah Concepcion | August 2, 2020 ++]

Korean War Vet

Robert Simanek | MOH Grenade Survivor

Marine Corps Pfc. Robert Simanek was just 22 years old when he jumped on a grenade to save his fellow Marines. But unlike many of the men who have done the same brave thing, he survived to tell his own story.



Simanek was born April 26, 1930, and grew up in Detroit. He was the second-youngest of four boys, all of whom served in the military. Simanek's oldest brothers fought in World War II. His youngest brother served alongside him in Korea. Simanek knew he would join a service at some point, but he waited until 1951, about two years after graduating from high school, to enlist in the Marine Corps. In a Veterans History Project interview, Simanek said boot camp at Parris Island in South Carolina was a "rude awakening," but the training he received would later be just what he needed to survive. After more training at Camp Pendleton, California, Simanek was shipped to Korea with the 2nd Battalion, 5th Marine Regiment, 1st Marine Division, to serve as a rifleman and as a radioman when needed.

On Aug. 17, 1952, Simanek was selected to go on a morning patrol to an area called Outpost Irene just north of Seoul. He wasn't very happy about it — he'd been out all night patrolling and hadn't slept. But orders were orders, and he didn't expect much trouble, so he went. "I had been to the outpost before and thought of it as a somewhat vacation because no action had ever been there all the time I'd been on that particular part of the line," Simanek said. "So, I took an old Readers' Digest and a can of precious beer in my big back pocket and thought I was really going to have a relaxing situation. It didn't turn out that way."

Simanek said the squad leader took a different route from what Chinese enemy troops would have expected, but they ran into an ambush anyway as they headed uphill. Mortars and gunfire exploded around them as they walked in a line along the path. Simanek, who was in the middle of the line, said the Marine directly behind him was struck and

killed, so the men behind him ran back to the base of the hill for cover. Simanek and the five others in the front of the line were forced to hide in a 4-foot-deep circular trench at the top of the outpost's hill. One of those men was badly injured. Almost immediately, Simanek said, he saw two Chinese soldiers talking nearby. Somehow, they didn't see him, so he emptied his .45-caliber gun into them. The enemy started throwing grenades in their direction. To divert their fire, Simanek popped up and again shot his gun, then dipped back into the trench and crawled about 10 yards away so the Chinese would fire into the wrong spot.

The diversion worked, but not for long. Suddenly, two grenades flew into the trench with them. Simanek kicked one away, but he didn't think there was enough time to do the same with the second. So, without hesitation, the young Marine threw himself onto the grenade, absorbing its blast to save his entrenched comrades. "Somehow I managed to use the right part of my body that didn't hurt me that much," he said of the wounds he suffered to his right hip and lower leg. Despite immense pain, Simanek didn't stop working. He and his men were still pinned down on the hill by two enemy fighters in a bunker slightly below them. Simanek radioed a nearby tank and directed its fire toward the enemy bunker, which was partially hidden by the terrain.

When the tanker fire finally hit the bunker, two of Simanek's comrades carried the other injured Marine down the hill. But another tanker blast aimed at more Chinese troops injured the two men trying to help him. The men were still mobile, but they weren't able to carry Simanek, so he told them to go down the hill without him. "The idea that they couldn't carry me — it was no doubt the best thing to do for them to get going," he said. Simanek was now alone, but he managed to crawl away from the trench on his hands and knees until a rescue squad found him and put him on a helicopter to get proper medical treatment. "I enjoyed that helicopter ride so much. I just couldn't get over how beautiful it was. But then, I'd had a shot in the arm, and that sort of gave me a little extra sense of beauty," Simanek later joked.

The 22-year-old was treated on the USS Haven in Japan for severe nerve damage in his leg. He was then flown to Great Lakes, Illinois, where it took him nearly a year to recover. Simanek was put on the disability retired list on March 1, 1953, and was discharged with a brace for walking. Exactly one year after the incident, Simanek was informed that he would receive the Medal of Honor. On Oct. 27, 1953, he was awarded the high honor by President Dwight D. Eisenhower during a White House ceremony. "One of the hardest things about the medal is you're really not allowed to forget about it," Simanek said later in life.

Eventually, the war hero married and had a daughter. He graduated from Michigan State University and served in several business positions during a long civilian career. He retired in 1992. The veteran said he used to talk to high school students about Korea, advising them to travel the world at some point in their lives to know how good life in American can be. Simanek, now 90, lives in Farmington Hills, Michigan, with his wife, Nancy. [Source: DOD News | Katie Lange | Aug. 17, 2020 ++]

Vietnam Vets [43]

Donald S. Adam | 100+ Combat Missions



In October 1966, Donald S. Adam joined U.S. Air Force under the delayed enlistment program. After basic training, Adam went through extensive training as a Morse code interceptor operator and communications electronics specialist. After this training, Don spent about 23 months in Misawa, Japan, before deploying to Vietnam. Before heading to Vietnam he attended additional Intercept Operator and Airborne Radio Direction Finding (ARDF) training and two survival schools. The training helped Adam locate and identify the enemy using ARDF techniques, as well as collecting intelligence information. Adam was stationed at Pleiku and Da Nang from October 1969 to October 1970. He flew over 100 combat missions and received a Distinguished Flying Cross and several Air Medals.

“I had just turned the ripe old age of 22 when I arrived in Vietnam,” he said. “I lost a bunch of my youth and some of my sanity, but I was and am a survivor. While in the Air Force and especially in Vietnam, I learned about living, dying, friendships, work, skills and just how short life could be and how important each day was. There were sad times, some bad times, some fun times, some exciting times and some extremely intense times but all I believe made me a better, wiser person and who I am today.”

In 2002, Adam started volunteering at the National Mall and Memorial Parks. He volunteers specifically at the Vietnam Veterans Memorial to honor his cousin and comrades who gave the ultimate sacrifice. Adam has volunteered over 20,000 hours and has been recognized for his services. He continues to do so even during the COVID-19 pandemic. [Source: Vantage Point | New Thanyachareon | August 25, 2020 ++]

Vet Gravesites

Update 01: 500+ to Receive Headstones/Markers in Bakersfield CA

U.S. military veterans who have been laid to rest in cemeteries across Kern County, California number in the tens of thousands. More than 500 of those graves — and likely hundreds more — have never been graced by a headstone or marker. Instead, these anonymous veterans rest with no name or identification, no date of birth or death, just a blank patch of grass. Jim La Mar, president of Greenlawn Funeral Homes and Cemeteries, is doing something about it — with help from others. And the plan is about to bear fruit. "It's a phenomenal thing they have offered to do for these veterans," Josh Dhanens, director of the Kern County Veterans Service Department, said of La Mar and his team.

According to Dhanens, the first wave of headstones numbering more than 20 is expected to be delivered to Greenlawn in mid- to late September. Many more will follow. "These markers should be installed in time for Veterans Day," said Jeffrey "Al" Goines, of VFW Auxiliary Post 97 in Bakersfield, one of a number of veteran advocates who have been pressing for a solution to the problem. No one knows how many veteran graves in Kern County are unmarked. But La Mar knows exactly how many are at Greenlawn Northeast and Greenlawn Southwest cemeteries. Because he had them counted. Of the 8,886 veteran graves at the two cemeteries, 556 are unmarked, a number that stunned organizers, as it turned out to be hundreds more than early estimates.

Nevertheless, Greenlawn and its parent company have committed to cover the cost of fees and installation for all 556 unmarked graves. The cost of the markers will be covered by the U.S. Department of Veterans Affairs, which furnishes at no charge a headstone for the unmarked grave of any deceased eligible veteran in any cemetery around the world, regardless of their date of death. But it's not as easy as simply requesting the markers. That's where Dhanens and his team have been invaluable, La Mar said. They are providing help by researching and accessing documents required by the VA. "We have access others don't have," Dhanens said. "We can request documents from the VA other folks can't."

Departments in the county of Kern have helped locate death certificates required by some branches of the armed forces, Dhanens said. "This has really become a community effort," he said. Five hundred fifty-six graves covered only by green grass. Five hundred fifty-six military veterans with no markers on their graves, no names to identify them. It's a tragedy that is about to be turned into a triumph, La Mar said. As he searched through Greenlawn's old files, he found military discharge papers and even photographs of some of the deceased vets, some faded with time or reflecting eras

that have long passed. "All of a sudden, it's not an unknown stone, it's a person," he said. "I don't believe in ghosts," he said. "But if they could reach out, I think they would thank us."

Dhanens and La Mar both said they hope other cemeteries in Kern County and across the nation will examine their own records and join in this movement begun in Bakersfield to right a great wrong. "To identify and honor all the men and women who have served," Dhanens said. It's the least we can do. It's what they deserve. [Source: Bakersfield.com | Steven Mayer | August 19, 2020 ++]

Military Retirees & Veterans Events Schedule

As of 31 AUG 2020

The Military Retirees & Veterans Events Schedule is intended to serve as a one-stop resource for retirees and veterans seeking information about events such as retirement appreciation days (RAD), stand downs, veterans town hall meetings, resource fairs, free legal advice, mobile outreach services, airshows, and other beneficial community events. The events included on the schedule are obtained from military, VA, veterans service organizations and other reliable retiree\vetterans related websites and resources.

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

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

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

Vet Hiring Fairs

Scheduled As of 31 AUG 2020



The U.S. Chamber of Commerce's (USCC) Hiring Our Heroes program employment workshops are available in conjunction with hundreds of their hiring fairs. These workshops are designed to help veterans and military spouses and include resume writing, interview skills, and one-on-one mentoring. To participate, sign up for the workshop in addition to registering (if indicated) for the hiring fairs which are shown on the Hiring Our Heroes website <https://www.hiringourheroes.org> for the next month. For details of each you should click on the city next to the date

Listings of upcoming Vet Job Fairs nationwide providing location, times, events, and registration info if required can be found at the following websites. Note that some of the scheduled events for the next 2 to 6 weeks have been postponed and are awaiting reschedule dates due to the current COVID-19 outbreak. You will need to review each site below to locate Job Fairs in your location:

- <https://events.recruitmilitary.com>
- <https://www.uschamberfoundation.org/events/hiringfairs>
- <https://www.legion.org/careers/jobfairs>

First Civilian Job

Forty-one percent of veterans surveyed indicated they left their first post-military job within one year. Another 31% indicated said they left their first civilian job to make ends meet and never intended to stay. Another 30% left as the result of finding a better job, while 19% left because the job did not align with their expectations. Only 12% left because the position was terminated or they were laid off. The reasons for staying at a job depend greatly on financial and long-term opportunities in the company. Sixty-five percent of veterans say they will stay at a company for better pay, while 55% stay for a clear path of career growth. Other activities, like veteran resource groups and volunteer activities, seem to have less impact on whether veterans remain or leave their jobs.

[Source: Recruit Military, USCC, and American Legion | August 31, 2020 ++]

Veteran State Benefits & Discounts ► Hawaii 2020

The state of Hawaii provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “**Vet State Benefits – HI**” for an overview of what available to veterans who are current residents of the state. For a more detailed explanation of those identified refer to <http://dod.hawaii.gov/ovs>.

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

[Source: <http://www.military.com/benefits/veteran-state-benefits/hawaii-state-veterans-benefits.html> | August 2020 ++]

* Vet Legislation *



Note: To check status on any veteran related legislation go to <https://www.congress.gov/bill/116th-congress> for any House or Senate bill introduced in the 116th Congress. Bills are listed in reverse numerical order for House and then Senate. Bills are normally initially assigned to a congressional committee to consider and amend before sending them on to the House or Senate as a whole. To read the text of bills that are to be considered on the House floor in the upcoming week refer to <https://docs.house.gov/floor>.

VA Claim DBQ's

Update 02: S.0000/HR.6493| Veterans Benefits Fairness & Transparency Act

Senators Jon Tester (D-MT) and Mike Rounds (R-SD) are spearheading bipartisan legislation to improve the Department of Veterans Affairs' (VA) collection of medical evidence to streamline veterans' access to earned disability benefits. Earlier this year, VA removed public access to forms known as Disability Benefits Questionnaires (DBQs)—condition-specific forms with critical medical information relevant to veterans' disability benefits claims. The Senators' **Veterans Benefits Fairness and Transparency Act** would restore DBQs on VA's public-facing website to provide veterans and non-VA providers with easier access to their disability compensation claims and reduce the claims backlog. Their bill would also increase oversight by requiring VA to provide an annual report to Congress on any VA Inspector General findings related to future DBQ use.

"Veterans have sacrificed life and limb on behalf of our freedoms—and we need to make it easier, not harder, for them to access information critical to obtaining their hard-earned benefits," said Tester, Ranking Member of the Senate Veterans' Affairs Committee. "By simply placing the questionnaires back on VA's public-facing website, our bipartisan bill would provide veterans and their medical providers with seamless access to disability forms necessary in developing their claims. And, it would take steps to protect veterans by strengthening VA's ability to prevent, detect, and minimize the risk of fraud—all while reducing backlogs in a system created to efficiently serve those who served us."

"We are grateful to the men and women who sacrifice so much in service to our country," said Rounds. "When they begin the transition to civilian life after their service is over, we want to make sure they have all the resources and information possible to access the benefits they are owed. Our legislation would put the VA's Disability Benefits Questionnaires back on a public-facing website for easier access by veterans and their non-VA doctor. We believe this would restore a commonsense practice that makes the process of assessing disabilities simpler and more efficient for our veterans." The Veterans Benefits Fairness and Transparency Act is supported by a number of Veterans Service Organizations:

- **DAV** fully supports the Veterans Benefits Fairness and Transparency Act as it will restore the public use DBQs to their original purpose, allow all veterans to have access to enhance the development of their own claim and address the timeliness of updating DBQs," said DAV National Service Director Jim Marszalek. "When VA changed this policy earlier in the year, it created a disparity between those who could access a DBQ and those who could not. The Veterans Benefits Fairness and Transparency Act would correct those inequities."
- "For more than a decade, VA physicians and private medical providers used DBQs to supplement evidence in support of disability claims," said **VFW** Deputy Director Matthew Doyle. "This April, VA removed public-facing DBQs from its website, thereby preventing private medical providers and veterans from accessing these forms. The VFW supports this legislation, which would rightfully require VA to publish public-facing DBQs on its website."
- **PVA** thanks Senator Tester and Senator Rounds for their efforts to reinstate VA's public facing disability questionnaires," said PVA Associate Executive Director for Government Relations Heather Ansley. "Passage of the Veterans Benefits Fairness and Transparency Act of 2020 would help ensure veterans have equal and transparent information when filing a claim."
- "When departing service, we need to ensure a fair and transparent claims system which empowers veterans as they reintegrate into society," said **MOAA** President and CEO Lieutenant General Dana Atkins. "Putting DBQs behind a firewall creates an inequity to veterans who are not represented by a Veterans Service Organization or would like to receive an assessment with a private physician who understands their unique health situation. Senators Tester and Rounds plan to reinstate public-facing DBQs is a common-sense

approach with the necessary oversight to ensure veterans are not being defrauded. MOAA is proud to support the Veterans Benefits Fairness and Transparency Act of 2020.”

- “All too often, veterans’ claims are denied because they lack a medical opinion,” said **VVA** National President and CEO John Rowan. “The DBQ is an essential tool that allows veterans the ability to add medical opinions in support of their claims for VA benefits. All veterans should have access to this form so they may provide evidence in support of their claim in a standardized format.”
- “**NACVSO** applauds the introduction of Senator Tester’s Veterans Benefit Improvement Act of 2020,” said NACVSO President Herman Breuer. “DBQs were an important tool used for addressing the VA claims backlog, and to deny public access to them would be irresponsible. This format allows the veteran to address VA’s questions concerning their disability and to provide an accurate account of the service injury from their own medical provider. DBQs accomplish this so effectively that in some instances they can suffice for the Compensation and Pension examination, a process that currently costs the VA millions of dollars each year. Making these DBQ forms available to the public is good for the veteran, for the agency and for tax payers.”

A copy of the Senators’ bill can be found [HERE](#). House bill H.R.6493 was introduced April 14, 2020. [Source: Press Release | Jon Tester | August 13, 2020 ++]

VA Records

Update 05: HR.7926 | Allow Electronic Request of Certain Records.

On 5 AUG, Reps. T.J. Cox (D-CA) and Chip Roy (R-TX) introduced H.R.7926, *to allow for the electronic request of certain records*. This legislation would require VA to permit veterans to request copies of their entire disability claims file online. These files contain comprehensive information regarding the evidence a veteran submitted in support of a claim, information VA obtained from third parties, and a record of requests for higher-level review and supplemental claims.

[Source: VFW Action Corps Weekly | August 5, 2020 ++]

Senate Vet Bill Progress

16 thru 31 AUG 2020

The Senate Veterans Affairs Committee has sent the below 12 bills to Floor. Since the House has already passed similar legislation the project is to reconcile differences in HOUSE/SENATE versions and get them enacted into law before the end of the year.

[S.3282](#), cited as the *Protecting Business Opportunities for Veterans Act of 2020*, applies certain small business subcontracting limitations to contracts that the VA awards to a small business concern owned and controlled by a veteran or a veteran with a service-connected disability.

[S.2558](#), cited as the *Nursing Home Care for Native American Veterans Act*, expands eligibility for grants that provide per diem funding to state nursing homes for veterans to include veterans homes established by Native America tribes.

[S.3643](#), cited as the *VA Mission Telehealth Clarification Act*, authorizes certain health care employees and health professions trainees of the Department of Veterans Affairs to provide treatment via telemedicine.

[S.2950](#), cited as the *Veterans Burn Pits Exposure Recognition Act of 2019*, amends title 38 to concede exposure to airborne hazards and toxins from burn pits under certain circumstances. TREA strongly supports.

S.4384, cited as *A bill to require the Secretary of Veterans Affairs to address exposure by members of the Armed Forces to toxic substances at Karshi-Khanabad Air Base, Uzbekistan*,

[S.711](#), cited as the *CARE for Reservists Act of 2019*, amends title 38 to expand eligibility for mental health services from the VA to include members of the reserve components of the Armed Forces. TREA Strongly supports.

[S.332](#), cited as the *Agent Orange Fairness Act of 2019*, expands the eligibility for a presumption of service-connection for veterans exposed to herbicides during military service in Vietnam. Specifically, this bill removes the "manifestation period" required for the presumption of service-connection for chloracne and porphyria cutanea tarda and provides statutory authority for a presumption of service-connection for certain cases of acute and subacute peripheral neuropathy without a manifestation period.

[S.805](#), cited as the *Veteran Debt Fairness Act of 2019*, limits the authority of the VA to recover overpayments of benefits from veterans. In short, the VA may only deduct the amount of debt of any veteran who is in debt because of participation in a VA benefits program from future benefit payments if the debt is the result of the following:

1. Failure to report correct, required information to the VA by the veteran (or other party involved)
2. Fraud or misrepresentation perpetrated by the veteran (or other party)
3. A reduction in or termination of pursuit of a program of education, in the case of a recipient of educational assistance; or
4. Failure to complete a service agreement in the case of the transfer of education assistance

[Source: TREA Washington Update | August 24, 2020 ++]

House Vet Bill Progress

16 thru 31 AUG 2020

The House Committee on Veterans' Affairs passed 12 bills including legislation to promote equity and inclusivity at VA, update VA's exclusionary motto, extend home loans to National Guard and Reservists, and support veterans who have become unemployed as a result of the COVID-19 pandemic. A full list of bills passed can be found below:

A.N.S. means Amendment in Nature of a Substitute

1. [H.R. 5639](#) - Chuck Osier Burial Benefits Act;
2. A.N.S. to [H.R. 4908](#) - Native American PACT Act;
3. A.N.S. to [H.R. 2791](#) - Department of Veterans Affairs Tribal Advisory Committee Act of 2019;
4. [H.R. 3010](#) - Honoring All Veterans Act;
5. A.N.S. to [H.R. 6589](#) Offered by Rep. Bergman - CFO Authority and Collaboration Act of 2020;
6. [H.R.4526](#)- Brian Tally VA Employment Transparency Act;
7. A.N.S to [H.R. 7111](#) - Veterans Economic Recovery Act of 2020;
8. A.N.S to [H.R. 3228](#) - VA Mission Telehealth Clarification Act;
9. A.N.S. to [H.R. 7445](#) - To amend title 38, United States Code, to expand eligibility for home loans from the Secretary of Veterans Affairs to certain members of the reserve components of the Armed Forces;
10. [H.R. 7795](#) - Veterans Benefits Fairness and Transparency Act of 2020;
11. Amendment to the A.N.S. to [H.R. 5245](#) - Stopping Harm and Implementing Enhanced Lead-time for Debts (SHIELD) for Veterans Act; and
12. [H.R. 5487](#) - Veterans Cemetery Grants Improvement Act.

[Source: TREA Washington Update | August 25, 2020 ++]

Vet Bills Signed Into Law **15 thru 31 AUG 2020**

To learn more about any of the following that has been passed by the House and Senate and signed into law by President Trump, go to <https://www.congress.gov> and enter its bill or resolution number.

