February 1, 2020

**DoD Casualty Reporting**

**Update 01: Administrative & Medical Reporting Systems Sometime Differ**

Eight U.S. troops diagnosed with traumatic brain injury (TBI) arrived in the U.S. on 24 JAN, according to Pentagon spokesman Jonathan Hoffman. He said those troops are among a total of 34 American servicemembers diagnosed with TBI after the al Asad airbase where they were stationed in Iraq was hit by missiles fired by Iran on 8 JAN. The attack was in reprisal for a U.S. drone strike 3 JAN that killed top Iranian general Qassed Soleimani. It was at least the third time U.S. officials have had to revise President Trump's 8 JAN claim that no Americans were injured by the Iranian missile barrage. "No Americans were harmed in last night's attack by the Iranian regime," Trump declared at the White House hours after the Iranian attack. "We suffered no casualties." On 28 Jan the Pentagon again increased this figure to 50 saying that 31 total service members were treated in Iraq and returned to duty, including 15 of the additional service members who have been diagnosed since the previous report.

 Hoffman said the 8 wounded American soldiers who arrived in the U.S. were part of a larger contingent of 18 troops diagnosed with TBI who were initially medically evacuated to Landstuhl Regional Medical Center in Germany. Those now in the U.S. will be treated on at out-patient basis either at Walter Reed National Military Medical Center in Bethesda, Md. or at their home bases, according to Hoffman. The 9 U.S. troops who remain in Landstuhl will continue to undergo evaluation and treatment there. One American soldier who was diagnosed with TBI after the Iranian attack and transported to Kuwait has now returned to duty in Iraq; 16 others who stayed in Iraq after being diagnosed with TBI have also returned to duty.

 Asked whether those soldiers will be given Purple Hearts, since TBI now qualifies for this award bestowed on those wounded in enemy attacks, Hoffman was non-committal. "That is a decision the services will have to make in due time," he said. "I'm not going to get ahead of the service secretaries on that. “Trump, for his part, downplayed reports of the U.S. troops sustaining concussion-type injuries when asked about them last week in Davos, Switzerland. "I heard that they had headaches, and a couple of other things," Trump said. "But I would say, and I can report it is not very serious. Not very serious. "Regulations for receiving a Purple Heart award require that an injury caused by an enemy action that is diagnosed and treated by a medical professional be of such gravity that it removes the victim from duty for at least 48 hours. Hoffman acknowledged that the numbers of troops diagnosed with TBI released by the Pentagon over the past two weeks have shifted, which he attributed to some of the symptoms of TBI taking time to develop.

 "What we saw was the number of people who were initially screened for concussion-like symptoms that showed up at one of the medical providers on the base saw their conditions improve rapidly," he said. "Others we saw their conditions didn't improve — some got worse and had severe enough symptoms that they were transported on for further treatment." But the Pentagon spokesman also announced that on Friday Defense Sec. Mark Esper directed Matt Donovan, who is currently performing the duties of the Defense Department's undersecretary for personnel and readiness, to work with the staff of the Joint Chiefs of Staff to review the Pentagon's processes for tracking and reporting injuries of all kinds.

 "The secretary's direction is focused on the fact that if you look at the different types of reporting systems that we have, sometimes the administrative reporting of an injury is different than the medical reporting. We need to get that clarified, we need to get a little better handle on it," Hoffman noted. "We need to be as transparent as possible on this." [Source: NPR | David Welna | January 24, 2020++]

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**DoD Lawsuit | Board of Corrections**

**Failure to Make Decisions within Prescribed Timelines**

The military has failed to meet deadlines set by Congress for rulings on veterans' requests to correct records blocking them from receiving benefits, according to a federal class-action lawsuit filed last month. The suit brought by the National Veterans Legal Services Program (NVLSP) charges that delays in processing the requests by the Boards for Correction of Military Records of the service branches amount to a denial of the due process rights of thousands of veterans.

 In an interview and in statements, Bart Stichman, executive director of NVLSP, said that rulings on "lifetime benefits" for disability and retirement are at stake in the lawsuit, which names Army Secretary Ryan McCarthy, Air Force Secretary Barbara Barrett and acting Navy Secretary Thomas Modly as defendants. "Veterans who seek a correction of an erroneous less-than-honorable discharge or a wrongful denial of disability retirement benefits are paying a high price for the ongoing delays at the Correction Boards," he said. The suit, filed in U.S. District Court in Washington, D.C., on Dec. 16, seeks to compel the "timely final decisions" of the Corrections Boards and gives the defendants until mid-February to respond, Stichman said.