- PL 116-154 - H.R.3504 - Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019. The new law will provide enhancements to VA's Specially Adapted Housing program by increasing the number of grants awarded, raising the dollar amount of the individual grants, and expanding the number of times qualified veterans can use a housing grant. This change will help certain severely disabled veterans purchase adaptive homes or upgrade existing homes to meet their specific needs for daily living activities
- PL 116-155 - H.R.4920 - Department of Veterans Affairs Contracting Preference Consistency Act of 2020
- PL 116-153 - H.R.886 - Veteran Treatment Court Coordination Act of 2019
- PL 116-146 - S.3084 - A bill to amend title 38, United States Code, to modify the limitation on pay for certain high-level employees and officers of the Department of Veterans Affairs.
- PL 116-140 - H.R.6322 - Student Veteran Coronavirus Response Act of 2020
- PL 116-137- H.R.4771 - VA Tele-Hearing Modernization Act
- PL 116-134 - S.760 - Support for Veterans in Effective Apprenticeships Act of 2019
- PL 116-128- S.3503 - A bill to authorize the Secretary of Veterans Affairs to treat certain programs of education converted to distance learning by reason of emergencies and health-related situations in the same manner as programs of education pursued at educational institutions.
- PL 116-120 - H.J.Res.80 - Approving the request of the Secretary of Veterans Affairs for a waiver under section 1703E(f) of title 38, United States Code of certain dental care eligibility requirements in order to implement a pilot program focused on expanding veteran access to dental care services.

[Source: VVA Government Relations Newsletter | August 14, 2020 ++]

*** Military ***



Military Health Care

Update 03: Trump Rejects \$2.2B Pentagon Cut Proposal

President Trump said 17 AUG that he rejected a proposal from the Pentagon to cut military health care by \$2.2 billion during the pandemic. The president tweeted his rebuke hours after Politico reported that Department of Defense officials were suggesting cutting health care over the next five years as part of Secretary Mark Esper's cost-cutting initiatives. "A proposal by Pentagon officials to slash Military Healthcare by \$2.2 billion dollars has been firmly and totally rejected by me," Trump tweeted. "We will do nothing to hurt our great Military professionals & heroes as long as I am your President. Thank you!" The Pentagon did not immediately return a request for comment.

In Esper's tweet, which was posted about an hour after Trump's, the defense secretary said he had yet to be briefed on the reported funding cuts, but he would not approve any cost-slashing proposals that would harm medical access for Defense Department personnel. "I have not directed nor approved any cuts to our military healthcare system in our

future budgets," Esper wrote. "Furthermore, I will not allow any reduction that would harm access to quality medical care for our service members, their families, and our larger DoD community."

The proposed cuts come as a part of the second annual defense-wide review, an Esper-directed effort to strip billions of dollars from the Pentagon's so-called Fourth Estate, which are all of its entities that fall outside the military departments. Those funds, Esper has argued, would be better used to prepare troops for potential fights with power rivals such as China or Russia. Last year, the review identified some \$5.7 billion in Fourth Estate funding that officials proposed moving into the military departments in their proposed fiscal year 2021 budget, which Congress is now considering.

Under the proposal, the Office of the Secretary of Defense for Personnel and Readiness would need to save \$2.2 billion in military health, a number officials settled on after months of discussions during the cost-cutting review, a defense official told Politico. Two other senior defense officials told the news outlet that the effort was rushed and would impact the 9.5 million active-duty personnel, military retirees and their families who depend on the military health care. Esper and his deputies reportedly argued that the private health care system can fill in the gap of the budget cuts.

The military health system runs hundreds of facilities worldwide and operates Tricare, which allows members to receive civilian health care outside of the military network. Pentagon spokesperson Lisa Lawrence told Politico that the system continually assesses how it can most effectively align its assets in support of the National Defense Strategy. "The MHS will not waver from its mission to provide a ready medical force and a medically ready force," Lawrence said. "Any potential changes to the health system will only be pursued in a manner that ensures its ability to continue to support the Department's operational requirements and to maintain our beneficiaries' access to quality health care." [Source: The Hill / Stars & Stripes | Justine Coleman / Corey Dickstein | August 17, 2020 ++]

Military Fraud & Abuse

Update 02: Green Beret Faked Claims to get PTSD Disability



Gregg Ramsdell had a Silver Star for which he fought no battle and a Purple Heart for which he shed no blood. For years the retired Army master sergeant also adorned his dress uniforms with a Ranger and a Special Forces tab, though he was neither a Ranger nor a Special Forces "Green Beret," as he claimed. He [never saw people being executed in Afghanistan](#), nor did he experience "women holding babies while detonating themselves, IED explosions causing severe bodily injuries and death, retrieving body parts and bagging them, having blood and body excrements being blown onto my uniform," as he claimed in applying for disability because of post-traumatic stress.

He just made it all up — lying to claim honors that were not his, and benefits that he did not earn. As he sat 18 AUG in a federal courtroom in Columbus, awaiting his sentencing on charges of making false statements and violating

the Stolen Valor Act, the judge wanted to know why “Do you have any explanation for this?” U.S. District Judge Clay Land asked the 62-year-old. “I really have none, sir,” Ramsdell answered. Land asked whether Ramsdell understood that what he did was “shameful.” “Yes sir,” Ramsdell replied. “I’m extremely, extremely sorrowful for my actions.... It was stupid, and I can’t say that word enough.”

Under sentencing guidelines, he faced up to a year in federal prison, which his attorney, Zach Alsobrook of Opelika, hoped Land might let Ramsdell serve on probation, telling the judge Ramsdell’s wife has lupus and needs care, and his own age and health put Ramsdell at risk of catching COVID-19 in prison. Land would not allow that. Noting Ramsdell took money from the taxpayers by claiming stress from combat in which he was never involved, Land sentenced him to a year in federal prison and ordered him to pay \$76,000 in restitution. But the judge did not order him detained immediately. Ramsdell may report to prison when a date for his surrender has been set, the judge said.

Ramsdell’s deception came to light in 2018, after he used his false claims to get a civilian job at Fort Benning, where he put his fake medals on display. At the home of the Ranger School, it wasn’t long before someone double-checked his credentials, and learned Ramsdell wasn’t a Ranger.

The revelation led to an FBI investigation that uncovered the former military policeman’s other acts of deception, as outlined here by federal investigators: Ramsdell’s actual service included varying periods of enlistment in the United States Army, the Army National Guard, the Air National Guard and the Army Reserve from 1981 to 2014, including some time at the prison in Guantanamo Bay, Cuba, where an online photo shows him serving soldiers meals on Thanksgiving Day 2013.

But while applying for disability benefits from the Veterans Administration on Sept. 7, 2014, he claimed to have PTSD from witnessing atrocities while deployed to Afghanistan from October 2008 to March 2009. As a result, the VA in 2015 gave him added PTSD benefits retroactive to his June 1, 2014, military discharge. While receiving those benefits, he in June 2017 applied for the coveted civilian position of logistics management specialist at Fort Benning, on his resume claiming he had both a Silver Star and Purple Heart with cluster. His “embellished military record” helped win him the position that paid \$53,137 a year, authorities said.

The Silver Star is the third-highest military honor, signifying exceptional courage under fire. The Purple Heart with oak leaf cluster is awarded to those wounded more than once in combat. Federal authorities said Ramsdell also has claimed to have a Bronze Star, which can represent heroism in combat or other meritorious service. The federal investigation revealed Ramsdell was not in Afghanistan at the time he claimed, nor had he been awarded those medals. Besides making false statements, he was charged with violating the Stolen Valor Act of 2013, which prohibits claiming to be a war hero to gain money, employment, property or other financial benefits. He pleaded guilty Dec. 4, 2019, and initially was set to be sentenced this past March 23, but the coronavirus outbreak delayed that.

In court 18 AUG, Assistant U.S. Attorney Melvin Hyde said Ramsdell’s misconduct went beyond “bar bragging,” or using false glory for free drinks and slaps on the back. Claiming a Purple Heart with a cluster was particularly galling, the prosecutor said. “That’s an insult to the people of this country who have been in the service and been wounded.... He felt the need to fabricate and to profit from lies,” Hyde told the judge. [Source: Ledger-Enquirer | Tim Chitwood August 18, 2020 ++]

‘Valkyrie’ Blood Transfusion System Gives Marines, Sailors Fighting Chance on the Battlefield

Front-line expeditionary forces are getting a new capability that officials say will save lives by enabling small units to have an emergency, on-demand, fresh blood supply to treat battlefield casualties. The new capability – the Emergency Fresh Whole Blood program, or “Valkyrie,” as it’s known by Marines and sailors with the task force – is being used

for the first time this year by conventional forces in the Middle East, according to the Marine Corps. Army units began using a similar program for the first time in Afghanistan earlier this year.



The idea behind Valkyrie “is to provide whole blood as a resuscitation fluid” and boost the chances of survival for casualties that are hemorrhaging, Lt. Lauren Murray, battalion surgeon with 2nd Battalion, 5th Marines and a doctor of osteopathic medicine, told USNI News by phone from Kuwait. “It’s been used in the special operations community before, but this is the first time that we brought it out here as part of the conventional forces.” “It’s a great tool to have in the toolbox, especially given the mission of the Special Purpose [Marine Air-Ground Task Force]-Crisis Response-Central Command, where they can deploy anywhere, anytime, and sometimes not knowing what their evacuation times is going to be,” Murray said.

The lightweight kit puts life-delivering blood transfusion capability in the hands of “Platoon Docs” and trained Marines with small units that suffer casualties but aren’t near higher-echelon trauma care equipped with larger blood and plasma supplies. So a rifle squad caught in a remote mountain ambush, a refueling team on an island airstrip or an expeditionary fires crew in a remote desert – much in line with the Marine Corps’ vision of future missions in an Expeditionary Air Base Operations environment – can collect and transfuse blood to a wounded Marine or sailor quickly, helping stabilize the casualty before a truck or helicopter arrives to evacuate to a battalion aid station or surgical team.

Hospital Corpsman 3rd Class (FMF) James Madigan, lead instructor and program coordinator with Special Purpose MAGTF-Crisis Response-Central Command, said Valkyrie “is such an incredible life-saving tool. It’s beneficial to everyone, especially CENTCOM and the Special-Purpose MAGTF, that we have this capability to deploy wherever we have to provide life-saving care to the best of our abilities.”

Until now, frontline medical teams had to bring their own blood supplies into the combat theater or rely on donations from troops at walk-in blood banks to supplement those supplies. Now, Navy corpsmen equipped with the kit “can call somebody on the pre-screened donor pool, and they will draw a unit off that person,” Murray said. “Then they will transfuse it to the other person. So it’s done right then and there. They can store the blood for up to four hours safely.” The blood draw and transfusion directly from the donor to the patient can be done “at the point of injury, so where the injury actually occurs,” she added, noting that can save valuable time before the patient is evacuated to higher-level care. As a precaution before a mission kicks off that might lead to casualties, units could pull off a unit of blood from one of their prescreened donors and have that readily available.

Providing blood quickly and easily to wounded troops can be lifesaving.

Many combat casualties suffer from hemorrhaging, or massive blood loss, which can be fatal if they aren’t transported to advanced trauma care in time. About 887 troops who died in the wars in Afghanistan and in Iraq over the 10-year-period from 2001 to 2011 – many wounded by improvised explosive devices that often damaged or destroyed vital organs and limbs and led to massive arterial bleeding – might have been saved if front-line first responders had transfusable blood available to treat them more immediately, before they arrived at an expeditionary surgical suite, according to I Marine Expeditionary Force. Among options for resuscitative fluids, “whole blood is the best product we can give to save lives on the battlefield, and it is very easy,” Madigan said. “It’s a great program now that we are re-implementing it back into our expeditionary forces.”

The SPMAGTF's pool of donors first formed after a blood drive at Camp Pendleton, Calif., before the infantry battalion deployed. "It was voluntary; the Marines and sailors had to consent to partake in it," Murray said. Blood was drawn, tested for any transmissible diseases, and validated by type, with O-positive or O-negative donors joining the pool. "Once we got the type back, we were able to have a sufficient donor pool," in place before they deployed overseas, she added. About 30 percent of the population have type-O blood and are considered universal donors. So SPMAGTF-CR-CC had a pool of about 750 potential donors among the 2,500-member force. Unit corpsmen manage and maintain their pool of donors, Madigan said. Each donor carries a card identifying themselves as a donor and with blood type.

Corpsman and Marines interested in the program go through a weeklong program, Madigan said. They get about 12 hours of classroom instruction and intravenous practice, and the rest of the week is spent practicing by actually taking blood from donors. "Then we'll put the same blood right back into the same donor," he said. "So we can practice everything, the entire process, safely and easy." Each kit costs about \$135 and has two parts: One kit to obtain the blood from the donor, and one kit to transfuse the blood into the casualty. It includes a blood collection bag, label, IV access, alcohol wipes, needles, tubing, gloves and ways to measure the blood bag is full, Madigan said. "It weighs roughly about two pounds, and it's pretty slim – about the size of a laptop, and it's flat. So you can store it pretty much anywhere." [Source: USNI News | Gidget Fuentes | August 18, 2020 ++]

Military Health System

Update 03: Lawmakers Say Reforms Will 'Stay the Course'

Leaders of the House and Senate Armed Services Committees have reaffirmed their commitment to reform of the military health system despite calls from the service chiefs for adjustments. Responding to a [memo](#) sent by service leaders 5 AUG to Defense Secretary Mark Esper asking that the services retain authority over their military hospitals and clinics, lawmakers said they understand the challenges they face but said reforms are still needed.

Texas Rep. Mac Thornberry, the senior Republican on the House Armed Services Committee who chaired the panel during development of the reforms, said "The factors that led to the measures 'have not changed'. Service-based health care systems remain frustrating and inefficient for the service member and taxpayer alike. ... If the services have technical challenges on the path to consolidation, Congress is ready to work together to overcome them," Thornberry told Military.com. A spokesperson for Democrats on the House Armed Services Committee also said the transformation should continue moving forward. "More than four years after the law required the department to transform the military health system, the services are trying to further delay change and are using the COVID-19 pandemic as the reason for delay," said the staff member, who spoke on the condition of anonymity because they were not authorized to discuss the issue publicly. "The DoD's medical response to the pandemic has provided lessons, which should be used to inform the plan moving forward, not grind implementation to a halt."

In their memo, the secretaries of the Army, Navy and Air Force, along with the branch chiefs of the Army, Navy, Air Force, Marine Corps and Space Force, said efforts to convey the services' hospitals and clinics to the Defense Health Agency were "not viable." They asked that the domestic military hospitals and clinics already transferred to DHA be returned and planned upcoming personnel or resource changes be suspended. On Oct. 1, 2019, more than 280 military hospitals and clinics were transferred to the DHA, with the remaining 64 facilities overseas expected to move in October 2021. Under the new construct, the DHA became responsible for the facilities without having the manpower or system to run them, so the services provided a "direct support relationship" during the transition period.

But the concept is problematic and onerous, the service chiefs said, and the pandemic has shown that the changes introduce "unnecessary complexity and increased inefficiency and cost" to the system. "The proposed DHA end-state

represents unsustainable growth with a disparate intermediate structure that hinders coordination of service medical response to contingencies such as a pandemic," they wrote. In December, Army Secretary Ryan McCarthy asked for a temporary halt of the transfers, saying the DHA lacked the appropriate planning or performance to assume management of the facilities. In March, the service surgeons general told House Appropriations Defense Subcommittee members that the DHA wasn't ready for the changes.

"In order to get it right, the focus should be on the [military treatment facility] transitions, which starts with the step to stand up that headquarters. The headquarters is not up and operational and running," said Army Surgeon General Lt. Gen. Scott Dingle. "After you get that headquarters stood up, then you can start the transition of the military medical treatment facilities." Proponents say they understand the services' hesitancy, but the promised reforms will eliminate systemwide redundancies and improve the quality of health care.

"The task to integrate has been daunting, but DoD, to its credit, is making it happen," said Thomas Spoehr, director of the Center for National Defense at the Heritage Foundation's Davis Institute. "The potential advantages of such a consolidation are obvious: Medical professionals can be managed with greater geographic opportunities for assignments, better buying power will allow DoD to compete on an even basis for medical supplies with even the largest hospital systems, existing service headquarters can be downsized, and workloads rationalized for beneficiaries." But critics fear it will erode the medical benefit provided to beneficiaries as military facilities close or downsize and more patients are moved to Tricare. "Access to base medical care has been a huge incentive for military recruitment. However, veterans are seeing this incentive disappearing. ... Why should we recommend our children and grandchildren serve years of hardship and separation from family members and then end up with fewer medical benefits at retirement?" asked retired Navy Cmdr. Robert Edwards, whose sons-in-law are both career Air Force officers.

Lawmakers agreed that there are lessons to be learned from the pandemic and the services as they respond to the crisis and care for beneficiaries. They pledged to work with the DoD and the services to ensure that the system provides quality care while containing costs. "My number one goal of oversight with military health care is to ensure our troops and their families have the best care money can buy," said Senate Armed Services Committee Chairman Sen. Jim Inhofe (R-OK). "We are always looking for improvements to make, and the 2017 and 2019 NDAs proposed some big adjustments and we are making good progress. ... We must keep working together." [Source: Military.com | Patricia Kime | August 19, 2020 ++]

Air Force Pilot Shortage

Update 05: Weapons Programs Must Accommodate U.S. Recruitment Population



In 2022, the U.S. Air Force will take delivery of the F-15EX, a new and improved version of the nearly 40-year-old F-15E Strike Eagle. But for all of the modern advances of the new jet, only 9 percent of women in the Air Force currently meet the body-size standards for piloting the legacy F-15 and possibly also the new EX variant, potentially blocking highly qualified pilots from flying a platform that will be in operation for decades to come.

Like the vast majority of the Air Force's aircraft and aircrew equipment, the F-15 was designed to meet the anthropometric specifications of a male pilot in 1967. But in a 4 AUG memo, the Air Force mandated that future weapons programs use current body size data that reflects the central 95 percent of the U.S. recruitment population — a move meant to make pilot and aircrew jobs more accessible to women and people of color. Air Force acquisition executive Will Roper, who signed off on the changes, said there is a strategic imperative for opening the door to a more diverse pool of pilots and aircrew.

During a war with a near-peer, technologically advanced nation like China, the U.S. military will have to contend with a well-trained, highly educated force that might outnumber its own, he said. By fielding weapon systems that can only be used by a smaller portion of the U.S. population, the Air Force could be shutting out some of its most promising potential pilots or aircrew. "The human factor is a delineator and it likely will be against an adversary like China, where I believe we will have a greater propensity to trust the operator in the seat, to delegate more, to empower more and take greater risk in that delegation," Roper told Defense News in an exclusive 6 AUG interview. "All well and good when you're a country that's going to face a country with a population that's four times your own by the end of this decade," he said. "But if we begin with a recruitment population that we've artificially halved because of how we design our cockpits and workstations, we've just doubled our work, and now we make every operator in the seat have to be eight times better than the counterpart they will face in a nation like China."

The new guidance directs the Air Force Lifecycle Management Center to conduct a study that will solidify a more inclusive anthropometric standard that would include 95 percent of the U.S. population eligible for recruitment in the U.S. Air Force. But until that wraps up, all new-start Air Force programs must be designed with cockpits, aircrew operating stations and aircrew equipment that accommodates eight anthropometric data sets. These eight cases use measurement data from the Centers for Disease Control and represent a range of body types including individuals who are short in stature, have short limbs or have a long torso. AFLCMC's Airman's Accommodations Laboratory will also run a three-year study that will develop separate anthropometric standards for career enlisted aviators, who perform specialized jobs onboard military aircraft including flight engineers, flight attendants and loadmasters. Currently, career enlisted aviators also must meet the 1967 anthropometric standards.

'A hidden barrier'

The legacy design parameters — which stem from a 1967 survey of male pilots and measure everything from a pilot's standing height, eye height while sitting, and reach — have effectively barred 44 percent of women from being able to fly aircraft unless they receive a waiver, with women of color disproportionately affected, the Air Force stated. Even after a waiver is granted, the pilot will remain disqualified from certain platforms regardless of his or her aptitude. Then, when future requirements are defined for new platforms or equipment, the systems are usually designed to meet the existing pool of pilots, creating a self-perpetuating problem.

"It is a hidden barrier with multiple layers," said Lt. Col. Jessica Ruttenber, an Air Force mobility planner and a leader of the Women's Initiative Team that advocated for the change in anthropometric standards. "People are trying to do the right thing, but the barriers are baked into legacy policy. And without even knowing it, they're kind of cut and pasting the same standard." Ruttenber said the new guidance addresses the root of the problem by establishing new design specifications — ensuring platforms are engineered to accommodate a wide range of body sizes from the start of the development process, rather than papering over the problem with waivers after the fact. "[For] the next inter-theater airlift that is going to replace the C-130 or C-17, we can't get the anthropometric data wrong or women are still going to be eliminated 30 years from now. The C-130 and C-17 still eliminate one out of three women from flying it," she said.

For more than a year, the Women’s Initiative Group worked with Chief Master Sgt. Chris Dawson, the career field manager for the Air National Guard’s career enlisted aviators, on trying to garner funding for an anthropometric study for CEAs. “There were so many communities we had to coordinate with that we realized really quickly that this has to come from the top down or we’re not going to be as successful,” Rutenber said. After meeting with Roper, the Women’s Initiative group was granted \$4 million for the study.

Rutenber, a KC-135 pilot, remembers being pulled out of her first pilot training class in 2005 because her physical examination indicated that she didn’t meet the standing height requirement of 5-foot-4 by a fraction of an inch. She then sought a waiver that would allow her to fly. “The process was different back then. I had to drive from base to base and get measured in each cockpit in an attempt to get an exception to policy. I went to Charleston and I got measured in a C-17, and then I went to Little Rock and got measured in a C-130,” she said. “I got measured in the KC-135 and so on and so on and so on.”

Since then, the Air Force has made the process to obtain a waiver less arduous, and it recently removed the initial height requirement — although some platforms still require pilots to meet the 5-foot-4 standard. Newer aircraft such as the F-35 joint strike fighter and the T-7 trainer currently under development will also accommodate a wider height and weight range. However, Rutenber pointed out that the specifications for legacy aircraft will remain a hurdle for the progression of female pilots. “Even if the F-35 is 97 percent accommodating for women, I still can’t get there because the T-38,” which is used for fighter pilot training, “has a 41 percent accommodation envelope for women,” she said.

Roper said he is working with defense contractors to see whether there can be modifications made to legacy platforms — or upgraded versions like the F-15EX — that will accommodate operators with a wider range of body sizes. But whether those changes are ultimately made will depend on if they are technically feasible and funding is available for design changes. At the time of the 6 AUG interview, Roper had already spoken to some defense industry executives — including those from Lockheed Martin — about the new guidance and planned similar phone calls with Boeing and Northrop Grumman officials over the coming days. The reaction from industry so far has been “very positive” but “very surprised” that such bias still exists, he said.

However, Roper acknowledged that more work has yet to be done. “Changing the policy is one thing. Changing the platforms is another. And that’s going to require cost to do. My next job, aside from designing future systems differently — which we’ll do — is to find options to bring systems into greater compliance with the new policy and then to advocate tooth and nail for the funding needed to do it,” he said. “The litmus test for the Air Force long term has got to be balancing accommodation with the technology for future platforms.” [Source: Air force Times | Valerie Insinn | August 19, 2020 ++]

Air Force Flying Car No Pilot's License Required

Less than one year after Air Force acquisition chief Will Roper announced that the Air Force was pursuing "self-flying cars," the service's top leaders gathered in Austin, Texas, to watch one take flight. The vehicle in question is the single-passenger Hexa, an electric vertical takeoff and landing (eVTOL) platform that consists of an open cockpit seat surrounded by a honeycomb of small rotors. Made by LIFT Aircraft, the 18-rotor Hexa is being marketed commercially as a flight experience available to all consumers, no pilot's license required.



Electric vertical takeoff and landing (eVTOL) Hexa over Camp Mabry, Texas, Aug. 20, 2020

The Air Force demo flight took place 20 AUG at Camp Mabry, a Texas military base. Surrounded by spectators, the Hexa took off, piloted by Matthew Chasen, CEO of LIFT. The demonstration was organized under the Air Force's Agility Prime initiative, according to an Air Force release. Secretary of the Air Force Barbara Barrett, Air Force Chief of Staff Gen. Charles Q. Brown, Jr., and Chief Master Sergeant of the Air Force JoAnne S. Bass gathered together with hosts from the Texas National Guard and AFWERX personnel to view the flight. LIFT Aircraft, a Texas-based Small Business Innovation Research (SBIR) contract recipient, is one of the first companies partnering with Agility Prime and the Air Force for "Air Race to Certification," the release states.

After Roper stated at the Air Force Association annual convention in Sept. 2019 that the Air Force was interested in pursuing flying car technology, the service has moved quickly to make that vision a reality. Roper told reporters in April the Air Force wanted to acquire 30 flying cars over the next decade. Launched by the Air Force in April, Agility Prime is a non-traditional program seeking to accelerate the commercial market for advanced air mobility vehicles. It also aims to leverage unique testing resources in collaboration with the government for distributed logistics and disaster response, according to its website.

"Agility Prime is a program with a vision of world impact," Barrett said during the program's launch. "The thought of an electric vertical take-off and landing vehicle -- a flying car -- might seem straight out of a Hollywood movie, but by partnering today with stakeholders across industries and agencies, we can set up the United States for this aerospace phenomenon." "We now have over fifteen of the leading aircraft manufacturers in the world applying to partner with Agility Prime, with many of them already on contract," Col. Nathan Diller, AFWERX director and Agility Prime lead, said during the visit. "This flight today marks the first of many demonstrations and near term flight tests designed to reduce the technical risk and prepare for Agility Prime fielding in 2023." [Source: Military.com | Bing Xiao | August 24, 2020 ++]

Military Service Obligation

Army Pilot Increase to 10 Years

Soldiers who want to fly Army helicopters and fixed-wing aircraft will be required to serve at least a decade, the same active-duty service commitment expected of Air Force fighter pilots and four more years than the current policy. The 10-year service obligation kicks in after graduation from flight training and does not apply to personnel currently in training, Army officials said this week. The policy takes effect in October and also applies to part-time Army Reserve and National Guard personnel, Chief Warrant Officer 5 William S. Kearns, aviation and officer policy integrator for

the Army's personnel office, said in a statement. Army Secretary Ryan McCarthy announced the new policy in June and the Army issued guidance this month, saying the longer service obligation will give pilots the time they need to "become a technical and tactical expert."

The increase "will also allow the Army to benefit from the expertise and retain the talent required for the operational force," a service memo published 12 AUG said. The new policy comes amid a pilot shortage among all branches in the military. Last year, the Army's pilot attrition rate grew to a record 10% of its force, due largely to aging aviators and competition from commercial airlines. The Army in January said it would pay up to \$1,000 a month in aviation incentives, the first increases it had offered in two decades. But the global coronavirus pandemic has dried up some commercial opportunities as lower air travel demand has forced airlines to cut flights and lay off pilots.

The Army said the policy comes as the costs and requirements for flight hours, maintenance and training have risen. "In the end, it's the Army getting a good return on the investments," Kearns said. However, some people questioned whether the new policy turns away prospective pilots who don't want to commit a decade to the Army after at least a year of flight training. "I thought there was an aviation shortage? The trick is to coax people with longer service commitments? Interesting," said one post on the U.S. Army Human Resources Command Facebook page this week, which posted a story about the policy change.

Increasing the active-duty service obligation will no doubt increase pilot retention, said Army Capt. Brennan Randel, "but at what cost?" "If pilots today are so unhappy that they are leaving in numbers higher than expected, why would prospective pilots accept a much longer service obligation for that same experience?" Randel wrote in an article for the Modern War Institute at West Point in June. But the Army is touting its benefits, particularly for warrant officers, who comprise about 70% of the service's aviators. "It's a great time to apply to become a pilot," Kearns said. "We want as many people as we can get to apply and [soldiers] can get in with a high school degree." [Source: Stars & Stripes | Jennifer H. Svan | August 21, 2020 ++]

Military Drinking

Update 03: Alcohol-Related Hospital Care Study

More than 101,000 active-duty troops ended up in the hospital between 2009 and 2018 because of a problem related to excessive drinking, a new study has found. About half of them had potentially deadly alcohol poisoning — caused by drinking too much in a short period of time — 35% sought care for alcohol dependence disorders, 17% for alcohol-related injuries and over 10% for alcohol-induced psychosis, according to the study in the Defense Health Agency's monthly publication.

Broken down by service, soldiers had the highest rate of alcohol-related trips to the hospital, followed by Marines and sailors. Airmen had the lowest rate — about half that of soldiers. Soldiers also comprised more than half of those who went to the hospital more than once for a drinking-related problem, the study said. The high rate among soldiers for repeat visits to the hospital is "likely related to the higher rate of alcohol-related encounters attributable to the Army in general," the study said. "However, it may also suggest higher tolerance of these episodes and stronger efforts to rehabilitate soldiers and salvage careers than in the other service branches."

Problems caused by excessive drinking that required hospital care were most common in combat-specific and motor transport occupations, with pilots and air crew the least likely to be affected, the study found. While the incidence rate of alcohol-related medical encounters declined 14% over the 10-year period, there was an increase in 2011 and 2012 — a period that corresponded with a surge in troop levels in Afghanistan, the study said. Once the surge ended, the rate of alcohol-related encounters declined, it said. Active duty service members are known to have a higher prevalence of alcohol use, heavy drinking and binge drinking than the general population, the study said. That

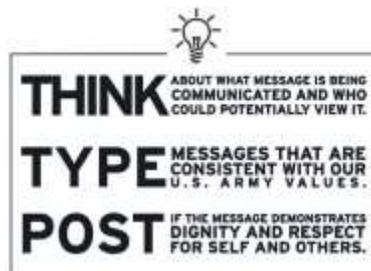
could be due in part because those who drink in high school are more likely to join the military, but also because “binge and heavy drinking are an accepted part of military culture,” the study said.

Around 30% of service members who took part in the 2015 Department of Defense Health Related Behaviors Survey said they had binge-drunk the previous year, compared to 24.7% of U.S. adults over the age of 18. And a 2002 study comparing military drinking rates with that of civilians in the same age group found that around 32% of military men drank heavily, compared with 17.8% of civilian men, according to a paper for the National Institute on Alcohol Abuse and Alcoholism. Excessive drinking “contributes to significant harms among military service members and substantial costs to the U.S. Armed Forces,” the study warned. “A study of TRICARE expenditures noted alcohol-related medical care to cost around \$425 million a year in 2006, which would be over \$500 million in 2018 after adjusting for inflation,” it said.

Still, the rate of alcohol-related ER visits and hospitalizations among service members “is substantially lower than those reported in the civilian sector.” Service members’ concerns about negative career impacts, along with alcohol and drug prevention programs, mandated buddy systems, base restrictions on the use of alcohol, and alcohol and drug screening programs “may work to limit the number of individuals who reach the level of requiring emergency medical attention,” the study said. [Source: Stars & Stripes | Nancy Montgomery | August 21, 2020 ++]

Army Policy Changes

Focus on Extremist Activity & Gun Ownership



A May, 2020 reminder from the U.S. Army to its troops about the rules for social media.

Soldiers can now face punishment for social media posts supporting extremist groups, under a major revision to the Army’s policy guidance to its commanders. The first overhaul of Army Regulation 600-20 since 2014 includes more than 60 changes, from minor updates to a host of measures meant to ensure soldiers and civilians are treated with dignity and respect. Updates now bar online fundraising, promotion and advocacy of extremist causes or criminal gangs on social media. They follow several recent high-profile incidents of troops espousing support for such groups or taking part in their rallies.

Last month, more than two dozen members of Congress asked Defense Secretary Mark Esper to review Pentagon policy on troops’ involvement in white supremacist groups after Air Force Staff Sgt. Steven Carrillo, who had ties to far-right extremists, was charged with gunning down a federal officer in Oakland, Calif., in June. The new Army regulation requires commanders to take early preventive action when they witness behavior that, while not prohibited, may be a sign of extremist sympathies. For example, while membership in a racist group alone may not be prohibited, it could be grounds for a commander to counsel a soldier or investigate further, the new regulation states. It also gives commanders options for punishing online activity that crosses the line into misconduct. This could include charges under the Uniform Code of Military Justice, administrative discharge, blocked reenlistment and other administrative or disciplinary action.

“Social media was not addressed in the previous regulation,” Lt. Col. Melissa Comiskey, chief of command policy for the service, said in a statement last week. The policy now includes notifying the staff judge advocate or Criminal Investigation Command when there are “any type of reports of extremist activities in their organization,” the statement said. The regulation was also updated to address a gap that a domestic violence working group identified, Comiskey said. It now requires company and battery-level commanders to brief in-processing members on the Lautenberg Amendment to the Gun Control Act of 1968, which prohibits anyone with a misdemeanor domestic violence conviction from possessing firearms or ammunition.

The military came under scrutiny for failures to report service members’ criminal histories to the FBI, which maintains the databases used to vet gun buyers, after the November 2017 mass shooting at First Baptist Church of Sutherland Springs in Texas. Devin Kelly, the gunman who had been discharged from the Air Force in 2014 after being convicted of beating his first wife and assaulting his stepson, was one of 7,000 airmen whose backgrounds the Air Force failed to report. Three dozen families are suing the government for negligence in the matter. Other updates to the over 220-page document incorporate policies related to combating discrimination and promoting greater racial, gender or religious inclusivity. They include directives related to breastfeeding and religious accommodations for uniforms or grooming standards.

The regulation, which is typically updated every five years, also now clarifies that commanders may use on-the-spot corrective actions for minor disciplinary infractions, such as requiring a soldier to do 10 pushups for arriving late to a formation. “The changes empower [noncommissioned officers] to lean on nonpunitive measure as a form of corrective training,” Sgt. Maj. Jasmine Johnson, the command policy sergeant major, said in the statement. [Source: Stars & Stripes | Chad Garland | August 26, 2020 ++]

Military Myths & Legends

Update 03: The Truth about Protectors of This Nation

War movies are great to watch and keep us on the edge of our seats with each powerful explosion, hidden sniper attack, and scandalous missions, but the U.S. Military has been shrouded in myth for too long. It’s time civilians quit believing the silly hype and learn more about the protectors of this nation. It would not hurt to ask a member of the military about the service instead of relying on multimillion-dollar Hollywood productions and music videos.

Myth One

You need to be a perfect physical specimen to join the military. Surprisingly, enough, not every single member of the military has a 20/20 vision. If you have ever seen the recruits at basic training, you would think you walked into a Mr. Magoo cartoon. You will make you wish you were blessed with the genes of perfect vision, although it is definitely not required.

Myth Two

You would NEVER survive boot camp. The truth is, more than 90% of recruits survive boot camp, and they are normal people. Chances are you will not be crying the first two weeks from the stress or ironing and folding your uniform. Boot camp is a glorified version of fat camp the government pays you to attend.

Myth Three

Soldiers get drunk and party when they are not out fighting. Drinking, fighting, and partying in the barracks is prohibited. Soldiers do not spend their time playing beer pong and taking shots; they are usually washing vehicles and maintaining equipment.

Myth Four

Soldiers are secret assassins. Not every soldier who joins the U.S Military is recruited as a secret assassin in a foreign mission. Soldiers are attending college on their own time and maintaining military jobs similar to the rest of us.

Myth Five

Service members become robots with guns. Service members are taught discipline, uniformity, and leadership. They can actually function in society outside the gates of the base and off the battlefield without wanting to explode or shoot something.

Myth Six

All service members go into combat. Not every single service member is initiated into the service with trips overseas to fight in the wars. We are surrounded by service members at home and abroad who play vital roles in supporting our troops and civilians without the use of guns, bombs, and planes. Some members are armed with a computer mouse. For every single soldier in combat, there are approximately 2.5 soldiers behind the scenes in supportive roles, but they do not make movies about cooks and mechanics.

Myth Seven

Vets are homeless, jobless, and crazy. Vets returning home from the service are not all homeless and on the verge of mental disaster. Although PTSD is very real, the likelihood of every vet you meet having a traumatizing war story is not exactly high. Veterans of past and current wars often survive the boring civilian lives we all must endure without a mental breakdown. Most vets maintain families, jobs, and homes once they reach military retirement and leave the service without the use of stocked medicine cabinets and whiskey-filled glasses.

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Hopefully, people have learned it is actually okay to approach a member of our military without being attacked or bombarded with war stories. Our military men and women are normal people with successful careers, families, and scars from hot pans and childhood stunts, not necessarily always from roadside bombs and shrapnel. [Source: Together We Served | August 2020 ++]

Navy Terminology, Jargon & Slang

‘NAAF’ thru ‘NFG’

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

Note: ‘RN’ denotes Royal Navy usage. Similarly, RCN = Royal Canadian Navy, RAN = Royal Australian Navy, RM = Royal Marines, RNZN = Royal New Zealand Navy, UK = general usage in militaries of the former British Empire

NAAF - Naval Auxiliary Air Field

NAAFI - (RN) Navy, Army, and Air Force Institute. Provides canteens, shops, and other services to the armed forces ashore and afloat.

NAFOD – (Aviation) Abbreviation for "No Apparent Fear Of Death." What a frightened LSO writes on your grade card. Indicates consistent unsafe practices. Spoken as "nay fod."

NALF - Naval Air Landing Field

NAM - Navy Achievement Medal. Said to be given to SONAR GIRLS for tracking a stationary object.

NAS - Naval Air Station

NATOPS – Naval Aviation Training and Operating Procedures Standardization system (pronounced NAY tops) A program of systematized training and procedures development for aircraft and air operations. Can also refer to the specific NATOPS manual for each aircraft type. Developed to improve readiness and reduce accident rates and severity. It has been truthfully said that every line in the NATOPS manual has been written in blood.

NATO Standard – (RCN) Term to indicate a large cup of coffee with double cream and double sugar.

NATO Stock Number (NSN) : A number given by NATO to identify a particular part, that is unique and standard to only that particular part, with a description that only God can understand because no man or woman could have come up with such a farfetched description. No matter the size and shape, there is a number. It is a given that what your looking for is usually found after hours of looking up the NSN, beating, yelling, and cursing at the computer, only to have a friend with a horseshoe up his ass find it as you walk away in disgust.

Nav (the) - (1) Navigator, or having to do with navigation. (2) The Navy (USN).

NavSta - Naval Station.

Navigator - Officer responsible, under the captain, for safe navigation of the ship. Aka 'Gator', 'Nagivator', 'Old Clueless'.

Navy Brat (or Junior) – One who has grown up in a Navy household.

Navy Shower – A water-saving evolution in which one attempts to get reasonably clean while using as little water as possible. Basically, you wet yourself down, turn off the shower, lather up, then turn the shower back on to rinse off.

NBC Warfare - Nuclear/Biological/Chemical Warfare.

Neats - (RN) Straight rum, as opposed to GROG (q.v.). Also seen as 'Neaters'.

Negat – Spoken or abbreviated form of 'negative.'

NFG – Non Functional Gear. Written on the sides of inoperative equipment as an indication that they should be replaced or scrapped (float tested). Often corrupted as "No Fucking Good."

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

* Military History *



USS Bullard (SS-332) **Loss Overshadowed by Atomic Bomb**

As dates go, Aug. 6 is especially important in the 75th anniversary commemoration of the end of World War II. On that day in 1945, the American bomber Enola Gay dropped an atomic bomb on Hiroshima, Japan, thus setting in motion the steps that would lead to the surrender of Japan. Less well known is the fact that the U.S. Navy suffered an important loss on that same date. Just after 8 a.m. Aug. 6, at roughly the same time that Enola Gay was beginning her bomb run, a Japanese plane on patrol off the island of Bali caught an American submarine on the surface of the Java Sea. The pilot attacked, his bombs found their mark, and the sub sank with all hands.



The USS Bullhead (SS 332) turned out to be the last of 701 U.S. Navy ships lost in World War II. The loss of an entire submarine crew at the end of a long and awful war was a sad story in its own right, yet the submarine has never rated more than a footnote in the history books. As storylines go, it's hard to compete with the atomic bomb. Eighty-four brave sailors perished when Bullhead sank. One of those was Lt. j.g. Paul Austin Gossett from Haywood County. He was one of nine officers aboard Bullhead. Gossett, the son of JH and Ethel Gossett, graduated from Clyde High School in 1934 and worked for a few years at American Enka before joining the Navy.

When the war came, Gossett volunteered for submarine duty and was eventually assigned to the crew of Bullhead in July of 1944. The following month, he made his last trip home to marry Catherine Moody of Waynesville. War correspondent Martin Sheridan accompanied Bullhead on her first war patrol in the spring of 1945 and got to know Gossett. He found the "short, affable Southerner" to be good company and enjoyed the stories he told of his family in the mountains of North Carolina. Waynesfield's local paper (The Mountineer) reported on the loss of Bullhead and Gossett's status as missing — it took time for the crew to be classified as presumed dead — on Aug. 30, 1945. The story was surrounded by articles about the Japanese surrender and plans for local victory celebrations.

Gossett's wife, parents, and siblings had to deal with the disconnect of processing their shock and sorrow amid the jubilation that accompanied the end of the war. As with other Bullhead family members, they were on their own, victims of bad timing as much as their loved ones on the submarine. It was a lonely place to be. To make matters worse, the secretive and unique nature of submarine warfare meant that the location of the wreck would remain unknown. There would be no remains to repatriate and no grave to visit. Paul would never come home.

Among those most grieved by Gossett's death was his close friend Sam McCrary, also of Haywood County. McCrary served in the Navy as well, and upon returning from the war eventually married Gossett's widow and became a well-known businessman in Maggie Valley. But he never forgot the memory of the man who had looked after him "like a little brother." Another young sailor with Bullhead ties would eventually make his home in Waynesville. Warren Kitts entered the Navy upon graduation from Knoxville High School in 1943. Following boot camp, he volunteered for submarine service and trained as a torpedo operator. In early 1945, Kitts was assigned to Submarine Division 302 in Fremantle, Australia, the unit responsible for Bullhead plus five of her sister boats.

Word eventually came down to Kitts that Bullhead needed a torpedo man and that he should prepare to join that crew. But fate intervened when he injured his hand on a training dive. The gash was deep enough to prevent him from getting an active assignment until his hand healed, and so he was shuffled back into the deck of the relief crew. Kitts' number came up again later, this time to join the crew of USS Becuna (SS-319), another one of the boats operating out of Fremantle. It was on that submarine that the young seaman finally got into World War II. He had just completed a war patrol and disembarked Becuna at Subic Bay when the war ended. It was there that he learned that Bullhead had gone missing.

Submariners are a tight-knit group, and Kitts' time in Fremantle had put him into direct contact with Bullhead and her crew. Moreover, some of the guys he had been with since sub school had been assigned to the submarine as replacements and were aboard when she went down. Kitts mustered out of the Navy after the war, became a dentist courtesy of the GI Bill, and married his hometown sweetheart. The couple moved to Hazelwood in 1955, where he opened his practice. The remainder of his life revolved around family, church, and his beloved garden. But through it all, he remembered friends who had died aboard Bullhead, and he carried the weight of that loss in his heart until his death in 2004.

So as we remember Aug. 6, let's pause and remember the submarine that sailed out of Fremantle and into eternity 75 years ago. Let's remember Sam McCrary, Warren Kitts, and the hundreds of other local citizens who saw the war through to its conclusion. Above all, let's remember Lt. Paul Gossett and the other sons of Haywood who gave the last full measure for country in history's largest conflict. [Source: The Mountaineer | Ken Kitts | August 10, 2020 ++]

WWII Doolittle Raid

Update 02: Zhejiang-Jiangxi Reprisal Campaign



The Japanese attack on Pearl Harbor on December 7, 1941, is one of the most well-known events of the Second World War. Less well-known is the Doolittle Raid, in which American B-25 bombers bombed the Japanese cities of Tokyo, Nagoya, Osaka, and Kobe on April 18, 1942, in response to Pearl Harbor. Tragically, the Japanese reprisal for the Doolittle Raid - the Zhejiang-Jiangxi Campaign - is barely remembered today, even though it cost 250,000 Chinese civilians their lives.