 Congress in 1998 set deadlines of 10 months for decisions from the Corrections Boards on 90% of existing requests for review, and 18 months for the remaining 10%, but the boards have routinely blown past the deadlines, the suit charges. At a 2018 hearing of the House Armed Services Subcommittee on Personnel, service representatives acknowledged the backlogs but said they couldn't clear them up without additional resources. John A. Fedrigo, director of the Air Force Review Boards Agency, testified that Air Force Corrections Boards were reviewing only about 2% of the 15,000 applications received annually within the 10-month deadline. Robert Woods, principal deputy assistant secretary of the Navy, testified at the 2018 hearing that his service received about 12,000 requests for review annually but was adjudicating only 68% of them within the 18-month deadline.

 The suit was filed on behalf of Walter Calhoun of Georgia, an honorably discharged Army veteran, and unidentified veteran "John Doe" of Kansas, also an honorably discharged Army veteran who served in the military police in Iraq and earned the Bronze Star. After leaving the service, Calhoun applied for Combat-Related Special Compensation due to his post-traumatic stress disorder (PTSD) and headache disorder associated with PTSD, as well as right knee degenerative arthritis and left knee osteoarthritis. His requests were denied. In 2016, Calhoun made a final request to the Army and has been waiting nearly 36 months, or twice the 18-month deadline, for an answer, according to the suit. Doe experienced PTSD symptoms that led to his medical separation from the Army, which denied him disability retirement benefits, according to the suit. In July 2017, Doe requested a correction of his records to enable him to collect disability but has yet to receive a ruling from the Army Corrections Board, the suit states.

 Stichman said the class-action suit represents a mix of veterans either requesting upgrades of discharges to entitle them to benefits or requests from honorably discharged veterans for corrections to their records. [Source: Military.com | Richard Sisk | January 4, 2020 ++]

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**DoD Lawsuit | Bad Paper Discharges**

**Update 03: Pentagon Reverses Policy on Publishing Decisions**

The Pentagon will again make public the decisions of the boards responsible for reviewing the dismissals of military personnel seeking to upgrade their discharges or correct their military records. Last April, the Defense Department began removing the decisions of the services’ Discharge Review Boards and Boards for Correction of Military Records from a public website, a direct violation of a federal regulation that required it to make them available for public inspection and copying. It also stopped posting any new decisions by the boards. This prompted the National Veterans Legal Services Program, or NVLSP, to file a lawsuit and injunction 2 JAN in the U. S. District Court for the Eastern District of Virginia to force the department to comply with the law and post the results.

 Last week, according to NVLSP, the Pentagon agreed to republish thousands of past decisions to its reading room and post new decisions within 60 days of adjudication. "[We are] delighted that the Pentagon responded swiftly to remedy its unlawful practice and promptly publish all past board decisions because access to these decisions is vital in helping veterans obtain the benefits they are rightfully due,” NVLSP Executive Director Bart Stichman said. The background on decisions is considered vital for veterans and their attorneys to craft cases disputing a less-than-honorable discharge or clearing up an incomplete or incorrect military record, Stichman explained. “The failure to make the board decisions public is not simply a bureaucratic matter,” he said. “The boards are unlawfully withholding valuable information that NVLSP and others can use to help bring life-changing benefits to veterans and their families.”

 Kristofer Goldsmith, an Iraq War veteran diagnosed with post-traumatic stress disorder who successfully appealed his general discharge and now serves associate director for policy and government affairs for Vietnam Veterans of America, said open access is needed to file a successful appeal. “This is supposed to help these lawyers — most of whom do these cases pro-bono and aren’t very familiar with the process — better serve their clients,” Goldsmith said. According to the Boards of Review reading room, the Department of Defense removed the content “to conduct a quality assurance review," adding that it planned to update the webpage “when we have a better estimates of when the decisional documents will again be available.” The website recommended that anyone wishing to review specific decisional documents could request them from the military departments. But the specificity requirement made it nearly impossible for service members wanting to review similar cases to theirs to receive them.