After the shock of the unexpected Japanese attack on Pearl Harbor had worn off, the United States decided to strike back at Japan. Lieutenant Colonel James Doolittle of the United States Army Air Force (USAAF) devised a daring plan to strike at the Japanese home islands by launching B-25 bombers from Navy aircraft carriers, which had never been done before. On April 18, 1942, Doolittle led the raid on the Japanese homeland, bombing Japanese cities with 16 B-25 bombers. The raid, totally unexpected by the Japanese, was a success. Most of the bombers, after passing over Japan, landed in the Chinese provinces of Zhejiang and Jiangxi.

Much of China was occupied by Japan at this time, and as a result of the brutality of their invasion, the Japanese occupiers were much hated by the Chinese. Consequently, local Chinese peasants helped many of the American airmen after they crash-landed their bombers on Chinese soil. What followed was on a par with the Rape of Nanjing in terms of violence, bloodshed, and savagery. Japanese troops swept through the provinces of Zhejiang and Jiangxi. They managed to capture eight US Airmen, of whom they executed three. The worst horrors, though, were suffered by the Chinese civilian population.

When Japanese troops arrived in a town or village in Zhejiang and Jiangxi, they presumed guilt and complicity with the US Airmen on the part of the entire village. This applied to men, women, and children all the way down to domestic animals, regardless of whether any US Airmen had even been anywhere near the settlement. The sentence the Japanese troops imposed for this crime of suspected complicity was death. The atrocities committed en-masse by the Japanese forces were witnessed by a number of foreign Christian missionaries who lived in some of these villages and towns. One, Father Wendelin Dunker, described the Japanese horrors with chilling clarity: "they shot any man, woman, child, cow, hog, or just about anything that moved, they raped any woman from the ages of 10 - 65, and before burning the town they thoroughly looted it."

On June 11, the Japanese troops moved from villages and small towns to the city of Nanchang, which had a population of around 50,000. After surrounding Nanchang so that none of the inhabitants could escape, they took the city in an orgy of bloodshed, rape, murder, and looting. The Japanese troops rounded up 800 women and imprisoned them in a warehouse, in which they were repeatedly raped. Men were summarily killed on the streets, and the city was looted.

The Japanese occupied the city for around a month in a reign of barbarous violence and horrific bloodshed and brutality, before burning the entire city down. The process of burning Nanchang took three days; the troops wanted to make sure that they left nothing of it standing but charred rubble. Other towns and cities in these provinces were taken in a similar fashion, with the Japanese troops laying waste to everything and conducting a campaign of wanton terror, destruction, and looting. In some regions, eighty percent of all homes were destroyed, and the majority of the population were left destitute.

The Japanese troops who participated in the Zhejiang-Jiangxi campaign did not stop at rape, torture, and murder, though. In August, members of Japan's secret biological and chemical weapons division, Unit 731, attacked the region in a more insidious but equally devastating manner. Realizing that once they had left the area, it would be reoccupied by both Chinese troops and civilians, Unit 731 poisoned wells, springs, and water sources with cholera, typhoid, dysentery, and paratyphoid bacteria. They also infected food and water rations with these pathogens, leaving them where hungry Chinese troops and civilians would find them. They even released plague-carrying fleas into the fields. All in all, it is estimated that 250,000 Chinese civilians lost their lives in this campaign of wanton brutality and bloodshed. Yet another tragedy of the Zhejiang-Jiangxi campaign was that few of the troops and officers involved were ever prosecuted for the egregious war crimes that were committed during this campaign.

Field Marshal Shunroku Hata, who orchestrated the campaign, was convicted of war crimes and sentenced to life imprisonment but was paroled in 1954. Perhaps equally sadly, this campaign of terror has largely been forgotten in the West's remembering of the Second World War. [Source: Together We Served | Jay Hemmings | August 2020 +-]

WWII Bombing of Berlin Initiated in Summer of 1940

More bombs fell on Berlin in the Second World War than on any other German city. Fifty thousand people died, and hundreds of thousands became homeless over the course of the war. It is said that more than 70,000 children lost their lives in the Allied bombing, and yet after the war the Germans never blamed the British or Americans for this massive carnage. Historians assume this is because the German people felt responsible for the part they played in letting Hitler and his cronies rise to power. The strategic air war had two goals: first, the destruction of the city as a production site, and second, the complete demoralization of the population, leading ultimately to the renunciation

of Hitler by the German people. The strategists in London, and later those from Washington, were willing to accept the deaths of tens of thousands of German civilians to achieve these goals. The summer of 1940 marked the beginning of the so-called “Strategic Bombing” of Berlin. British Prime Minister Winston Churchill hoped to eke away German civilian morale by flattening the German capital. It’s a shame that it is not true—because what actually happened is even worse. To read more on Berlin’s suffering during the war refer to the attachment to this Bulletin titled, “**WWII Bombing of Berlin**”. [Source: War History Online | Christian Oor | January 1, 2019 ++]

Buffalo Soldiers

America’s Frontier African American Troops



Buffalo soldiers were African American soldiers who mainly served on the Western frontier following the American Civil War. In 1866, six all-Black cavalry and infantry regiments were created after Congress passed the Army Organization Act. Their main tasks were to help control the Native Americans of the Plains, capture cattle rustlers and thieves and protect settlers, stagecoaches, wagon trains and railroad crews along the Western front.

No one knows for certain why, but the soldiers of the all-Black 9th and 10th Cavalry Regiments were dubbed “buffalo soldiers” by the Native Americans they encountered. One theory claims the nickname arose because the soldiers’ dark, curly hair resembled the fur of a buffalo. Another assumption is the soldiers fought so valiantly and fiercely that the Indians revered them as they did the mighty buffalo. Whatever the reason, the name stuck, and African American regiments formed in 1866, including the 24th and 25th Infantry (which were consolidated from four regiments) became known as buffalo soldiers.

The mustering of the 9th Cavalry took place in New Orleans, Louisiana, in August and September of 1866. The soldiers spent the winter organizing and training until they were ordered to San Antonio, Texas, in April 1867. There they were joined by most of their officers and their commanding officer, Colonel Edward Hatch. Training the inexperienced and mostly uneducated soldiers of the 9th Cavalry was a challenging task. But the regiment was willing, able and mostly ready to face anything when they were ordered to the unsettled landscape of West Texas. The soldiers’ main mission was to secure the road from San Antonio to El Paso and restore and maintain order in areas disrupted by Native Americans, many of whom were frustrated with life on Indian reservations and broken promises by the federal

government. The Black soldiers, facing their own forms of discrimination from the U.S. government, were tasked with removing another minority group in that government's name.

The 10th Cavalry was based in Fort Leavenworth, Kansas, and commanded by Colonel Benjamin Grierson. Mustering was slow, partly because the colonel wanted more educated men in the regiment and partly because of a cholera outbreak in the summer of 1867. In August 1867, the regiment was ordered to Fort Riley, Kansas, with the task of protecting the Pacific Railroad, which was under construction at the time. Before they left Fort Leavenworth, some troops fought hundreds of Cheyenne in two separate battles near the Saline River. With the support of the 38th Infantry Regiment—which was later consolidated into the 24th Infantry Regiment—the 10th Cavalry pushed back the hostile Indians. The cavalry lost just one man and several horses despite having inferior equipment and being greatly outnumbered. It was just one of many battles to come.

Indian Wars

Both the 9th and 10th Cavalry Regiments participated in dozens upon dozens of skirmishes and larger battles of the Indian Wars as America became obsessed with westward expansion. For instance, the 9th Cavalry was critical to the success of a three-month, unremitting campaign known as the Red River War against the Kiowas, the Comanches, the Cheyenne and the Arapahoe. It was after this battle that the 10th Cavalry was sent to join them in Texas. Troops H and I of the 10th Cavalry were part of a team that rescued wounded Lieutenant-Colonel George Alexander Forsyth and what remained of his group of scouts trapped on a sand bar and surrounded by Indians in the Arikaree River. A couple weeks later, the same troops engaged hundreds of Indians at Beaver Creek and fought so gallantly they were thanked in a field order by General Philip Sheridan.

By 1880, the 9th and 10th Cavalry Regiments had minimized Indian resistance in Texas and the 9th Cavalry was ordered to Indian Territory in modern-day Oklahoma, ironically to prevent white settlers from illegally settling on Indian land. The 10th Cavalry continued to keep the Apache in check until the early 1890s when they relocated to Montana to round up the Cree. About 20 percent of U.S. Cavalry troops that participated in the Indian Wars were buffalo soldiers, who participated in at least 177 conflicts. Buffalo soldiers didn't only battle unfriendly Indians. They also fought wildfires and poachers in Yosemite and Sequoia National Parks and supported the parks' infrastructure. According to the National Park Service, buffalo soldiers billeted at the Presidio army post in San Francisco during the winter and served as park rangers in the Sierra Nevada in the summer.

In the late 1890s, with the "Indian problem" mostly settled, the 9th and 10th Cavalry and the 24th and 25th Infantry headed to Florida at the start of the Spanish-American War. Even facing blatant racism and enduring brutal weather conditions, buffalo soldiers earned a reputation for serving courageously. They fought heroically in the Battle of San Juan Hill, the Battle of El Caney and the Battle of Las Guasimas. The 9th and 10th Cavalry Regiments served in the Philippines in the early 1900s. Despite proving their military worth time and again, they continued to experience racial discrimination. During World War I, they were mostly relegated to defending the Mexican border. Both regiments were integrated into the 2nd Cavalry Division in 1940. They trained for overseas deployment and combat during World War II. The 9th and 10th Cavalry Regiments were deactivated in May 1944.

In 1948, President Harry Truman issued Executive Order 9981 eliminating racial segregation in America's armed forces. The last all-black units were disbanded during the 1950s. Mark Matthews, the nation's oldest living buffalo soldier, died in 2005 at age 111 in Washington, D.C. Buffalo soldiers had the lowest military desertion and court-martial rates of their time. Many won the Congressional Medal of Honor, an award presented in recognition of combat valor that goes above and beyond the call of duty. Today, visitors can attend the Buffalo Soldiers National Museum in Houston, Texas, a museum dedicated to the history of their military service. Bob Marley and The Wailers immortalized the group in the reggae song "Buffalo Soldier," which highlighted the irony of former slaves and their descendants "stolen from Africa" taking land from Native Americans for white settlers. [Source: Frontlines of Freedom | <https://www.history.com/topics/westward-expansion/buffalo-soldiers> | August 14, 2020 ++]

Military History Anniversaries

01 thru 15 SEP

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

WWII Photos

Netherlands 30th Inf Div Patrol



An advanced patrol of C-Company of the 1st Battalion, 117th Regt. / 30th Infantry Division, makes its way through what is likely to be a cherry orchard near Cadier en Keer, Netherlands in September, 1944.

WWII Bomber Nose Art

[58] Miss Laid



Medal of Honor Citations

Charles G. Abrell | Korea



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

Charles G. Abrell

Rank and organization: Corporal Company E, 2d Battalion, 1st Marines,
1st Marine Division (Rein)

Place and date: Hangnyong, Korea, June 10, 1951

Entered service: Las Vegas, Nevada August 17, 1948 at age 17.

Born: August 12, 1931, Terre Haute, Vigo County, IN

Citation

For conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty while serving as a fire team leader in Company E, in action against enemy aggressor forces. While advancing with his platoon in an attack against well-concealed and heavily fortified enemy hill positions, Cpl. Abrell voluntarily rushed forward through the assaulting squad which was pinned down by a hail of intense and accurate automatic-weapons fire from a hostile bunker situated on commanding ground. Although previously wounded by enemy hand-grenade fragments, he proceeded to carry out a bold, singlehanded attack against the bunker, exhorting his comrades to follow him. Sustaining two additional wounds as he stormed toward the emplacement, he resolutely pulled the pin from a grenade clutched in his hand and hurled himself bodily into the bunker with the live missile still in his grasp. Fatally wounded in the resulting explosion which killed the entire enemy gun crew within the stronghold, Cpl. Abrell, by his valiant spirit of self-sacrifice in the face of certain death, served to inspire all his comrades and contributed directly to the success of his platoon in attaining its objective. His superb courage and heroic initiative sustain and enhance the highest traditions of the U.S. Naval Service. He gallantly gave his life for his country.



Following recruit training at Marine Corps Recruit Depot Parris Island, South Carolina, Abrell was assigned as a rifleman to Marine Corps Base Camp Lejeune, North Carolina. He deployed from San Diego on August 17, 1950 to Kobe, Japan at the beginning of the Korean War aboard the attack transport USS Noble with the 1st Marine Regiment, 1st Marine Division, arriving September 2. The USS Noble departed Kobe on September 9 and arrived off South Korea on September 13 for the Inchon Invasion on September 15.

He was in combat at the Battle of Inchon on September 15 to 19, 1950, Seoul, Wonsan, Chosin Reservoir and Hanghnam as a fire team leader with Company E, 2nd Battalion, 1st Marine Regiment, 1st Marine Division. He died during an assault on an enemy hill position at Hwachon, Korea for which he was awarded the Medal of Honor. He was also a recipient of the Purple Heart Medal with one 5/16" gold star, Navy and Marine Corps Commendation Medal with Combat "V", Presidential Unit Citation with two 3/16" bronze stars, National Defense Service Medal, Korean Service Medal with one 3/16 silver star, and the United Nations Service Medal

Abrell is buried in the West Lawn Cemetery in Farmersburg, Indiana. In 1982, the Indiana Historical Bureau placed a historical marker in northern Terre Haute commemorating Abrell; it is one of twelve markers in Vigo County. In June 2001, a life-sized bronze statue of Charles Abrell on the grounds of the Vigo County Courthouse, Indiana, was dedicated in honor of those who served in Korea.

[Source: https://en.wikipedia.org/wiki/Charles_G._Abrell & https://en.wikipedia.org/wiki/Charles_G._Abrell | August 2020 ++]

*** Health Care ***



Aspirin

Update 02: One a Day Might Do More Harm than Good for Some People

An aspirin a day might keep some heart troubles away, but it could invite another health risk, according to new findings. Taking low doses of aspirin raises the risk of gastrointestinal bleeding by 47%, and increases the risk of intracranial bleeding by 34%, according to a review of research published in the British Journal of Clinical Pharmacology. The new findings echo those of earlier studies that found a link between daily aspirin use and a higher risk of severe internal bleeding. The recent study also contained some positive findings. It notes researchers have concluded that patients without cardiovascular disease who follow a regimen of low-dose aspirin use have a 17% lower incidence of cardiovascular events — including nonfatal heart attacks and strokes — and cardiovascular-related deaths.

The review's authors noted that at this time, there is not enough evidence to reach conclusions about additional potential health impacts related to taking aspirin on a regular basis. The mixed news about the impact of low doses of aspirin might leave you unsure whether taking a daily aspirin is the right thing for you. As we have reported in the past, the U.S. Preventive Services Task Force suggests daily aspirin therapy if you:

- Are age 50 to 59
- Are not at increased bleeding risk
- Have an increased risk of heart attack or stroke of 10% or greater over the next decade

However, not everyone agrees. Last year, the American Heart Association and American College of Cardiology established new guidelines for taking a daily aspirin. They urged most people to avoid taking aspirin daily as a preventive measure unless their doctor prescribes it, with the AHA noting that such a practice “may actually cause more harm than good.” Dr. Erin Michos, who helped develop the new prevention guidelines, said: “*We’re talking about healthy people who don’t have known heart disease or stroke, who might have been considering or already taking an aspirin to prevent that heart attack or stroke in the first place.*”

The AHA notes that daily aspirin use still can make sense for patients at higher risk of cardiovascular illness, including those who:

- Already have had a stroke or heart attack
- Have undergone bypass surgery
- Have undergone a procedure to insert a stent in their coronary arteries

Before taking aspirin on a daily basis, consult with your physician to see if such a regimen is right for you. [Source: MoneyTalksNews | Chris Kissell | August 15, 2020++]

Meat Consumption

Ways to Cut Back

Higher meat prices may have pushed meat to a smaller corner of the dinner plate, and pandemic-related meat shortages may not be over. If you are trying to save money at the grocery store, reducing your meat intake is a bankable strategy. Meat, poultry and fish hog about one-fifth of Americans’ grocery bills, says the Food & Environmental Reporting Network, reporting on USDA data. Beef and veal prices are up 20.2% since February. Egg prices are up 10.4%; poultry, 3%; and pork 4.5%. The USDA says the trend will continue. Better health is a bonus when you cut back meat consumption. Red and processed meats in particular bring a [higher risk](#) for heart disease, cancer and other serious illness. Here are some easy ways to reduce your meat intake without giving it up.

1. Eat meat less often

Although no “safe” amount of meat consumption has been established, less is better. Keep your intake to two to three times a week at most, the Harvard Health Newsletter says.

2. Substitute protein-dense alternatives

To keep costs down, rely more on high-protein foods you probably already enjoy. Eat a bit more than 7 grams of protein daily for each 20 pounds of your body weight. (For example, if you weigh 140 pounds, aim for 49 grams of protein daily.) Among the best foods for low-fat, high-quality protein are:

- Fresh edamame (9 grams of protein per serving)
- Cooked lentils (9 grams)
- Plain, fat-free Greek yogurt (11 grams)
- Water-packed canned tuna (20 grams)
- Split peas, cooked: (8 grams)
- Greek yogurt, plain, fat-free (11 grams)
- Cottage cheese, 1% (14 grams)
- Egg whites (13 grams)
- Canned tuna, packed in water (3 ounces) 20 grams

3. Eat smaller meat portions

Instead of using meat as the star of the dinner plate, make it a side dish and serve veggies, grains, beans and pasta as the centerpiece. Asian cuisines model this approach, creating delicious dishes with small bits of meat.

4. Try fake meats

Even before the pandemic meat shortages, so-called alternative meats were having a moment. Vegetarian meat substitutes have a long history, but newer products try to mimic meat, not just replace it. They aspire to look, taste and feel like meat. The new fake meats aren't cheaper. In fact, they can cost twice as much or more, says [NBC News](#). That might change down the road. But if meat shortages make you desperate, you may be willing to pay for a good substitute.

The newer meat substitutes typically combine plant proteins with other plant-based ingredients. Some use jackfruit ("mimics the texture of pulled pork," says [Women's Health](#) magazine). Others use tofu or wheat-based seitan. Among Women's Health's list of the best vegan and vegetarian meat substitutes are Smart Dogs' Veggie Hot Dogs, Beyond Meat's Grilled Chicken-Free Strips and Tofurky Smoky Maple Tempeh Bacon. Impossible Burger is another highly hyped newer substitute.

Some newer meat alternatives have made it to grocery store meat counters. One of the most-hyped: Beyond Burger, [made of](#) peas, mung beans, brown rice, vegetable oils, beet juice (for color) and potato starch, among other foods. It is "a burger with taste so rich and texture so meaty, you won't believe it's made from plants," [promises the maker](#). They aren't as great as the best hamburger you've ever had, but Beyond Burger patties are pretty darned good, concludes [Claudia Gallo](#), senior technician and food tester at Consumer Reports. With a bun and traditional toppings, "it's a pretty tasty burger," she says.

5. Add satisfying healthy fats

Fat contributes some of the deep, soulful sense of satisfaction that comes from eating meat. You can use vegetable fats to hit that same note, but in a healthier way. Cleveland Clinic's "[Heart Healthy Cooking: Oils 101](#)" lists the best cooking oils for different purposes. Some don't stand up well to heat. Among the best:

- For high-heat cooking: almond, avocado, hazelnut, palm and refined olive oil
- For medium-high heat: canola, grape seed, macadamia nut, light virgin olive and peanut

Avoid trans fats (also called partially hydrogenated oils). They abound in cheaply produced baked goods, popcorn, stick margarine, shortening, fast food and many other commercial food products. They are seriously bad for your health.

6. Don't forget about texture

It's not always important to replicate the texture of beef. But do give a dish enough textural variety and interest to make it satisfying. In sauces, soups and other dishes, use diced fresh mushrooms, sweet red peppers, celery, carrots or zucchini for chewy texture. Add texturized soy protein or grated zucchini to add bulk to meatballs, meatloaf and other dishes calling for ground beef, chicken or turkey.

7. Turn to turkey

One of the easiest ways to cut down on beef is to use ground turkey as a substitute in recipes. Ground turkey breast meat (without skin, fat or dark meat) is healthier, says [The Food Network](#). It has a texture similar to ground beef and the mild flavor fits easily into many familiar foods. Just amp up the seasonings a bit. For hamburgers, start the transition with a 50/50 mix of turkey and beef. Eliminate the beef as you become accustomed to the change.

8. Find a new favorite burger

Half the battle of reducing your meat intake is finding a favorite go-to burger that doesn't involve red meat. A few options:

- At Allrecipes, 1,000 reader-reviewers give 4.5 (of 5) stars to [this simple recipe](#) for "Actually Delicious Turkey Burgers."
- [Bon Appetit Magazine](#) grills an entire Portobello mushroom cap (or a fat slice of eggplant) along with sweet peppers for its "burger," dressing it with pesto mayonnaise and provolone cheese. Readers give it 4 forks (of a possible 4) and 98% say they'd make it again.
- The Spruce Eats offers what it considers "[The 12 Best Veggie Burgers Recipes](#)"
- Cooking Light shares "[21 Recipes for Extra Flavorful Plant-Based Burgers](#)"

Prescription Drug Costs

Update 63: Pandemic Could Be the Last Straw for High Drug Costs



America’s long-running debate over prescription drug prices feels more urgent than ever during the Covid-19 pandemic. Most people are rooting for the US drug industry — self-styled, and not without reason, as the most innovative in the world — to develop a vaccine or a cure for the disease that has taken more than 160,000 American lives. But the hope is tempered by an unavoidable fear in the country with the world’s highest medical prices: Will it be affordable? “In a sense, this is the whole drug pricing dilemma in one act,” Larry Levitt, executive vice president at the Kaiser Family Foundation, said. “We want innovation and new drugs that can save lives, but we also want lower prices.”

According to [new polling](#) from Data for Progress and Be a Hero, shared exclusively with Vox, voters in some of 2020’s most important battleground states fall decisively on one side of that debate. They say they are ready for a more aggressive policy agenda to, in the near term, make Covid-19 vaccines and treatments free, and, in the long term, restructure the US pharmaceutical drug industry to lower prices. From 25 JUL to 2 AUG, the left-leaning groups polled 2,051 voters in Arizona, Iowa, Maine, and North Carolina, key battleground states in the presidential and Senate elections, to gauge their feelings toward a progressive agenda to reduce drug costs. A strong majority, over 70 percent, said they would prefer a candidate who supports making Covid-19 treatments and vaccines free to everybody.

About two-thirds of voters across those states said they would be more likely to support a candidate who favors various reforms — allowing Medicare to directly negotiate the price of medicines, having the government manufacture generic versions of expensive drugs, and revoking companies’ patents for high-cost medications — over keeping the existing system, which gives drugmakers long monopolies on new or tweaked therapies. More than half, 58 percent, said they would be more likely to support a candidate who wants to make prescriptions free at the pharmacy by having Medicare cover the costs for all Americans, a kind of “Medicare for all prescription drugs.” All the findings were quite consistent across the different states: Support on that particular question, for example, was the lowest in Arizona, where it still hit 55 percent, and highest in Iowa at 60 percent.

“A lot of it is because of what’s happening with Covid,” said Liz Jaff, president of Be a Hero, who co-founded the group with well-known activist Ady Barkan, who has ALS and who has advocated for single-payer health care in the United States. “**America is realizing we need to change.**” It is difficult to be sure exactly how much the public’s views have changed during the coronavirus crisis. Medicare negotiations, for example, have always been popular. Some of these other ideas, like the government manufacturing generic drugs, are still pretty new to the policy debate. But Americans do appear to have a substantial appetite for aggressive government action to control health care costs during the pandemic: 90 percent said in an April poll from the Commonwealth Fund that Covid-19 testing and treatment should be free for everyone.

Crises have a way of making people more amenable to government interventions. Such a change in attitudes has been detected in social science research from World War II and the Great Recession, as I covered recently. Pollsters have recently found Medicaid is enjoying an uptick in public approval, with more people saying they know somebody relying on the program during the current economic downturn. But the politics of pharmaceuticals feels particularly fraught. Pharma’s most common argument against government price constraints is that they need to be able to fund their research and development of new breakthrough therapies. That argument could find a receptive audience in a public that wants a cure or vaccine for Covid-19.

On the other hand, the pandemic and its economic consequences have also made Americans as sensitive as ever to the health care cost problem; the polling from Data for Progress and Be a Hero is strong evidence of that. “If drug companies save us from this horrible pandemic, they will be heroes, and it will be very hard politically to go after their prices,” Levitt said. “But if the drug companies get too greedy in pricing Covid-19 vaccines or treatments, it could come back to bite them.”

This is a moment of “morality meeting politics,” as Jaff described it. All of the Democratic Senate candidates in the states polled — Mark Kelly in Arizona, Theresa Greenfield in Iowa, Sara Gideon in Maine, and Cal Cunningham in North Carolina — say they support Medicare negotiations for prescription drugs. So does presumptive Democratic presidential nominee Joe Biden. His newly chosen running mate, Kamala Harris, proposed aggressive government actions during her presidential bid. House Democrats passed a bill last year to permit negotiations for a certain number of drugs, estimated to save as much as \$450 billion over 10 years.

As for pharma, Jaff said, “It’s time for them to rethink how much money they can make off sick Americans.” There is some evidence that pharma has been responsive to public pressure to deliver Covid-19 treatments at a reasonable price. When Gilead announced the price at which it would sell remdesivir, shown to reduce the length of hospital stays for Covid-19 patients, Stacie Dusetzina, a health policy professor at the Vanderbilt University School of Medicine, called it “a reasonable price and it’s a surprising price.” It was still \$3,100 per course (for the hospitals, not the patients), but that was in line with its projected value, according to an analysis by the Institute for Clinical and Economic Review. “If you come out and you price really aggressive high pricing here, you are gonna be in the crosshairs of the entire American public,” Dusetzina told me at the time. “The president, everyone.”

Drugmakers have also pledged to deliver Covid-19 vaccine doses at roughly the same price (about \$15) they charge the federal government for flu vaccines. But progressives want to keep up the pressure for more aggressive reforms. Those low vaccine prices should be a given, in their minds, considering the amount of government investment in Covid-19 research and clinical trials. Taxpayers are already footing much of the bill to develop these therapies. And, based on this new battleground-state polling, they have reason to think the public is on their side. “This is the fight we want,” Jaff said. “With the amount of money they make, they should be able to provide this for free.” [Source: VOX | Dylan Scott | August 12, 2020 ++]

Prescription Drug Costs

Update 64: TSCL Survey | Restrict Increases to Inflation

A new survey by [The Senior Citizens League \(TSCL\)](#) finds that 83 percent of adults age 65 and up think Congress should restrict increases in prescription drug prices to the rate of inflation. “Medicare beneficiaries of every political persuasion are fed up with excessively high prescription drug prices,” says Mary Johnson, a Medicare analyst for The Senior Citizens League. The online survey found that only 5 percent of those participating in the survey were opposed to the idea of tying drug prices to inflation, while 12 percent were not sure. “There are few issues that have this much common consensus among retirees,” Johnson says.

Research by Johnson on the expenditures typical of older adults indicates that prescription drug costs are the single fastest growing budget item that older Americans face in retirement. Since 2000, drug costs have increased almost five times faster than Social Security benefits over the same period. Social Security benefits increased by 53 percent from 2000 to 2020 but prescription drug costs increased 252 percent. “That’s a rate that’s hard to sustain over a retirement that can last as long as 30 years,” Johnson says.

Although there’s widespread public support for lowering drug costs, a bipartisan drug bill that would reduce drug costs has been stalled in the Senate. Now the window is closing for action. The Senate bill would require drug manufacturers to pay rebates to Medicare if their prices increase more rapidly than the inflation rate. The Congressional Budget Office has [projected](#) that The Prescription Drug Pricing Reduction Act (S.2543) could save Medicare beneficiaries \$72 billion in out-of-pocket drug costs and \$1 billion in premiums over the next ten years. The legislation includes a number of provisions to restrain the rate of increase in prescription drug prices, and would also cap the out-of-pocket costs paid by beneficiaries.

State Medicaid programs use a similar inflation approach to drug pricing to lower state spending, and [research](#) indicates that it works. Medicaid beneficiaries across the nation spend less on prescriptions than if purchased under Medicare Part D. “With 83% of older Americans wanting to tie prescription drug prices to inflation, Congress would be failing its constituents if it doesn’t take action now,” Johnson says. If you are affected by high prescription costs, The Senior Citizens League urges you to share your story at <http://www.SeniorsLeague.org>. [Source: The Senior Citizens League | Shannon Benton | August 20, 2020 ++]

Prescription Drug Costs

Update 65: Drugmaker’s Alternative to Trump’s Most Favored Nations Rule

The drug industry memo comes days after Trump’s publicly announced deadline for the industry to provide an alternative to his so-called most favored nations rule. Pharmaceutical executives have downplayed any interest in negotiating with the president during their recent company earnings calls. Four industry sources confirmed that industry shared the proposal with the White House. The board of PhRMA, the brand-name drug industry’s big Washington lobby, approved the proposal 23 AUG and it was transmitted to the White House shortly thereafter, said one lobbyist. The plan was for the president to be briefed directly on the counteroffer, but it is not clear that he has yet. PhRMA and the White House did not respond to requests for comment.

The drugmaker proposal promises savings in excess of \$100 billion over a decade and would avoid the time-consuming rulemaking process by relying on two voluntary demonstration programs within Medicare. It would effectively kill Trump’s plan to link drug prices to significantly lower costs in other developed nations whose governments directly negotiate prices with drugmakers. “The only thing I have with socialism is I want to get their price,” Trump said during the Republican National Convention Monday.

The industry is offering to cut prices for physician-administered drugs in Medicare Part B by 10 percent. The administration estimated its original plan to link payments to lower costs abroad would save 30 percent. Under the industry plan, Medicare’s Innovation Center would test a voluntary Part B model in which manufacturers would provide a “market-based” discount for covered drugs that translates to a roughly 10 percent reduction in average sales price. The demo would also reduce cost sharing for those medicines to a set dollar amount between \$15 and \$20. “Implementation would be aggressive and before the election — since this is a voluntary model and would not have to go through rulemaking,” the memo reads.

The second demonstration model would put a cap on the 5 percent cost-sharing for patients in the catastrophic phase of the Medicare Part D outpatient prescription drug program. CMMI would be directed to test the model, in which manufacturers would pick up the extra costs. “There would also be a commitment from PhRMA to work with [Medicare

and its Innovation Center] on additional Part B and D reform policies over the long-run (including a CAP-like model that would make Part B look more like Part D),” the memo reads.

The industry estimated the two demonstration programs and the promise of long-term reforms could save more than \$100 billion over 10 years. Health officials have previously said that the international pricing index would save Medicare more than \$17 billion over its first five years, and more than \$50 billion in its first eight years. [Source: Sarah Owerhohle & Susannah Luthi | August 25, 2020 ++]

Respiratory Illness

Thunderstorm Impact on Sufferers



Is a thunderstorm in the forecast? Your roof may not be the only thing in danger. A new study suggests that if you're 65 or older, you are more likely to visit the emergency room for a respiratory problem in the days before a severe storm. In a study published in JAMA Internal Medicine, a group of researchers analyzed Medicare insurance claims and found a correlation between respiratory ER visits and thunderstorms.

The analysis combined insurance and Medicare data associated with acute respiratory diagnoses during ER visits with weather data from the National Oceanic and Atmospheric Administration for all counties within the continental United States between 1999 and 2012. All told, they looked at more than 822,000 days with major thunderstorms and more than 22 million emergency department visits. During days before thunderstorms, Medicare patients' visits to the emergency department for respiratory illnesses increased, especially among patients with both asthma and chronic obstructive pulmonary disease. Overall, there were 5.3 additional visits per million Medicare patients during the three days surrounding major thunderstorms - about 52,000 additional visits to the emergency room in total.

The researchers couldn't find the same associations for nonrespiratory conditions such as sepsis. Other researchers have hypothesized that asthma can coincide with thunderstorms because the precipitation could cause pollen particles to burst and become easier to breathe in. But since the bulk of the ER visits happened before storms, the authors of the current study do not think pollen release was at play. Instead, they write, "rises in particulate matter concentration and temperature may be the dominant mechanism of thunderstorm-associated acute respiratory disease in older Americans."

Severe storms are expected to increase over the coming years because of warming oceans caused by human-driven climate change. As global warming continues, it's expected to drive more stormy days, particularly in the eastern United States. Some models have shown that severe thunderstorms might double in places such as Atlanta and New York if greenhouse gases continue to rise. Since the study looked at Medicare beneficiaries, it only studied people 65 and older. Still, it offers new insight into a potential effect of climate change. Global warming is expected to drive many things, such as heatstroke, diarrheal illnesses, drinking and eating newly flourishing marine bacteria. And now thunderstorm-induced respiratory trouble in older adults can be added to the list. [Source: Washington Post | Erin Blakemore | 2020 August 22, 2020 ++]

Sprains & Strains

New Guidelines Urge OTC Painkillers, Not Opioids



People with common muscle and joint injuries should skip opioids and instead reach for over-the-counter pain relievers, new treatment guidelines suggest. The recommendations, from the American College of Physicians and American Academy of Family Medicine (AAFP), cover acute musculoskeletal injuries -- woes ranging from sprained joints and strained muscles, to inflamed tendons and whiplash. The groups say that in general, treatment should start on the conservative end, with pain-relieving creams and gels. If that's not enough, common oral painkillers are good options. They include acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen.

On the other hand, the guidelines discourage prescribing opioids such as OxyContin, Vicodin and Percocet. While the drugs can help with shorter-term pain, they are also potentially addictive and carry a risk of serious side effects. "Opioids should not be routinely used for acute pain," said Dr. Timothy Wilt, who chaired the ACP Clinical Guidelines committee. "Acute" means pain that has been around for less than a month. Other research has found that opioids are also of little use for most cases of chronic pain unrelated to cancer. That's not to say no one who is in acute pain should get an opioid prescription. Some people may need the medications for a short time, said Wilt, a professor of medicine at the Minneapolis VA Center for Care Delivery and Outcomes Research. But in general, he said, the evidence shows "other options are safer and more effective."

The guidelines, published 17 AUG in the *Annals of Internal Medicine*, are based on a review of over 200 clinical trials testing treatments for recent musculoskeletal injuries. Patients had a range of injuries -- from sprained ankles to torn hamstrings to whiplash -- but did not have low back pain. A set of 2017 guidelines tackled low back pain, and came to similar conclusions: If medications are used, NSAIDs should be the first choice, said Dr. Gary LeRoy, president of the AAFP. The new guidelines suggest topical versions of NSAIDs -- with or without menthol gel -- be tried first.

That emphasis on topical painkillers -- and stance on opioids -- are good to see, according to Dr. Houman Danesh, a pain management specialist who was not involved in the guidelines. "It's important for doctors to feel supported in not using opioids," said Danesh, who directs the division of integrative pain management at Mount Sinai Hospital in New York City. With the United States years into an opioid abuse epidemic, medical societies have been advising doctors to rein in their prescribing of the drugs when other options are available. Yet the drugs are still commonly prescribed for musculoskeletal pain, Wilt said. Danesh agreed, noting that patients sometimes ask for them.

It is true that NSAIDs can have side effects, like stomach upset or internal bleeding -- especially if used for a prolonged time. And some people are at increased risk of side effects from NSAIDs or acetaminophen, including older adults and people with heart, kidney or liver disease. That's why topical NSAIDs are suggested as a first choice: They have fewer side effects, LeRoy said. On balance, though, NSAIDs and acetaminophen are safer than opioids, and often ease acute pain, the guidelines say. Danesh did note that inflammation is part of the body's natural response to acute injury. And in general, he said, he tells patients that if the pain is tolerable, they can see how they do without oral NSAIDs.

There are non-drug options, too, LeRoy said. Two were singled out in the recommendations: acupuncture and transcutaneous electrical nerve stimulation. Trials show they help ease pain and -- in the case of acupuncture -- may improve people's physical functioning. Some others -- like physical therapy and massage -- were not cited in the guidelines but might help some people, according to LeRoy. The good news is musculoskeletal pain usually wanes within four to six weeks, according to Danesh. "If it doesn't," he said, "you may need a referral to someone like me." Ultimately, Danesh said, it's best to try to figure out the root cause of musculoskeletal pain. If imbalances in muscle strength or unconscious postural habits are underlying the pain, that should be addressed. [Source: US News & World Report | Amy Norton | August 17, 2020 ++]

Coronavirus Vaccine

Update 12: Operation Warp Speed



Operation Warp Speed is the program designed to find a vaccine for COVID-19 before the end of the year, and to quickly get a vaccine out to Americans by January 2021. Part of that effort involves manufacturing vaccines before they are even approved for use by the Food and Drug Administration. In the event a vaccine is approved, this means it will already be available for distribution. For those vaccines that are not approved, the already-manufactured doses will be destroyed. Two of the six candidate vaccines for COVID-19 are now in Phase III trials. Each of those trials will require about 30,000 participants, and Operation Warp Speed is about half finished finding participants for the clinical trials Paul Mango, the deputy chief of staff for policy at the Department of Health and Human Services, said.

"We're past the halfway point in terms of enrollment. We feel very good about that enrollment in terms of the overall diversity." He said the population participating, so far, is varied in age and race, as well as among individuals with varying medical conditions. "We feel very good about those clinical trials," Mango said. "We would expect that two more of our candidate vaccines will go into Phase III clinical trials by the middle of September. Maybe one of those even sooner, though we're feeling good about the fact that we'll have four vaccines in Phase III clinical trials by the middle of next month." Manufacturing is underway now for three of the vaccines, Mango said. For the other three, facilities are being set up, and manufacturing will start shortly. "We feel we are absolutely on track, if not a little bit ahead in terms of our overall objective, which is tens of millions [of doses] of safe and effective vaccine approved before calendar year-end," Mango said.

One challenge for meeting the goal of Operation Warp Speed is the logistics of distributing the final, approved vaccine. Planning for that is complicated by the fact that some of the candidate vaccines are single-dose, while others require multiple doses, Mango said. "We have to deal with the difference between single doses and double doses," he said. "We also have to deal with different storage and transport requirements. So when you add all this up, there's five or six major independent variables, and when you run the number of combinations that we're planning for, it's quite extraordinary." Another factor, Mango said, is the ancillary material that comes with distributing a vaccine — syringes, hypodermic needles and vials, for instance. He said he's confident Operation Warp Speed is ahead in that area. "We have hundreds of millions of those already received," he said. "We have hundreds of millions of those that are on order and will be delivered as we approach year-end and into the early part of the new year. So we feel we have the vast majority of our logistical needs either already covered or underway."

Dr. Robert Redfield, director of the Centers for Disease Control and Prevention, also discussed planning where the vaccines will go first when they're ready and who will interact with recipients to administer the vaccine. "Right now, the CDC is focused on leveraging the existing systems we use every day to deliver vaccines across the U.S., as well as building on state and local planning that is underway around pandemic influenza," Redfield said. Initially, he said, availability of the vaccine might be limited, and it's important that decisions are made now about which populations should have first access to the vaccines. "CDC's advisory committee on immunization practices, along with other groups like the National Academy of Sciences, Engineering and Medicine, are evaluating the safety and immunogenicity data of vaccine candidates and examining the epidemiology of COVID-19 in focus populations and will eventually make recommendations about which populations to prioritize for vaccine," Redfield said.

Due to teleworking as a result of COVID-19, adults may not be able to get the new vaccine where they have gotten vaccines in the past — in some cases at their place of employment, for instance, Redfield said. "A successful vaccine program will require a combination of traditional and innovative approaches to how vaccines are administered," he said. "So pharmacies and other complementary community-based locations may be important in our response to this pandemic." Redfield also said that a distributor for the future COVID-19 vaccine has been chosen. He said the CDC and that distributor typically deliver as many as 80 million doses of vaccines to providers.

"During an emergency, this system can be scaled and has the capacity to manage and distribute up to 900 million vaccine doses," he said. "Our goal is ensure that there's no delay in the handoff between the FDA authorizing a vaccine and the implementation of vaccine programs nationwide." Operation Warp Speed is a partnership between the Defense Department and the HHS. Specific HHS components involved include the CDC, FDA, the National Institutes of Health, and the Biomedical Advanced Research and Development Authority. [Source: DOD News | C. Todd Lopez | August 28, 2020 ++]

Covid-19 Fake Cures

Update 01: Immune Shot

A Georgia man and his company have been charged with violating the Federal Food, Drug, and Cosmetic Act (FDCA) by selling a drug claiming to treat COVID-19. **Matthew Ryncarz**, and his company, Fusion Health and Vitality, LLC d/b/a/ Pharm Origins, are accused of selling a misbranded drug called "Immune Shot" that they falsely claimed would lower consumer's risk of contracting COVID-19 by nearly 50 percent, said Bobby L. Christine, U.S. Attorney for the Southern District of Georgia.

In March 2020, during the midst of the global COVID-19 public health crisis, Ryncarz, through his company, Pharm Origins, created a website and began selling "Immune Shot" for \$19 a bottle. Among other things, the website represented that "YOU will learn in JUST MINUTES ... how to LOWER your risk of COVID-19 by nearly 50%." Further, to sell "Immune Shot," Ryncarz and Pharm Origins targeted individuals, ages 50 and older, with heavy-handed sales pitches, such as "The NEXT FIVE MINUTES could save your life," "We are offering you the exclusive price of only \$19 per bottle because we know that Immune Shot could be the most important formula in the WORLD right now due to the new pandemic," "Immune Shot is Not a Luxury, It is a Necessity Right Now," "Point Blank, if YOU Leave, YOU are at Risk," and "Is Your Life Worth \$19? Seriously, Is It?"

Ryncarz and Pharm Origins sold "Immune Shot" to consumers in the Southern District of Georgia and outside of the state of Georgia. The defendants were charged by way of an Information, filed in the U.S. District Court for the Southern District of Georgia. The Information alleges that "Immune Shot" was a misbranded drug within the meaning of 21 U.S.C. § 352(a)(1), in that it bore false and misleading labeling. "Our office is committed to ensuring that businesses do not take advantage of a global health crisis and people's fears in order to unlawfully make a buck," said

U.S. Attorney Christine. “We will continue to work with our law enforcement partners to make sure consumers are not exploited during these challenging times.”