 Now, according to court documents, the timeline for the documents to again be visible is clear: at least 90 percent of the pre-April 2019 Air Force, Navy and Coast Guard decisions will be reposted on the website by 31 JAN, as will all Army decisions from 2009 to April 2019. By 14 FEB the remaining Air Force, Navy and Coast Guard decisions will be reposted, and by 28 FEB, all Army decisions prior to 2009 will be reposted. And by 31 MAR, the services, including the Coast Guard, will repost all decisions through Dec. 31, 2019. NVLSP worked with pro bono attorneys from Hunton Andrews Kurth, LLC, to resolve the issue.

 The removal of the documents from public view raised alarms with Senate Democrats, who wrote the secretaries of the Army and Department of Homeland Security and acting secretaries of the Air Force and Navy Tuesday demanding an explanation for the Pentagon’s decision to break the law. “As you know, veterans’ access to crucial and sometimes life-saving veterans’ benefits often depend on the nature of their discharge. Every day that a board decision is delayed is a day that a veteran may be without access to benefits they have earned,” wrote Sens. Tammy Baldwin (D-WI), Jon Tester (D-MT), Richard Blumenthal (D-CT), Dick Durbin (D-IL), Kamala Harris (D-CA), Sherrod Brown (D-OH), Debbie Stabenow (D-MI), Bob Casey (D-PA), Gary Peters (D-MI), Kirsten Gillibrand (D-NY), and Tim Kaine (D-VA).

 The senators also asked the secretaries to provide data on whether the boards are rendering their decisions in the time frame established by the regulations – within 10 months of receive for at least 90 percent of the cases and within 18 months for all. “Currently, it appears the boards are not in full compliance with those standards,” they wrote. V [Source: MilitaryTimes | Patricia Kime | January 22, 2020 ++]

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**Afghan War**

**Update 04: Military Leaders have Incentive to Lie on Progress**

The sunny outlooks reported by senior leaders in Afghanistan over the last two decades created a vicious cycle, a Defense Department special inspector general told lawmakers on 15 JAN, because each successive rotation of troops was expected to produce results. In an exchange with the chairman of the House Foreign Affairs Committee, special inspector general for Afghanistan reconstruction John Sopko explained his response to allegations in the Washington Post’s Afghanistan Papers report. “The problem is, there’s a disincentive, really, to tell the truth,” said John Sopko, special inspector general for Afghanistan reconstruction. “We have created an incentive to almost require … people to lie.”

 It’s an issue of “mendacity and hubris,” he added, which snowballed into years of continued deployments and aid to Afghanistan, without an exit strategy. “There was a disconnect, almost from my first trip over there, between what [the United States Agency for International Development], State and DoD said was going on, and what I saw and what my staff were seeing on the ground,” Sopko said. And yet optimistic reports always found their way to the people in charge of funding the efforts. “Year after year we heard, quote: ‘We’re making progress.’ Year after year we were told, quote: ‘We’re turning a corner,’” committee chairman Rep. Eliot Engel (D-NY) said. “While presidents and military officials were painting a rosy picture, the reality on the ground was a consistently deepening quagmire with no end in sight.”

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 But deployments only offer a snapshot in time, and while there may be some small steps made during that period, they were never enough to string together major sea change over the long term. “You create from the bottom up, an incentive, because of short timelines — you’re there for six months, nine months or a year — to show success,” he said. “That gets reported up the chain, and before you know it, the president is talking about a success that doesn’t exist.” Simply put, each commander on the ground wanted to justify his efforts. “I’m not going to name names but I think everybody has that incentive to give happy talk — to show success,” Sopko said. “Maybe it’s human nature to do that. I mean most of the lying is lying to ourselves. We want to show success.”

 One former commander of U.S. forces in Afghanistan is now the chairman of the joint chiefs. “This army and this police force have been very, very effective in combat against the insurgents every single day. And I think that’s an important story to be told across the board,” then-Lt. Gen. Mark Milley said in a 2013 briefing from Kabul. When asked whether he ever misrepresented the situation on the ground, Milley told reporters at a briefing in December that he had never deceived anyone. “I could not look myself in the mirror,"he said. “I couldn’t answer myself at two to three in the morning when my eyes pop open and see the dead roll in front of my eyes.”