Criminal informations contain only charges; defendants are presumed innocent unless and until proven guilty. Please report COVID-19 fraud to the National Center for Disaster Fraud’s National Hotline at (866) 720-5721, or go to justice.gov/disastercomplaintform. Assistant U.S. Attorneys J. Thomas Clarkson and Patrick J. Schwedler are prosecuting this case on behalf of the United States. [Source: DoJ So. Dist of GA | U.S. Attorney’s Office | August 10, 2020 ++]

Covid-19 Treatment

Update 03: Hospital at Home Programs Expansion



As hospitals care for people with COVID-19 and try to keep others from catching the virus, more patients are opting to be treated where they feel safest: at home. Across the U.S., “hospital at home” programs are taking off amid the pandemic, thanks to communications technology, portable medical equipment and teams of doctors, nurses, X-ray techs and paramedics. That’s reducing strains on medical centers and easing patients’ fears. The programs represent a small slice of the roughly 35 million U.S. hospitalizations each year, but they are growing fast with boosts from Medicare and private health insurers. Like telemedicine, the concept stands to become more popular with consumers hooked on home delivery and other Internet-connected conveniences.

Eligible patients typically are acutely ill with — but don’t need round-the-clock intensive care for — common conditions including chronic heart failure, respiratory ailments, diabetes complications, infections and even COVID-19. They are linked to 24/7 command centers via video and monitoring devices that send their vital signs. They get several daily home visits from a dedicated medical team. Just like in a hospital, they can press an emergency button any time for instant help. Research on such programs around the world over the past 25 years shows patients recover faster, have fewer complications and are more satisfied, while costs can be a third lower.

Doctors, hospital officials and patients tout other advantages: People get more rest sleeping in their own bed. They can eat what they want, start moving around quicker and go outside for fresh air. They’re less likely to fall in their familiar surroundings, where they have support from family and even pets. “I would recommend it in a heartbeat for anybody to be able to stay at home,” said William Merry, who received care for pneumonia in July at his Ipswich, Massachusetts, home. “There was never any problem. Never.” Merry, who had endured an uncomfortable hospital stay six years ago, refused another one when antibiotic pills didn’t help and his temperature hit 103. So his doctor arranged care through Boston-based Medically Home.

Merry and wife Linda, a retired nurse, said they were amazed at how quickly the service transformed their dining room into a mini-hospital room. Technicians set up medical equipment, gave them supplies and oxygen tanks, then explained how everything worked. That eased their stress, as did regular video calls with a doctor. They got daily

schedules listing planned medical staff visits, blood draws, tests, IV medicine administration and other care, she said. “I think it’s really important,” she cautioned, “that the person has somebody that’s able to be at home.” Dr. Bruce Leff, a geriatrics professor at Johns Hopkins School of Medicine and a home hospital pioneer, did pilot studies years ago. He found benefits for elderly patients who, as he said, were otherwise “basically going to get crushed by the hospital” due to risks of developing blood clots and infections, losing mobility and developing delirium.

Even before the coronavirus pandemic emerged earlier this year, some hospitals were considering at-home-care programs to absorb temporary patient spikes — and avoid the high cost of new buildings. It’s unknown exactly how many U.S. programs exist, but when COVID-19 struck, some institutions rushed to sign up with Medically Home and similar services.

Nashville, Tennessee-based Contessa Health, which serves 14 hospitals in six states, says it’s adding two more hospitals shortly and is negotiating potential contracts for about 20 more. Patient volume has jumped 140% since last year and it’s added care for patients “admitted” from urgent care and cancer clinics. Another company, DispatchHealth, previously focused mainly on preventing ER visits by rushing paramedics to provide diagnostic testing, medication and other care at patients’ homes or elsewhere. The Denver-based company says it has 200-plus contracts with insurers in 19 U.S. markets to treat seriously ill and injured people at home. It piloted a hospital-at-home program in November, already has programs running in three cities and plans rapid expansion. Some hospitals have mounted their own at-home programs. In late March, eight of the Atrium Health system’s 36 hospitals in the Carolinas and Georgia began one for COVID-19 patients who don’t need intensive care. It’s already treated about 11,000 people.

Meanwhile, hospitals with existing programs are seeing far more patients choose at-home care. In New York, the Mount Sinai at Home program went from handling 10 patients a month to up to 30, said its director, Dr. Linda DeCherrie. The program has since added a twist in which patients start care inside the hospital, then finish at home. “Everybody we offered it to said yes,” said DeCherrie. DeCherrie said the hospital-at-home model has been used on a small scale in the U.S. since the mid-1990s, but it was held back because traditional Medicare and some insurance plans either didn’t cover such treatment at all or didn’t reimburse for the full cost of care. But when the pandemic struck, the Centers for Medicare and Medicaid Services temporarily let hospitals bill for care outside their walls, including in patients’ homes. Many private insurers also are covering in-home hospital care during the pandemic. Hospital groups and others want Congress to make those changes permanent, at the same rates as in-hospital care.

Raphael Rakowski, co-founder of 4-year-old Medically Home, said the number of patients treated this July is up tenfold from July 2019. “Our business is exploding because of COVID,” he said. It now treats patients for 10 hospitals and one physicians’ group in five states, including two that were set up soon after the pandemic hit: Boston’s Tufts Medical Center and Adventist Health’s West Coast hospitals. Two Mayo Clinic hospitals joined this summer. Medically Home should be operating in 12 states by early 2021, Rakowski predicts. He says some patients are offered at-home care after being examined in an emergency room. In other cases, doctors arrange the care for patients getting cancer treatment, those with a sudden illness, some about to get surgery, or homebound patients with dangerous complications.

The Veterans Health Administration operates 12 hospital-at-home programs. Last year, they served 1,120 veterans. More vets are using the program during the pandemic, said Dayna Cooper, head of agency’s home-based programs. One of the busiest, in San Antonio, saw a 90% jump in veterans treated this March through June versus last year. Another four of the agency’s 170 hospitals are working to start programs. Cooper said studies of the programs in Cincinnati and Honolulu found they cut costs by 29% to 38%, without differences in survival or hospital readmissions.

While interest in the programs has skyrocketed, whether in-home hospital care blossoms after the pandemic largely depends on whether government and private insurers continue to cover it at profitable prices. If they don’t, Johns Hopkins’ Leff said: “I think most hospitals will go back to normal.” [Source: Associated Press | Linda A. Johnson | Aug. 20, 2020 ++]

Covid-19 Precautions

Update 03: Vitamin D Impact

After the coronavirus pandemic first reached the U.S., stories emerged of people spending time in the sun, soaking up vitamin D in the hope that it might protect them from the worst of COVID-19. Turns out such strategies are not as far-fetched as they might have sounded at the time. A pair of recent studies suggest that a lack of vitamin D might put you at greater risk for a poor outcome after infection with the new coronavirus, which causes the disease COVID-19. Patients who have a severe vitamin D deficiency are twice as likely to have severe complications — or even to die — after being infected with the virus, according to researchers at Northwestern University.

The researchers looked at data from hospitals and clinics in 10 countries: China, France, Germany, Italy, Iran, South Korea, Spain, Switzerland, the United Kingdom and the U.S. Patients from countries with high COVID-19 mortality rates — including Italy, Spain and the U.K. — had lower overall levels of vitamin D compared to patients in nations that fared better. Northwestern researcher Vadim Backman cautions that the findings require further study, and noted that people should accept them in that spirit: “While I think it is important for people to know that vitamin D deficiency might play a role in mortality, we don’t need to push vitamin D on everybody.”

A more recent study out of the University of Chicago Medicine appears to add additional support for the theory that vitamin D may offer protection from the coronavirus. In the second study, researchers discovered that patients who had untreated vitamin D deficiency were almost twice as likely to test positive for COVID-19 when compared to patients who had healthy levels of the vitamin. Dr. David Meltzer, lead author of the study, said: “*Vitamin D is important to the function of the immune system and vitamin D supplements have previously been shown to lower the risk of viral respiratory tract infections. Our statistical analysis suggests this may be true for the COVID-19 infection.*”

The University of Chicago Medicine notes that half of Americans are deficient in vitamin D. Rates are higher among Black and Hispanic Americans and among those who live in northern climes where it’s hard to get enough sun exposure in the winter. [Source: MoneyTalksNews | Chris Kissell | August 25, 2020 ++]

Covid-19 Testing

Update 04: Nursing Home Rapid Test Use Roadblocks

The Trump administration’s latest effort to use Covid-19 rapid tests—touted by one senior official as a “turning point” in arresting the coronavirus’s spread within nursing homes—is running into roadblocks likely to limit how widely they’ll be used. Federal officials are distributing point-of-care antigen tests—which are cheaper and faster than tests that must be run by a lab—to 14,000 nursing homes to increase routine screening of residents and staff. The initial distribution targets nursing homes in hot spots and those with at least three COVID-19 cases, senior Trump administration officials said in July, hailing it as a tool that could root out asymptomatic carriers who might still infect others.

But there’s a hitch: Two manufacturers that have received Food and Drug Administration authorization and whose instruments are being delivered—Becton, Dickinson and Co., known as BD, and Quidel—say their antigen tests are intended for patients with symptoms, calling into question how valuable the tests would be for broad screening purposes. The Centers for Disease Control and Prevention estimates 40% of infected people may be asymptomatic. “It’s important always to use a diagnostic in the way that it has been designed to be used,” said Elizabeth Talbot, New Hampshire’s deputy state epidemiologist. “We simply don’t know how [the tests] will perform in persons who are asymptomatic.”

Perhaps the highest-profile example of the problem occurred in Ohio this month, when Gov. Mike DeWine had no symptoms and tested positive for COVID-19 with Quidel’s antigen test. Within hours, the Republican governor’s

diagnosis was reversed after he got a PCR test. “People should not take away from my experience that testing is not reliable or doesn’t work,” DeWine said on CNN after his false-positive diagnosis. “The antigen tests are fairly new,” he said. “We’re going to be very careful in how we use it.” The bigger problem is false-negative results, which show someone isn’t infected when they actually are. BD’s false-negative rate—how often a test incorrectly says someone isn’t infected—is about 15%; Quidel’s is 3%. Quidel and BD say their tests are intended to be used for people within the first five days of showing symptoms.

A spokesperson for BD said its test should not be used on asymptomatic individuals. Quidel through a spokesperson deferred to FDA guidelines, which allow asymptomatic testing in certain scenarios. “For routine surveillance, this is a great tool and these are our best tools that we have available,” said Adm. Brett Giroir, assistant secretary for health at the Department of Health and Human Services, on a July call with nursing home officials, according to a recording obtained by KHN. Seema Verma, the administrator of the federal Centers for Medicare & Medicaid Services, on the call referred to the effort as a “turning point” in the fight against the virus.

A month after the initial announcement, the Trump administration invoked the Defense Production Act to bump its contracts with the two companies to the front of the line and expedite shipments. BD will send roughly 11,000 devices and 3.75 million tests to nursing homes; Quidel and HHS declined to answer questions about its volume. As states and the federal government move to mandate Covid testing inside nursing homes, whose patients are deemed highly vulnerable to infection and severe complications, several industry officials have said they hoped to use the tests on asymptomatic people. But many states restrict the use of antigen tests or still require lab-based testing because of accuracy concerns. If a person with a negative test result has to default to getting a more accurate PCR test, “then we simply have just added time and cost,” Talbot said. “That’s a problem.”

Officials said the antigen test announcement caught them by surprise, underscoring the administration’s chaotic testing strategy. Separate from the federal effort, 10 states have banded together through the Rockefeller Foundation to secure 5 million tests from the two companies in hopes of curbing the virus’s spread this fall. After nursing homes receive an initial batch of tests—each facility gets between 150 and 900—they would have to buy future supplies. Medicare will cover the costs of diagnostic tests but not expenses for routine surveillance. “I just have a lot of skepticism,” said Brendan Williams, president of the New Hampshire Health Care Association, which represents nursing homes and assisted living facilities in the state. “Basically you’re giving some lousy tests for nursing homes and you’re making them pay for them. I don’t see that as a win; I see that as a risk.”

Public health experts have become increasingly vocal that frequent rapid testing is the best tool for stopping the virus—which has killed more than 174,000 Americans including tens of thousands in nursing care—rather than relying on more accurate lab-based tests that have been plagued by delays and shortages. In a call this month with the industry, Verma estimated that half of the country’s nursing homes have experienced cases. “I don’t see an avenue where these will not help to stop transmission chains, and I don’t see another option on the table for us,” said Dr. Michael Mina, an assistant professor of epidemiology at the Harvard T.H. Chan School of Public Health and a proponent of rapid tests. “It is what we need to be doing right now.”

“This is better for the folks in our buildings, without a doubt,” added Jason Belden, director of emergency preparedness and physical plant services for the California Association of Health Facilities. In theory, antigen tests can serve dual purposes—diagnosing a person with a suspected infection or screening a group of people to more quickly identify sick individuals. The tests by Quidel and BD, under their FDA authorizations, can be used on certain asymptomatic individuals, including those suspected of having COVID-19 after exposure to an infected person. The companies would need additional FDA authorization to screen any asymptomatic person regardless of whether they’re suspected of being sick, according to agency guidelines.

The CDC has suggested antigen tests could be useful in high-risk settings if performed repeatedly. It said there was limited data to guide using them to screen asymptomatic people. Nonetheless, HHS recommends universal screening of nursing home residents at least once and regular screening of staff regardless of symptoms, said agency spokesperson

Mia Heck, citing the fact that Covid-19 viral loads are similar between patients with and without symptoms. “Only one test in the U.S. is authorized for asymptomatic individuals,” she said, referring to a PCR test from LabCorp, “yet the overwhelming majority of testing is being done on asymptomatic individuals.” “If the world were ideal we’d say, ‘Oh, we want the more accurate test.’ But the more accurate test takes forever to get the results back,” said Peter Van Runkle, executive director of the Ohio Health Care Association, which represents the state’s nursing homes.

All targeted nursing homes will receive tests by the end of September, according to federal officials, who recently announced that facilities in states with a positivity rate of at least 5% must test staff each week. “I don’t see this as a federal strategy so much as a stopgap method to bring a little relief to nursing homes,” said Katie Smith Sloan, president of LeadingAge, which represents nonprofit nursing homes. “It’s really tragic that we are where we are right now.” Boosted by \$71 million in federal funds for Quidel and \$24.3 million for BD, Quidel plans to produce 1.8 million tests weekly by September; BD will produce similar volumes by October. “The situation is much too urgent to wait a few months so we can put bows and lipstick on the program. So we’re going to build this plane a little bit while we’re flying it,” Giroir told nursing homes in July. “Just work with us. We want to get you what you need. And then in September, October you can get what you want.”

States take different approaches in deploying antigen tests in nursing homes; in at least seven—including California, Illinois and Maryland—officials say PCR tests should still be used to confirm results or to screen patients without symptoms. In Massachusetts, nursing homes must use PCR tests to meet surveillance requirements. In Maryland, “our goal is to screen out staff who are positive as quickly as possible, particularly asymptomatic folks,” said Dennis Schrader, chief operating officer of the health department. Maryland nursing homes can use antigen tests for weekly staff testing if there isn’t an outbreak. But if at least one person tests positive for the coronavirus, all staff and residents must be tested with PCR tests. [Source: Kaiser Health News | Rachana Pradhan | August 25, 2020 ++]

* Finances *



Utility Company Scams

Update 02: Impersonation Con Tricks Subscribers

Looking to save money right now? No matter how COVID has impacted your finances, be sure to say “no” to this scam deal. This summer, [BBB.org/ScamTracker](https://www.bbb.org/scamtracker) has received reports of con artists impersonating internet, cable tv, or electricity company representatives. They claim to offer a great deal or rebate on your bill, but it’s really a way to trick unsuspecting customers into shelling out hundreds of dollars.

How the Scam Works

- You receive an unsolicited call offering you a reduced rate or rebate on your cable tv, electricity or other recurring bill. Speaking to the “customer service representative” may be quite convincing. Many scammers even use the same hold music as big-name providers and duplicate a company’s caller menu.
- When speaking with the representative, they seem very professional. The caller explains that the company is offering a special promotion. If you pay several months up front, you can receive a discounted monthly rate or free perks, like premium cable channels. In another version of the con, the caller claims that you overpaid on a recent bill and are due for a rebate.

- Then, things get fishy. Instead of using the payment information your cable company already has, they ask you to purchase pre-paid debit cards to make the up-front payment. Don't do it! If you purchase the cards and send the information to the caller, your money will be lost for good.

Tips to avoid these scams

- Never make payments with prepaid debit cards or gift cards. Scammers prefer these payment methods because there is nothing you can do to get your money back. Remember, legitimate companies almost always accept checks and credit cards as the primary means of payment.
- If someone shows up at your doorstep, verify their identity. If you weren't expecting a visit, ask the person for their ID and then call your cable company to verify that they are an employee.
- When in doubt, verify special deals with your utility company. If you are unsure about a promotional offer you've been presented with, get the customer service number from the company's official website or your latest bill. Call the company directly to make sure the offer is real.

For More Information

For information about scams impersonating your cable company, see these resources from [Direct TV](#), [Verizon](#), [Cox](#), and [Xfinity](#). For more ways to avoid utility scams, see the [BBB Tip: Utility Imposter Scam](#). If you've been the victim of a scam, please report it to [BBB.org/ScamTracker](#). By sharing your experience, you can help others avoid falling victim to similar scams. [Source: BBB Scam Alerts | August 21, 2020 ++]

COVID-19 Scams

Update 02: Free COVID Relief Funds Could Be a Grant Scam

In tough economic times, it can be hard to turn down free money – especially if it appears to come from a friend. BBB.org/ScamTracker is receiving numerous reports that con artists are stealing information from Facebook and Instagram accounts and promoting phony COVID-19 relief grants to their network and Friends list.

How the Scam Works

- You get a Facebook Messenger chat or Instagram direct message that look like it comes from a friend, relative, community member, or another other person you trust. The message is telling you about a grant for COVID-19 relief. You “friend” may claim to have already applied and received thousands of dollars.
- Scammers are either hacking social media accounts or creating separate lookalike profiles by stealing photos and personal information. Either way, these con artists are banking that you will trust a message that appears to come from someone you know. For example, one recent victim was contacted by someone posing as a leader in their church. “This scam was very convincing. [It looked like it came from] someone I know and trust,” they wrote. “Because of COVID-19, I'm laid off, so I would try it. [The scammer] said my name was on a list to receive this grant money. I lost \$1,000.00 of my unemployment.”
- While many people report being targeted through social media, that's not the only way scammers are reaching potential victims. Other versions of this scam use phone calls and text messages.
- No matter how you hear about a “grant,” there's a major catch! To get the “grant,” you need to pay upfront first. The scammer will claim the money pays for “delivery” or “processing.” The scammer will take the money, and your grant will never materialize.

How to spot a phony grant scam:

- Be wary of your friends' taste online. Your friend or family member may have impeccable judgment in real-life. But online, email messages, social posts, and direct messages could be from a hacked or impersonated account.

- Don't pay any money for a "free" government grant. If you have to pay money to claim a "free" grant, it isn't really free. A real government agency won't ask you to pay a processing fee for a grant you have already been awarded. The only official list of all U.S. federal grant-making agencies is www.grants.gov. For information regarding Canadian grants, contact the Financial Consumer Agency of Canada.
- Check for look-alikes. Be sure to do your research and see if a government agency or organization actually exists. Find contact info on your own and call them to be sure the person you've heard from is legitimate.
- Report scam accounts and messages to Facebook and Instagram. Alert administrators to fake profiles, compromised accounts, and spam messages by reporting them on Facebook and Instagram.

For More Information

Learn more about government scams (www.BBB.org/GrantScam). For advice on keeping your Facebook account secure, check out this article in Facebook's Help Center. If you've fallen victim to this kind of scam, help others avoid the same pitfall by filing a scam report at www.BBB.org/ScamTracker. [Source: BBB Scam Alerts | August 28, 2020 ++]

Identity Theft Scam

Protect Yourself from This Tricky One

Identity theft is an ever-evolving crime. As credit bureaus and individuals catch on to the schemes of identity thieves, the con artists simply modify their tactics. Scammers are now combining information from multiple individuals to invent a false identity, a technique called "synthetic" identity theft. It's so hard to detect, you might be a victim and not even know it.

How the Scam Works

- Scammers pull together a stolen Social Security or Social Insurance number (often belonging to a minor or someone with no credit history), the [address of an abandoned property](#), and a fake name and birth date. Using this information, the scammer applies for a credit card. Initially, they will be declined since they don't have a credit profile, but this creates a record of a "person" that doesn't actually exist.
- Next, the scammer adds that "person" to one or more legitimate accounts. Over time, the scammer builds up a credit history. They may even make charges and payments over several years, until they can qualify for large lines of credit. Once they are approved for a high line of credit, they do what is called a "bust-out." The con artist charges their credit cards to the limit, pays nothing, discards the identity, and disappears.
- If your Social Security or Social Insurance number has been used in synthetic identity theft, it will be difficult to detect. Negative credit reports will be tied to your number, but not your name, phone number, and address. This means fraud alerts, credit monitoring, and credit freezes won't stop the scammers or alert you to what is happening. However, unpaid debts left by the scammer can affect your ability to take out loans or credit. Also, jilted creditors will eventually track the debts back to the Social Security number and, ultimately, its real owner.

Tips to Protect Yourself from Synthetic ID Theft

- Minimize your exposure. Don't give out your Social Security or Social Insurance number if it isn't absolutely necessary. When a business, medical office, or individual asks for this information, don't be afraid to ask them why they need it and how they will protect your personal information.
- Protect your child's personal information. A child's identity is appealing to scammers due to their clean, blank slate. See these BBB tips for more advice on protecting your child's identity.

- Keep an eye on your communications. Monitor any mail, phone calls, email, or other communications you receive. Be alert if something arrives out of the blue or doesn't make sense. If you receive any mail or phone calls regarding you or your child that seem like a red flag, follow up right away.

For More Information

You can find valuable information on spotting and avoiding identity theft of all kinds on the Federal Trade Commission [website](#). Also, read [BBB Tip: Identity Theft](#) for more tips and advice. If you know or suspect you or your child have been the victim of synthetic identity theft, visit [identitytheft.gov](#) to file a report with the FTC and create a personalized recovery plan. Also, report your experience on the [BBB.org/ScamTracker](#) to help increase consumer awareness about this serious crime. [Source: BBB Scam Alerts | August 14, 2020 ++]

Tax Burden for Hawaii Retired Vets As of August 2020

Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. States raise revenue in many ways including sales taxes, excise taxes, license taxes, income taxes, intangible taxes, property taxes, estate taxes and inheritance taxes. Depending on where you live, you may end up paying all of them or just a few. Following are the taxes you can expect to pay if you retire in Hawaii:

Sales Taxes

State Sales Tax: The state sales tax rate is 4%, and the average HI sales tax after local surtaxes is 4.427%. Counties and cities can charge an additional local sales tax of up to 0.5%, for a maximum possible combined sales tax of 4.5%. Hawaii has a lower-than-average sales tax, including when local sales taxes from Hawaii's 4 local tax jurisdictions are taken into account. The sales tax in Hawaii includes many more goods services than most states, so Hawaii's general excise tax revenues are larger than many states' sales tax revenues, even those with higher sales tax rates.

- Hawaii does not exempt any types of purchase from the state sales tax with the exception of medical devices. In most states, necessities such as groceries, clothes, and drugs are exempted from the sales tax or charged at a lower sales tax rate.
- Unlike many states, Hawaii treats both candy and soda as groceries for sales tax purposes. Other items including gasoline, alcohol, and cigarettes are subject to various Hawaii excise taxes in addition to the sales tax.
- Many dealerships allow you to trade-in your old car in exchange for a credit applied to the price of a new vehicle. For example, you could trade-in your old car and receive a \$5,000 credit against the price of a \$10,000 new vehicle, making your out-of-pocket cost only \$5,000. In Hawaii, the sales tax applies to the full price of the vehicle without considering trade-ins. Thus, the taxable price of your new vehicle will still be considered to be \$10,000 despite your trade-in accounting for \$5,000 of the price.
- Many dealers offer cash incentives or manufacturer rebates on the sticker price of a vehicle in order to encourage sales. For example, a \$1,000 cash rebate may be offered on a \$10,000 car, meaning that the out of pocket cost to the buyer is \$9,000. Hawaii taxes vehicle purchases before rebates or incentives are applied to the price, which means that the buyer in this scenario will pay taxes on the vehicle as if it cost the full \$10,000.

Excise Taxes

An excise tax is a tax directly levied on certain goods by a state or federal government. The most prominent excise taxes collected by the Hawaii state government are the fuel tax on gasoline and the so-called "sin tax" collected on cigarettes and alcoholic beverages. An excise tax is not the same thing as the Hawaii Sales Tax.

The Hawaii Sales Tax is collected as a percentage of the final purchase price of all qualifying sales, and is collected directly from the end consumer of the product.

Hawaii's excise taxes, on the other hand, are flat per-unit taxes that must be paid directly to the Hawaii government by the merchant before the goods can be sold. Merchants may be required to attach tax stamps to taxable merchandise to show that the excise tax was paid. Even though excise taxes are collected from businesses, virtually all Hawaii merchants pass on the excise tax to the customer through higher prices for the taxed goods. Hawaii collects an average of \$650 in yearly excise taxes per capita, one of the highest average per capita excise taxes in the country.

Alcohol: Liquor \$5.98 per gal | Wine: \$1.36 per gal | Beer: \$0.93 gal. and is one of the highest beer taxes in the country. Hawaii's beer excise tax is ranked #5 out of the 50 states. The Hawaii beer tax is already added to the purchase price of all beer bought in Hawaii, whether in kegs, bottles, or cans. Note that the IRS also collects a federal excise taxes on alcoholic beverages, which are included separately from Hawaii's alcohol taxes in the final purchase price.

Cannabis Tax: N/A

Cellphone: The average tax collected on cell phone plans in Hawaii is \$7.75 per phone service plan, lower than 74% of the other 50 states. The average cellphone tax is ranked #37 out of the 50 states. It is already included in the service plan price you pay to your service provider, and may be listed as "Misc. taxes and Fees" or "Other" on your monthly bill.

Cigarettes: \$3.20 per pack of cigarettes, one of the highest cigarettes taxes in the country. It is ranked #5 out of the 50 states. Hawaii's cigarette excise tax was raised from \$3.00 to \$3.20 in 2011. It is applied to every 20 cigarettes sold (the size of an average pack of cigarettes). If a pack contains more than 20 cigarettes, a higher excise tax will be collected.

Fuel: 17¢ per gallon for gasoline, one of the highest gas taxes in the country. Hawaii's excise tax on gasoline is ranked #4 out of the 50 states. The Hawaii gas tax is included in the pump price at all gas stations. This is in addition to the federal excise tax of 18.4¢ per gallon on gasoline and 24.4¢ per gallon, on diesel.

Vehicle: Hawaii collects a registration fee and a title fee on the sale or transfer of cars and motorcycles, which are essentially renamed excise taxes. Unlike standard excise taxes, however, the end consumer must pay the tax directly to the Hawaii Department of Transportation and receive documentation (registration and title papers) proving the fees were paid. Average DMV fees in Hawaii on a new-car purchase add up to \$1081, which includes the title, registration, and plate fees.

Dealerships may also charge a documentation fee or "doc fee", which covers the costs incurred by the dealership preparing and filing the sales contract, sales tax documents, etc. These fees are separate from the taxes and DMV fees. The average doc fee in Hawaii is \$2501, and Hawaii law does not limit the amount of doc fees a dealer can charge. Because these fees are set by the dealerships and not the government, they can vary dealership to dealership or even vehicle to vehicle (<https://www.salestaxhandbook.com/hawaii/sales-tax-vehicles>).

Personal Income Taxes

Tax Rate Range: Low – 1.4%; High – 11%. Both Hawaii's tax brackets and the associated tax rates were last changed in 2016. (<https://www.tax-brackets.org/hawaiitaxtable>)

Income Brackets: Twelve. Lowest – \$2,400; Highest – \$200,000 as indicated in the following table:

Tax Bracket (Single & Married)

- For earnings between \$0.00 and \$2,400.00, you'll pay 1.4%
- For earnings between \$2,400.00 and \$4,800.00, you'll pay 3.2% plus \$33.60
- For earnings between \$4,800.00 and \$9,600.00, you'll pay 5.5% plus \$110.40
- For earnings between \$9,600.00 and \$14,400.00, you'll pay 6.4% plus \$374.40

- For earnings between \$14,400.00 and \$19,200.00, you'll pay 6.8% plus \$681.60
- For earnings between \$19,200.00 and \$24,000.00, you'll pay 7.2% plus \$1,008.00
- For earnings between \$24,000.00 and \$36,000.00, you'll pay 7.6% plus \$1,353.60
- For earnings between \$36,000.00 and \$48,000.00, you'll pay 7.9% plus \$2,265.60
- For earnings between \$48,000.00 and \$150,000.00, you'll pay 8.25% plus \$3,213.60
- For earnings between \$150,000.00 and \$175,000.00, you'll pay 9% plus \$11,628.60
- For earnings between \$175,000.00 and \$200,000.00, you'll pay 10% plus \$13,878.60

Personal Exemptions: Single \$1,144; Married – \$2,288; Dependents – \$1,144

Standard Deduction: Single – \$2,200; Married filing joint return – \$4,400

Medical/Dental Deduction: Same as Federal taxes

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security, first tier Railroad Retirement benefits, military, federal, state/local, and some private pensions are exempt. All out-of-state government pensions are exempt. Also, employer-funded pension plans are exempt. Distributions from private employer pension plans received upon retirement are partially taxed by the state if the employee contributed to the pension plan.

Retired Military Pay: Not taxed.

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

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

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

Forms:

- <https://www.tax-brackets.org/hawaii/tax/forms/income-tax-instructions> Individual Income Tax Return N-11 (Resident) Instructions
- <https://files.hawaii.gov/tax/forms/2019/n15ins.pdf> Individual Income Tax Return N-11 (Non-Resident) Instructions

Property Taxes

Property taxes are collected on a county level and each county in Hawaii has its own method of assessing and collecting taxes.

- The median property tax in Hawaii is \$1,324.00 per year for a home worth the median value of \$517,600.00. Counties in Hawaii collect an average of 0.26% of a property's assessed fair market value as property tax per year.
- Hawaii is ranked number thirty four out of the fifty states, in order of the average amount of property taxes collected.
- Hawaii's median income is \$81,711 per year, so the median yearly property tax paid by Hawaii residents amounts to approximately 1.6% of their yearly income. Hawaii is ranked 42nd of the 50 states for property taxes as a percentage of median income.
- The exact property tax levied depends on the county in Hawaii the property is located in. Refer to <http://www.tax-rates.org/hawaii/property-tax#Counties> for median property taxes by County. Your county's property tax assessor will send you a bill detailing the exact amount of property tax you owe every year

Inheritance and Estate Taxes

Like 37 other states, there are no inheritance taxes in Hawaii. However, it's important to note that if you inherit property from someone who lived in a state that does levy an inheritance tax, you may be responsible for paying it. Hawaii does levy an estate tax. It is progressive, meaning it is lower for lower-income earners, then gets progressively higher for

higher-income earners. Rates range between 10-15.7% and the exemption is \$5.49 million. For 2020, a Hawaii estate tax report must be filed for if the value of the estate is more than \$5.49 million. This includes the value of all real estate, bank accounts, CDs, life insurance policies, retirement accounts, investment portfolios and other assets.

For 2020, a Hawaii estate tax report must be filed for if the value of the estate is more than \$5.49 million. This includes the value of all real estate, bank accounts, CDs, life insurance policies, retirement accounts, investment portfolios and other assets. Keep in mind, there are some key differences between estate taxes and inheritance taxes. Estate taxes are taken out of the deceased's estate immediately after their passing, while inheritance taxes are imposed upon the deceased's heirs after they have received their inheritance. Hawaii also does not impart a gift tax, though the federal gift tax is applied once an individual is gifted more than \$15,000 in one calendar year.

Other State Tax Rates

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

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

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For further information call 800-222-3229 or 808-587-4242 or visit the Hawaii Department of Taxation site <http://tax.hawaii.gov/geninfo>. [Source: & <http://www.tax-rates.org> | August 2020 ++]

*** General Interest ***



Notes of Interest

August 16 thru 31, 2020

- **Emergency Prescription Procedures.** In California, Oregon and Colorado to get an emergency refill, take your prescription bottle to any TRICARE retail network pharmacy. To find a network pharmacy call Express Scripts at 1-877-363-1303 or search the [network pharmacy locator](#). If possible, visit the pharmacy where the prescription was filled.
 - If you use a retail chain, you can fill your prescription at another store in that chain.
 - If your provider is available, he or she may call in a new prescription to any network pharmacy.
 - You can request assistance at another pharmacy, but it's at that pharmacy's discretion to help you.
- **WWII Living Vets.** In 2019, The Department of Veterans Affairs reported that only 389,292 of the 16 million Americans who served in World War II were still alive. Sidney Walton (age 101) regrets not having met Civil War Veterans during his youth. Now, as one of the few remaining World War II Veterans, he is on the move so that any American can meet him. To do so go to www.bit.ly/314wfwH.
- **Covid-19 Testing.** TRICARE covers two types of COVID-19 testing. Did you know there are two types of COVID-19 testing? One is diagnostic, which will tell you if you have the virus currently. The other one is an antibody test, which will tell you if you've already had the virus. TRICARE covers medically necessary, FDA-approved diagnostic and antibody tests, and is currently waiving copayments and cost-shares for testing and related office visits.

- **TRICARE Open Season.** TRICARE Open Season is the annual period when you can enroll in or change your health plan for the next year. Now is the time to review your health coverage and decide if changes are needed. Outside of Open Season, changes to your TRICARE policy can only be made following a qualifying life event. Mark your calendars; this year’s Open Season runs from Nov. 9 through Dec. 14, 2020.
- **Covid-19 Reinfection.** Hong Kong researchers reported the first confirmed case of COVID-19 reinfection 24 AUG. A 33-year-old man was diagnosed with COVID-19 four-and-a-half months after first contracting the illness. Researchers at the University of Hong Kong genetically sequenced the virus from both infections and found significant differences. The finding suggests that COVID-19 immunity may only last several months in some people.
- **USMC Promotion.** As of 1 SEP photos of Marines will no longer be sent to promotion boards or with packages sent for consideration of assignments, training, education or command, according to a new administrative message released by the Corps. The change follows a directive from Defense Secretary Mark Esper to remove the photos from official paperwork in the hopes of eliminating any “unconscious bias.”
- **ID Card.** Go to <https://idco.dmdc.osd.mil/idco/locator> to locate the office nearest to your location that handles ID card matters.

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

Postal Service

Update 09: Service Reductions Suspended Until After Elections



The U.S. Postal Service announced it will halt planned service reductions and other cost-cutting initiatives in response to public outcry — including strong opposition from veterans advocates — over the timing and impact of the moves. “There are some long-standing operational initiatives ... that have been raised as areas of concern as the nation prepares to hold an election in the midst of a devastating pandemic,” Postmaster General Louis DeJoy said in a statement released Tuesday. “To avoid even the appearance of any impact on election mail, I am suspending these initiatives until after the election is concluded. Retail hours at Post Offices will not change. Mail processing equipment and blue collection boxes will remain where they are. No mail processing facilities will be closed. And we reassert that overtime has, and will continue to be, approved as needed.”

The reversal comes just a few days before DeJoy is scheduled to testify before Congress on the operational changes, some of which drew concerns about election tampering from Democratic leaders. Much of the country is expected to use mail-in voting in this fall’s presidential election because of the ongoing coronavirus pandemic, and recent service disruptions and operational cutbacks have drawn accusations that administration officials were hurting the system to gain electoral advantages. But in recent days, the change has also drawn strong criticism from veterans advocates who reported widespread problems with veterans receiving needed medications through the mail.

Mail-order prescriptions have become the only option for large groups of veterans around the country since the start of the pandemic because VA medical centers have limited visitors in an effort to slow the spread of the illness. On 17 AUG, officials from Disabled American Veterans said that Veterans Affairs leaders had informed advocates that postal service changes had delayed mail medication deliveries by almost 25 percent in the last year, with even worse delays in some rural and remote areas.

“It is simply unacceptable that America’s veterans, particularly those who were injured or made ill in defense of this country, should face the prospect of not receiving necessary medications in a timely manner considering such delays can be the difference between health and sickness, or even worse,” DAV National Commander Stephen Whitehead said in a statement. “Our nation’s veterans, particularly those disabled by their service, deserve nothing less than high-quality and timely health care and benefits no matter their geographic location, and for the foreseeable future that requires a fully functioning United States Postal Service.”

President Donald Trump and congressional Democrats have sparred over funding for postal operations in recent months. On 18 AUG, during an appearance on CNN, Senate Minority Leader Chuck Schumer (D-NY) said if election concerns weren’t dire enough to force the president to act, the veterans complaints should be. “Our veterans get 80, 90 percent of their (medications) through the mail,” he said. “And to have these things delayed, all these special things delayed, and at the same time to sort of try to make the Post Office dysfunction so the elections will be dysfunctional, that’s despicable.” Trump has denied any political motivations in the mail service controversy.

DeJoy is scheduled to testify before the Senate Homeland Security and Governmental Affairs Committee on 21 AUG and before the House Oversight Committee on 24 AUG. Meanwhile, officials from both the House and Senate Veterans’ Affairs Committees have called for the postal service officials to provide answers to veterans concerns. “We are concerned by reports from veterans and VA staff indicating that wait times have doubled or even tripled in some cases, without explanation,” House Veterans’ Affairs Committee Chairman Mark Takano wrote in a letter to DeJoy and VA Secretary Robert Wilkie last week. “Reports indicate that medications have been allegedly sitting at post office locations for nearly two weeks without movement. “These delays are a real threat to our veterans, and your agencies must do everything possible to rectify the situation.” [Source: MilitaryTimes | Leo Shane III | August 18, 2020 ++]

U.S. China Relations Changed Amid Covid-19

US President Donald Trump on 11 AUG said his relationship with Chinese President Xi Jinping has frayed in the wake of the novel coronavirus pandemic and that he has not spoken to his Chinese counterpart in a long time. “I used to have a very good relationship with him,” Trump told Fox Sports Radio in an interview, citing their Phase One trade deal hammered out last year and signed in early 2020. “I had a great relationship with President Xi. I like him, but I don’t feel the same way now.” Trump said his feelings changed amid Covid-19. “I certainly feel differently. I had a very, very good relationship, and I haven’t spoken to him in a long time.”

Trump, who is seeking re-election in the November 3 US election, made challenging China a key part of his 2016 presidential campaign and touted his friendly ties with Xi during much of his first term in office as he sought to make good on his trade deal promises. But he said on 11 AUG that the fallout from the outbreak was worse than the conflict over trade. “This is a thousand times the trade deal what happened with all of the death and ... the world had to shutdown. It’s a disgrace,” he told Fox. First reports of the virus emerged from China in late 2019 and it has now infected more than 20 million people and killed at least 735,369 worldwide, including at least 5.1 million cases and at least 163,160 deaths in the United States.

US-China ties have also frayed over Beijing’s crackdown in Hong Kong and the disputed South China Sea, among other issues. Asked about the arrest of pro-democracy advocates in Hong Kong under China’s new security law, as well as issues over Taiwan, Trump pointed to his administration’s steps to end Hon Kong’s special trading status. He did

not address the arrest of Hon Kong’s Apple Daily owner Jimmy Lai, one of the city’s most prominent activists. US Secretary of State Mike Pompeo and White House national security adviser Robert O’Brien on Monday said the United States was troubled by Lai’s arrest. [Source: Reuters | August 11, 2020 ++]

Taiwan-China Dispute

Update 08: ‘Polishing the Gun’ Raising Tensions



Taiwanese domestically built Indigenous Defense Fighters (IDF) take part in the live-fire, anti-landing Han Kuang military exercise, which simulates an enemy invasion, in Taichung, Taiwan July 16, 2020.

Numerous Chinese and U.S. military exercises, Taiwan missiles tracking Chinese fighters and plummeting China-U.S. ties make for a heady cocktail of tension that is raising fears of conflict touched off by a crisis over Taiwan. In the last three weeks, China has announced four separate exercises along its coast, from the Bohai Gulf in the north to the East and Yellow Seas and South China Sea, along with other exercises it said were aimed at “the current security situation across the Taiwan Strait”. Meanwhile Taiwan, claimed by China as its “sacred” territory, said its surface-to-air missiles had tracked approaching Chinese fighters - details Taiwan does not normally give - as U.S. Health Secretary Alex Azar was visiting the island this month.

Addressing the Chinese exercises, Taiwan’s defense ministry said on 25 AUG the closer Chinese jets get to the island the “more actively” Taipei would respond, though it would “not escalate conflict” nor “trigger an incident”. The United States sent another warship through the Taiwan Strait this month, a few days after a U.S. carrier group conducted an exercise in the disputed South China Sea, and this week China complained a U.S. spy plane had observed Chinese live-fire exercises. Chinese military expert Ni Lexiong, a retired professor at the Shanghai University of Political Science and Law, said it was very rare and possibly the first time multiple Chinese exercises were taking place at the same time. “By simultaneously conducting drills in the three seas, it means China is testing its ability to fight enemies coming from three directions at the same time - for example from Taiwan, from Japan and from the U.S. from the south,” he said.

Taiwan-based security and diplomatic sources say the chances of “firing off a shot while polishing the gun” - a Chinese saying for an accidental encounter setting off a broader conflict - are rising mainly because of increased U.S. and Chinese military activity in the region. “Neither side wants to start a conflict. The fundamentals have not changed much,” said a Western diplomat looking into military activities across the Taiwan Strait. “But the frequent activities do increase the chances of an accidental conflict,” the diplomat said. China’s defense ministry and its Taiwan Affairs Office did not respond to requests for comment, and neither did the Pentagon nor U.S. State Department. China’s foreign ministry said in statement sent to Reuters: “We have the determination and capability to stop any activities aimed at separating Taiwan from China”.

A senior U.S. official, speaking on condition of anonymity, said that China was becoming more assertive and more aggressive in the region and there was concern its military could miscalculate, leading to unexpected consequences. “This is an issue that is broader than Taiwan and broader than just the United States,” the official said. “I would argue that there are many like-minded countries in the region that are viewing with dismay and increasing concern the trend lines coming out of Beijing.”

The Trump administration has been taking an escalating array of measures against China in the run-up to the U.S. presidential election, adding to the uncertainty. A hypothetical scenario spelled out in a recent essay by James Winnefeld, a former vice chairman of the Joint Chiefs of Staff, and Michael Morrell, former acting director of the Central Intelligence Agency, has made the rounds in Taiwan security circles. In their suggested sequence of events, set out in the Proceedings of the U.S. Naval Institute, a disputed U.S. election gives China the opportunity to move on Taiwan while Washington and the world are distracted. In Taiwan, President Tsai Ing-wen has responded to the tension with pledges to defend the island.