 Despite conclusions across the board that the Afghanistan situation would not be solved by the military, Engel said, President Trump in 2017 surged troops to the country. Though the president shut down peace talks in September, negotiations seemed to rekindle later in the year, as Trump visited Afghanistan over Thanksgiving, and the Zalmay Khalilzad, U.S. envoy for reconciliation in Afghanistan visited Kabul to sit down with leaders in December. Sopko offered a warning, should all sides finally reach an agreement. “In light of the ongoing peace negotiations, Congress should ensure that the administration has an actionable plan for what happens the day after peace is declared,” Sopko said. [Source: MilitaryTimes | Meghann Myers| January 15, 2020 ++]

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**Trump Border Wall**

**Update 04: $7.2B More from Military Funds to Build Wall**

Defense Secretary Mark Esper said 14 JAN that the Pentagon will back the Trump administration's plan to take another $7.2 billion from the military's budget to pay for the border wall. "The first priority of the [Defense Department] is the protection of the homeland," Esper said. "The southwestern border is a security issue." He said the DoD is committed to backing up the Department of Homeland Security in protecting the border, adding that the diversion of funds for that mission is in the nation's interests. "If that's what it takes" to fulfill the mission, the Pentagon is prepared to support the diversion of military funding for the wall, Esper said at a joint Pentagon press briefing with Japanese Defense Minister Taro Kono.

 On Capitol Hill, House Democrats began lining up to oppose the plan. In a joint statement, Rep. Nita Lowey (D-NY), chair of the House Appropriations Committee, and committee members Pete Visclosky (D-IN) and Debbie Wasserman Schultz (D-FL), denounced the plan, first reported by The Washington Post, which would redirect $3.7 billion from military construction and $3.5 billion in counter-narcotics programs overseen by the military. The money would pay for 885 miles of new border wall, according to the Post. The three Democrats charged that President Donald Trump is "once again forcing service members and their families to pay for his wall by canceling even more vital military construction projects."

 The latest debate on funding the wall comes amid continuing court battles over land rights and authorizations for construction stemming from the administration's declaration of a national emergency at the border last year to take $3.6 billion in money appropriated by Congress for military construction. The $3.6 billion in 2019 came from 127 military construction projects in 23 states, 19 countries and three U.S. territories and included funding for schools, firing ranges and hurricane recovery in Puerto Rico, according to the DoD. It is still unclear whether Congress will move to restore funding for the projects that were suspended last year in the next National Defense Authorization Act, scheduled for 1 OCT.

 In a joint statement, the three Democrats renewed arguments they used against the diversion of military funds last year, calling the border wall "a wasteful political stunt, not a meaningful way to secure our nation." "Moreover, at a time when the opioid epidemic continues to rage across the country, President Trump is stealing funding that was intended for meaningful counterdrug priorities to pay for his wall," they said. Sen. Richard Shelby (R-AL), chairman of the Senate Appropriations Committee overseeing all government spending, also expressed doubts about diverting more military funding for the wall. Shelby told the Washington Post that he supported building the border wall but "I wish they'd get the money somewhere else, instead of defense."

 Sen. Jack Reed (D-RI), ranking member of the Senate Armed Services Committee, who opposed the diversion last year as an abuse of Congress' traditional "power of the purse," called move to channel more funds from military construction "outrageous." Reed, a West Point graduate and former Army Ranger, said in a statement that "what President Trump is doing here is shortchanging our troops and taking resources from real, effective operational priorities and diverting them to build a wasteful political prop." The position of Rep. Mac Thornberry, R-Texas, ranking member of the House Armed Services Committee, on wall funding has not changed, according to a Republican aide. Thornberry backs increased border security but believes the resources should come from the Department of Homeland Security and not the Defense Department, the aide said. [Source: Military.com | Richard Sisk | January15, 2020 ++]

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**DOD Audits**

**Update 05**: **Accounting Adjustments totaled $35T in 2019**

The Pentagon made $35 trillion in accounting adjustments last year alone -- a total that’s larger than the entire U.S. economy and underscores the Defense Department’s continuing difficulty in balancing its books. The latest estimate is up from $30.7 trillion in 2018 and $29 trillion in 2017, the first year adjustments were tracked in a concerted way, according to Pentagon figures and a lawmaker who’s pursued the accounting morass. The figure dwarfs the $738 billion of defense-related funding in the latest U.S. budget, a spending plan that includes the most expensive weapons systems in the world including the F-35 jet as well as new aircraft carriers, destroyers and submarines. “Within that $30 trillion is a lot of double, triple, and quadruple counting of the same money as it got moved between accounts,” said Todd Harrison, a Pentagon budget expert with the Center for Strategic and International Studies.