She and her government have denounced as scaremongering and kowtowing to Beijing a campaign this month by former president Ma Ying-jeou, who held a landmark meeting with Chinese President Xi Jinping in 2015, to warn that Taiwan is courting disaster by needling China and would not last long in a war. Still, Taiwan has been keen to show its teeth. Its defense ministry this month issued two slickly produced videos showing missiles being fired and F-16s in the air to demonstrate their resolve to defend the island. “Dare to fight, and fight to the last soldier,” the ministry said in a caption for the latest video, released on 23 AUG. [Source: Reuters | Ben Blanchard & Yew Lun Tian | August 26, 2020 ++]

Narco Subs

Super Size Discovery

The U.S. Coast Guard, and Navy, have faced an array of so-called narco submarines, purpose built for smuggling cocaine, for the last fifteen years. These are constantly evolving. Now a super-sized narco submarine has been discovered in the Colombian Jungle. It represents another evolution of the threat facing U.S. Southern Command’s (SOUTHCOM) Enhanced Counter-Narcotics Operations. The U.S. Coast Guard, U.S. Navy, partners navies and law enforcement, are determined to stop these vessels. But it is very challenging because they are designed to get through.

The Colombian Army, one of SOUTHCOM’s partners, made the discovery on 6 AUG. They found it before it could carry its payload north towards the drugs market in North America. It was destroyed where they found it so we may never know the full details of the design. But it is clear that it is very large, and in fact the official estimates make it the largest of its type ever found. Colombian law enforcement sources report that it was about 100 feet long, 10 feet across and able to carry 6-8 tons of narcotics. Its large size opens up the possibility that it was intended to travel further than normal ones. This may have implications for law enforcement in North America and further afield.

It is technically of a type called a low profile vessel (LPV). This is because it doesn’t fully submerge, instead riding extremely low in the water which makes it very hard to see. Locally they are called “narcosubmarinos” or semi-submersibles. And in some law enforcement circles they are termed SPSS (Self-Propelled Semi-Submersible). In the detailed taxonomy it is a LPV-IM-VSV, meaning Low Profile Vessel, Inboard motor, Very Slender Vessel. Like virtually all narco submarines this one was built in an artisan boatyard hacked out of the forest. It was on a tributary of the Naya River in Buenaventura, a sparsely populated area on the Pacific coast of Colombia. The

The Colombian Army patrols here because it is commonly used for narco submarines. The location suggests that it would take a route up to Mexico via the Eastern Pacific. From there the drugs would be taken overland to markets in the United States. It’s blue camouflage suggests that it was intended to go far out in the Pacific to avoid detection. Ones which take the inshore route are more often painted sea green. But its large size raises the question of whether it was destined for somewhere else? Over the years narco-subbs have been getting smaller and typically only carry 1.6 tons of

cocaine. This seems to be the optimum amount for the drug trafficking organizations (DTOs). So it is bucking this trend.

Despite this narco submarines are, generally, capable of reaching the United States directly. But they have not been known to try. So it might be intended for other longer range trips out into the Pacific. Possibly to rendezvous with merchant vessels heading to Australia, New Zealand or Asia. We can only speculate why it is larger than normal, but there is another significant hint. This narco sub was almost certainly built by the same person who designed one which traveled from Colombia, down the Amazon River through Brazil, and all the way across the Atlantic. It was caught in Galicia, Spain in November 2019. That design was very similar and has the hallmarks of the same master boat builder. If they can build them to handle the Atlantic, many things are possible.

The Colombian Army got to this one before the U.S. Navy or Coast Guard had to interdict it at sea. But have other 'super-sized' narco submarines already gotten through? [Source: Forbes | H. I. Sutton | August 10, 2020 ++]

Iran Tensions

Update 13: Iran Announces Locally Made Ballistic and Cruise Missiles

Iran displayed a surface-to-surface ballistic missile on 20 AUG that Defense Minister Amir Hatami said had a range of 1,400 kilometres and a new cruise missile, ignoring U.S. demands that Tehran halt its missile program. "The surface-to-surface missile, called martyr Qassem Soleimani, has a range of 1,400 km and the cruise missile, called martyr Abu Mahdi, has a range of over 1,000 km," Hatami said in a televised speech. Pictures of the missiles were shown on state TV, which it said was "the newest Iranian cruise missile that will further strengthen Iran's deterrence power". Soleimani, head of Iran's elite Quds Force, and Iraqi militia commander Abu Mahdi al-Muhandis were killed in January in a U.S. strike on their convoy in Baghdad airport.



A new cruise missile called martyr Abu Mahdi unveiled by Iran is launched in an unknown location in Iran in these pictures received by Reuters on August 20, 2020.

"Missiles and particularly cruise missiles are very important for us ... the fact that we have increased the range from 300 to 1,000 in less than two years is a great achievement," said Iranian President Hassan Rouhani. "Our military might and missile programs are defensive." The announcement comes as Washington is pushing to extend a U.N.-imposed arms embargo against Iran, which is due to expire in October under Tehran's 2015 nuclear deal with world powers. Tensions have been high between Tehran and Washington since 2018, when President Donald Trump pulled out the United States from the deal and reimposed crippling sanctions on Iran.

Washington says its aim is to force Tehran to agree a broader deal that puts stricter limits on its nuclear work, curbs its ballistic missile program and ends its regional proxy wars. Iran has rejected talks as long as U.S. sanctions remain

in place. U.S. Secretary of State Mike Pompeo said on 19 AUG Trump has directed him to trigger ‘snapback’ - a return of all U.S. sanctions on Iran - at the U.N. Security Council in New York on 20 AUG, after the council rejected Washington’s bid to extend Tehran’s arms embargo. [Source: Reuters | Parisa Hafezi | August 20, 2020 ++]

Border Wall Supporters

Update 04: We Build the Wall Fraud Uncovered



A politically outspoken U.S. Air Force veteran, who suffered among the most catastrophic war wounds in American history, was arrested and charged 20 AUG with defrauding hundreds of thousands of donors to a “We Build The Wall” GoFundMe campaign in order to fund a lavish lifestyle.

Brian Kolfage, 38, of Miramar Beach, Florida, launched the campaign in December 2018 and raised more than \$25 million to fund a privately constructed wall along the U.S.-Mexico border. But according to a Justice Department announcement Thursday, very little of the wall’s expected construction was ever completed. Steve Bannon, President Donald Trump’s former chief strategist, was also arrested Thursday for his alleged role in the scheme, as were two others, Andrew Badolato and Timothy Shea. All four men were charged with conspiracy to commit wire fraud and money laundering, and were expected to appear in court Thursday. If convicted, they face a maximum of 20 years in prison.

Kolfage was deployed to Iraq on Sept. 11, 2004, when a 107mm enemy rocket impacted three feet away from him. The explosion cost him both of his legs and his dominant right hand. Medics performed hours of life-saving surgery before placing Kolfage on a flight to Walter Reed Medical Center in Washington, where he arrived only 36 hours after being wounded, the fastest medevac from a war zone to the U.S. in history.

According to an indictment unsealed by federal prosecutors in New York, Kolfage secured an arrangement with Bannon to pay the Air Force vet an up-front sum of \$100,000, followed by monthly installments of \$20,000. Kolfage allegedly used a significant portion of the \$350,000 on a luxury SUV, jewelry, boat payments, home renovations, a golf cart, cosmetic surgery, tax payments and paying down credit card debt. Bannon, 66, is charged with keeping more than \$1 million of the donated funds. He, Badolato and Shea allegedly spent hundreds of thousands of dollars on travel, hotels and personal credit card debts, according to the indictment.

The “We Build The Wall” campaign was initiated on Dec. 17, 2018, by Kolfage and Shea, a businessman, with an aim to raise \$1 billion for President Donald Trump’s southern U.S. border wall. The money, the group said, would be donated to the federal government for that purpose. Kolfage made repeated claims that he would “not take a penny in salary or compensation” and guaranteed that “100% of the funds raised ... will be used in the execution of our mission and purpose.” The fund-raising effort was an instant success, but it also drew widespread scrutiny. In response, GoFundMe officials informed Kolfage that the money would have to be transferred to a legitimate non-profit organization, or it would be returned to donors, according to the indictment. Kolfage then reached out to Bannon and Badolato, a venture capitalist, according to the indictment.

Within days of becoming involved, Bannon and Badalato “took significant control of the fundraising campaign’s organization and day-to-day activities,” according to the indictment. In late December 2018, they established a Section 501(c) (4) organization to which the money could be transferred. They also formed We Build the Wall Inc. to continue fundraising activities related to wall construction, “with the modified purpose of funding the private construction of a wall along the southern border of the United States.” “As alleged, the defendants defrauded hundreds of thousands of donors, capitalizing on their interest in funding a border wall to raise millions of dollars, under the false pretense that all of that money would be spent on construction,” Acting U.S. Attorney Audrey Strauss said in a press release. “While repeatedly assuring donors that Brian Kolfage, the founder and public face of We Build the Wall, would not be paid a cent, the defendants secretly schemed to pass hundreds of thousands of dollars to Kolfage.”

The indictment alleges that the co-defendants concealed personal payments by routing them indirectly through the nonprofit and shell company, as well as through fraudulent invoices and erroneous vendor arrangements. Then, instead of putting a halt to the project after being notified of a potential federal investigation into the campaign’s financials, the defendants allegedly doubled down on their fundraising efforts. Kolfage reportedly “went so far as to send mass emails to his donors asking them to purchase coffee from his unrelated business, Military Grade Coffee, by telling donors the company was the only way he ‘keeps his family fed and a roof over their head.’”

“As alleged, not only did they lie to donors, they schemed to hide their misappropriation of funds by creating sham invoices and accounts to launder donations and cover up their crimes, showing no regard for the law or the truth,” Inspector-in-Charge Philip R. Bartlett said. “This case should serve as a warning to other fraudsters that no one is above the law, not even a disabled war veteran or a millionaire political strategist.” President Trump publicly denounced the privately funded project last month, tweeting, “I disagreed with doing this very small (tiny) section of wall, in a tricky area, by a private group which raised money by ads. It was only done to make me look bad, and perhaps it now doesn’t even work. Should have been built like rest of Wall, 500 plus miles.”

The president reiterated his stance 20 AUG, telling reporters he was unaware of the project’s nefarious practices and called it “a project being done for showboating reasons.” Bannon, who served in the Navy and worked as an investment banker at Goldman Sachs before becoming a Hollywood producer, has been hosting a pro-Trump podcast called “War Room” that began during the president’s impeachment proceedings and has continued during the pandemic. A day before the indictment was unsealed, Bannon interviewed Kolfage on his “War Room” podcast. Kolfage discussed a dispute with the fundraising platform and encouraged future donors to go straight to their website. Bannon asked him whether he thought the wall could get built in order for Trump to fulfill his campaign promise. “I think we stand in a pretty good spot, as long as he gets elected,” Kolfage responded. [Source: AirForceTimes | J.D. Simkins | August 21, 2020 ++]



U.S. Embassy Manila

Limited Consular Services Resume; Passport Renewal by Mail Information

Effective September 1, the American Citizen Services (ACS) Unit at the U.S. Embassy in Manila will resume limited provision of in-person passport services, by appointment only. Notary services, including Affidavits In Lieu of a Certificate of Legal Capacity to Contract Marriage, remain suspended.

Before making an appointment, please visit our website [here](#) to review U.S. passport application requirements. You may qualify to renew your passport by mail; more information on passport renewal by mail is available [here](#). If you are eligible to renew your passport by mail, please do not make an appointment for an in-person service. Instead, submit your application, demand draft, and required documents via traceable post mail, courier service, or other traceable shipping service in accordance with the instructions on our website. Do not send cash or a personal check with your application.

If you are not eligible to renew your U.S. passport by mail, please click [here](#) to make an appointment. Please limit the number of family members coming to your appointment to only those necessary for the requested passport service. We also will resume limited passport acceptance services at the U.S. Consular Agency in Cebu. To make an appointment at the U.S. Consular Agency in Cebu, please email ACSInfoCebu@state.gov.

To comply with social distancing guidelines and help ensure your safety, the ACS Unit is working with limited staff and will strictly control the number of people in the waiting room at any one time. As a result, we cannot provide any walk-in services.

Everyone must have an appointment and wear a mask in order to enter the Embassy or Consular Agency. Hand sanitizer will be available for your use in the waiting room.

For emergency services, please contact us directly at ACSInfoManila@state.gov, or call the U.S. Embassy in Manila at +63-2-5301-2000.

For updates on travel and safety in the Philippines, please click [here](#).

For further information:

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- Enroll in the [Smart Traveler Enrollment Program](#) (STEP) to receive Alerts and make it easier to locate you in an emergency.
- Contact the U.S. Embassy in Manila, Philippines, located at 1201 Roxas Boulevard, at +(63) (2) 5301-2000, from 7:30 a.m. to 4:00 p.m. Monday through Friday. After-hours emergency number for U.S. citizens is +(63) (2) 5301-2000.
- Call 1-888-407-4747 toll-free in the United States and Canada or 1-202-501-4444 from other countries from 8:00 a.m. to 8:00 p.m. Eastern Standard Time, Monday through Friday (except U.S. federal holidays).
- Follow us on [Twitter](#) and [Facebook](#).

[Source: Message for U.S. Citizens | U.S. Embassy Manila | August 24, 2020 ++]

Cars That Never Made It

Diablo, Centurion II, and La Tosca

They were pure fantasy on wheels, machines designed to make the heart race and the mind ask, "What if?" These 1950s concept cars were automotive art built to attract public attention, test wild engineering ideas and give motorists a fleeting glimpse down the highway of tomorrow.



1957 CHRYSLER DIABLO



1956 BUICK CENTURION II



1954 FORD LA TOSCA

Liberty Tree

Rallying Point for Resistance to British Rule over American Colonies

In Boston, one block east of Boylston Station (Green Line) and Boston Common, at Washington and Essex Streets, is the site of the famous Liberty Tree. Embedded in the wall of the building located at 630 Washington Street is a tablet marking the spot of the historic landmark, bearing the inscription "Sons of Liberty, 1766." At the time of the revolution, a great elm tree stood in front of a grocery store here. It had wide spreading beautiful branches, and for many years was the center of business in Boston's original South End. Several large elms grew nearby, and this area was known as the Neighborhood of Elms.



On August 14, 1765, this particular tree was selected for hanging the effigies of those men who favored passage of the detested Stamp Act. On September 11th, a 3.5' by 2.5' copper plate, with large golden letters, was placed on its trunk bearing the inscription The Tree of Liberty. Thereafter, nearly all the great political meetings of the Sons of Liberty, were held in this square. It is believed the early dissenters of British rule, or Sons Of Liberty, had also adorned this tree with lanterns to symbolize unity. The British made the Liberty Tree an object of ridicule. British soldiers tarred and feathered a man named Ditson, and forced him to march in front of the tree. During the siege of Boston, about the last day of August 1775, a party of Loyalists led by Job Williams, defiantly cut it down.

The Liberty Tree was planted in 1646 and stood for 129 years. Quoting the Pemberton Manuscripts of 200 years ago, at this spot had been "born the first fruits of Liberty in America." For many years the remnant of the tree was used as a reference point by local citizens, similarly to the Boston Stone, and became known as the Liberty Stump. There is also a bronze artwork commemorating the Liberty Tree embedded in the side walk on the south side of Boylston Street. The tragic Paramount Hotel gas explosion took place at this location in 1966. [Source: <http://www.celebrateboston.com/sites/liberty-tree.htm> | August 2020 ++]

Have You Heard?

Tell Me This Won't Happen To Us!!!!

An elderly Floridian called 911 on his cell phone to report that his car has been broken into. He is hysterical as he explains his situation to the dispatcher: 'They've stolen the stereo, the steering wheel, the brake pedal and even the accelerator!' he cried. The dispatcher said, 'Stay calm... An officer is on the way.' A few minutes later, the officer radios in 'Disregard.' He says. 'He got in the back-seat by mistake.'

#####

Three sisters, ages 92, 94 and 96, lived in a house together. One night the 96-year-old draws a bath. She puts her foot in and pauses. She yells to the other sisters, 'Was I getting in or out of the bath?'

The 94-year-old yells back, 'I don't know. I'll come up and see.' She starts up the stairs and pauses 'Was I going up the stairs or down?'

The 92-year-old is sitting at the kitchen table having tea listening to her sisters, she shakes her head and says, 'I sure hope I never get that forgetful, knock on wood...'

She then yells, 'I'll come up and help both of you as soon as I see who's at the door.'

#####

Three retirees, each with a hearing loss, were playing golf one fine March day.

One remarked to the other, 'Windy, isn't it?'

'No,' the second man replied, 'it's Thursday.'

And the third man chimed in, 'So am I. Let's have a beer.'

#####

A little old lady was running up and down the halls in a nursing home.

As she walked, she would flip up the hem of her nightgown and say 'Supersex'.

'She walked up to an elderly man in a wheelchair and flipping her gown at him, she said, 'Supersex'.

'He sat silently for a moment or two and finally answered, 'I'll take the soup.'

#####

Two elderly gentlemen had been friends for many decades. Over the years, they had shared all kinds of activities and adventures. Lately, their activities had been limited to meeting a few times a week to play cards. One day, they were playing cards when one looked at the other and said,

'Now don't get mad at me I know we've been friends for a long time, but I just can't think of your name! I've thought and thought, but I can't remember it. Please tell me what your name is.'

His friend stared at him for at least three minutes -- he just stared and stared at him. Finally he said, 'How soon do you need to know?'

#####

As a senior citizen was driving down the freeway, his car phone rang.

Answering, he heard his wife's voice urgently warning him, 'Herman,

I just heard on the news that there's a car going the wrong way on Interstate 77. Please be careful!

'Heck,' said Herman,

'It's not just one car. It's hundreds of them!'

#####

Two elderly women were out driving in a large car - both could barely see over the dashboard. As they were cruising along, they came to an intersection. The stoplight was red, but they just went on through. The woman in the passenger seat thought to herself 'I must be losing it. I could have sworn we just went through a red light.'

After a few more minutes, they came to another intersection and the light was red. Again, they went right through. The woman in the passenger seat was almost sure that the light had been red but was really concerned that she was losing it. She was getting nervous.

At the next intersection, sure enough, the light was red and they went on through. So, she turned to the other woman and said, 'Mildred, did you know that we just ran through three red lights in a row? You could have killed us both!'

Mildred turned to her and said, 'Oh, crap, am I driving?'

#####

A woman who had been married three times walked into a bridal shop and told the sales clerk that she was looking for a wedding gown for her fourth wedding. "Of course, madam," replied the sales clerk, "exactly what type and color dress are you looking for?" The bride-to-be said, "A long frilly white dress with a veil." "Please don't take this the wrong way, madam, but such dresses are usually more fitting for the first time bride who is more innocent in the ways of life, if you get my meaning."

"WELL!", replied the customer, a little peeved at the clerk's directness. "I can assure you that a white gown would be quite appropriate. Believe it or not, despite all my marriages, I remain as innocent as a first-time bride.

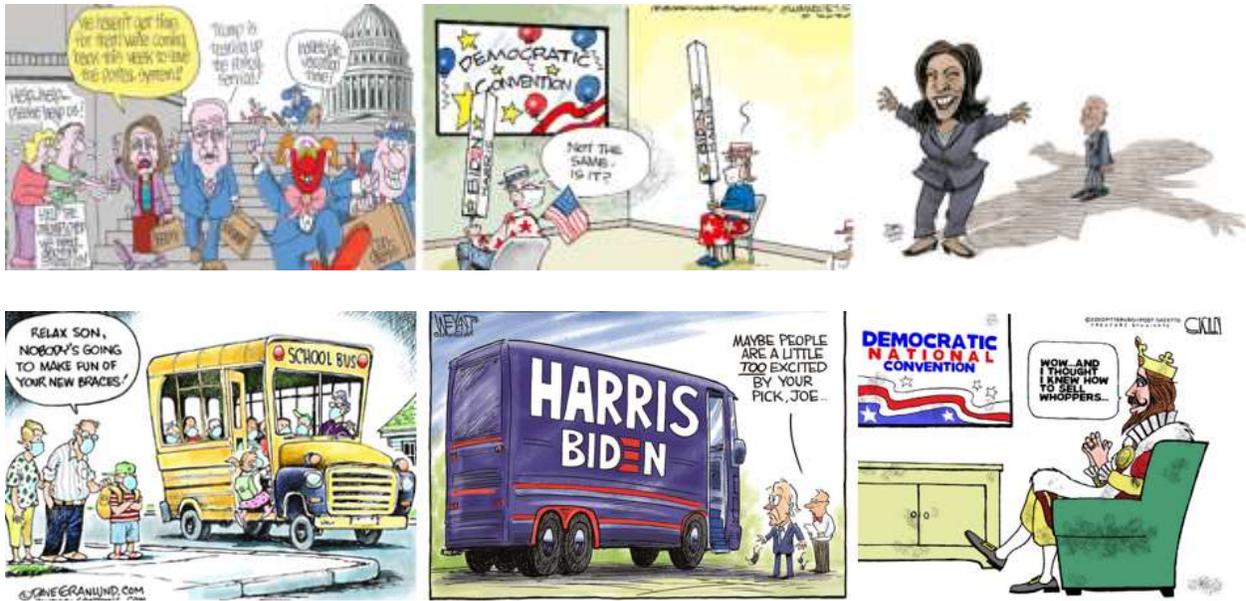
You see, my first husband was so excited about our wedding, he had a heart attack due to an unknown congenital condition as we were checking into our honeymoon hotel.

My second husband and I got into such a terrible fight in the limo on our way to our honeymoon hotel that we had that wedding annulled immediately and never spoke to each other again."

"What about your third husband?"

"That one was a Democrat," said the woman, "and every night for four years, he just sat on the edge of the bed and told me how good it was going to be, but nothing ever happened."





Thought of the Week

Word to the Nation: Guard zealously your right to serve in the Armed Forces, for without them, there will be no other rights to guard

--- President John F. Kennedy

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