 The Defense Department acknowledged that it failed its first-ever audit in 2018 and then again last year, when it reviewed $2.7 trillion in assets and $2.6 trillion in liabilities. While auditors found no evidence of fraud in the review of finances that Congress required, they flagged a laundry list of problems, including accounting adjustments. Although it gets scant public attention compared with airstrikes, troop deployments, sexual assault statistics or major weapons programs, the reliability of the Pentagon’s financial statement is an indication of how effectively the military manages its resources considering that it receives over half of discretionary domestic spending.

 The military services make adjustments, some automatic and some manual, on a monthly and quarterly basis, and those actions are consolidated by the Pentagon’s primary finance and accounting service and submitted to the Treasury There were 546,433 adjustments in fiscal 2017 and 562,568 in 2018, according to figures provided by Representative Jackie Speier, who asked the Government Accountability Office to investigate. The watchdog agency will release a report on the subject Wednesday after reviewing more than 200,000 fourth-quarter 2018 adjustments totaling $15 trillion.

 The “combined errors, shorthand, and sloppy record-keeping by DoD accountants do add up to a number nearly 1.5 times the size of the U.S. economy,” said Speier, a California Democrat. The report shows the Pentagon “employs accounting adjustments like a contractor paints over mold. Their priority is making the situation look manageable, not solving the underlying problem,” she said. Mark Easton, the Defense Department’s deputy chief financial officer, wrote the GAO that in response to its audit the department “is actively developing strategies” to reduce accounting adjustments. Pentagon spokesman Christopher Sherwood said that “annually, DoD has hundreds of billions of dollars of financial activity, and accounting adjustments are sometimes used to record activity in our financial reporting systems due to a lack of system capabilities or interfaces.”

 Many of these older systems “were designed without consideration for current financial accounting standards,” Sherwood said. What’s most important to an auditor is whether the adjustments “are properly supported” because “properly supported adjustments ensure financial statement values are accurate. We have made significant progress in reducing the number and dollar value of unsupported adjustments by over 30% and 70%, respectively,” he said. As an example of how the dollar figures multiply, Sherwood said recognizing $800 million due a contractor in previously unrecorded payments “requires multiple accounting adjustments that net to $0 but could total over $5 billion” in movement between accounts.

 The GAO estimated based on a sample that at least 96% of 181,947 automatic adjustments made in the fourth quarter of fiscal 2018 “didn’t have adequate supporting documentation.” “In layman’s terms, this means that the DoD made adjustments to accounting records without having documentation to support the need or amount for the adjustment,” said Dwrena Allen, spokeswoman for the Pentagon’s inspector general. “The size and scope of unsupported adjustments is deeply concerning because it tells a story of poor internal controls and lack of financial data integrity.” While the Defense Department couldn’t “adequately support all accounting adjustments, that does not mean they were inaccurate or erroneous,” said Allen. But “because the DoD could not provide support, the auditors could not draw conclusions regarding the adjustments.” [Source: Bloomberg | Anthony Capaccio | January 22, 2020 ++]

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**Commissary Authorized Users**

 **Update 01: New Eligibles Experiencing Some System Hiccups**

Veterans and caregivers newly eligible to shop at commissaries have been unable to use the MyCommissary portal to register for benefits since 1 JAN, a Defense Commissary Agency spokesman said via email 16 JAN. American Forces Travel (AFT), the official Morale, Welfare and Recreation travel site, is experiencing similar issues with online accounts for the new patrons, it announced via Facebook earlier this month. The issues affect new groups who became eligible to shop 1 JAN, including Purple Heart recipients, former prisoners of war, veterans with any service-connected disability and caregivers registered with the VA's Comprehensive Assistance for Family Caregivers program.

 Customers who had access before Jan. 1, such as retired service members, Medal of Honor recipients and veterans with a service-related disability rating of 100%, are not affected. Without an online account, new commissary shoppers cannot register a Commissary Rewards Card, download digital coupons onto it or access the Click2Go curbside pickup at select stores. "Whenever you introduce a new category of patrons to an online system that requires verification of their authorized credentials to access it, that system has to be modified to allow access," the spokesman wrote. "That's what our system operators are doing now, and our goal is to have this modification in place no later than the spring time frame."

 New patrons still have access to other online features, such as information on current sales promotions, links to coupons and Your Everyday Savings (YES!) program. Meanwhile, AFT is advising new patrons to try its site daily to check for access and to watch into its Facebook page, not its website, for updates. "In order to accommodate the new DoD patrons, four different DoD agencies are actively working to update the customer database, which includes millions of records," AFT staff wrote Jan. 2 on Facebook. "Even though significant progress is made every hour, it will still take some time to finalize." New shoppers have also reported local issues when implementing the new policy, with several readers saying they were unable to bring a guest with them to shop in exchanges, commissaries and MWRs on secure bases. "We ask the new customer groups to be patient," the commissary spokesman said. "We will announce when MyCommissary access is available." [Source: Military.com | Dorothy Mills-Gregg | January 17, 2020 ++]

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**DoD DNA Policy**

**Update 01:** **Navy Warns Mail-In DNA Kits Could Bring 'Unwelcome' Family News**

Military leaders have been sounding the alarm about security concerns over popular mail-in genetics kits, but the Navy is now warning sailors against using the tests for other reasons. Navy personnel should consider the unintended consequences of learning who they're related to, a new service wide message states. "Some genetic tests inform participants of a network of likely siblings and parents," wrote Andrew Haeuptle, director of Navy Staff. "While in most cases this is good and interesting, in some situations this new information could negatively affect your family." In his message, Haeuptle recommended naval personnel discuss those issues with family members who are considering genetic testing. "Thanks to social media and [publicly] available information, even if you don't participate, when one of your relatives does, unwelcome associations may be created," he said.

 Nicholas Evans, a philosophy professor at University of Massachusetts Lowell who studies medical ethics, said he and his wife oppose taking direct-to-consumer genetics tests unless they have the consent of their entire families. "It's not just you who's getting the test -- effectively everyone who is genetically related to you is, at least in part, getting the test along with you," Evans said. "And that can create some interesting problems in terms of communicating risks about genetic diseases or even coming to terms with perhaps complicated genetic relationships." Through genetic testing, he said people have found out they're adopted, have siblings they didn't know about, or have a different father, for example. The BBC ran a story about the kits with the headline "The Christmas present that could tear your family apart." Vox had a 2014 [first-person essay](https://www.vox.com/2014/9/9/5975653/with-genetic-testing-i-gave-my-parents-the-gift-of-divorce-23andme) titled "With genetic testing, I gave my parents the gift of divorce."

 Results can sometimes pose real shocks, Evans said. The military community strives for family readiness so troops aren't distracted by what's happening at home. "If you find out while deployed that your spouse had a genetic test that gives them some kind of serious risk for a particular type of cancer or genetic disease, that might influence your [readiness] because you aren't able to be involved with them in this kind of critical time," he said. More concerning though, Evans said, are the security risks associated with off-the-shelf DNA test kits. Anytime personal data is stored on an unsecure network, it poses risks for troops, as was the case when an interactive map popped up online in 2018 showing the running patterns of troops at an overseas base.

 "We are at a point where the lack of security in modern civilian technology is really impacting the way that we think about national security," Evans said. Haeuptle noted those concerns in his Navy-wide message, telling uniformed and civilian personnel they should avoid direct-to-consumer DNA tests because "exposing their genetic information to outside parties creates personal and operational risks." His guidance follows similar Defense Department-wide warnings [issued](https://www.military.com/daily-news/2019/12/27/pentagon-leaders-tell-troops-stop-using-mail-genealogy-dna-kits.html) last month. [Source: Military.com | Gina Harkins | January 23, 2020 ++]

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**Agent Orange Exposure Locations**

**Update 01: Herbicide Tests and Storage Outside the U.S.**

Agent Orange and other tactical herbicides used in Vietnam were tested or stored elsewhere, including in countries outside of the U.S. following is information from DOD on projects to test, dispose of, or store herbicides outside the U.S. You can also refer to <https://www.publichealth.va.gov/docs/agentorange/dod_herbicides_outside_vietnam.pdf>. for a summary page of the below:

**Cambodia, Canada. India, Johnston Atoll, Korea, Laos, and Thailand**

**Cambodia**

Location: Mimot or Krek, Kompon Cham Province

Date: April 16 -30, 1969

Site: Dar and Prek Clong Plantations. Forty spray missions had been flown to control vegetation in northern Tay Ninh Province.

**Canada**

Location: Canadian Forces Base Gagetown, New Brunswick

Date: June 14-17, 1966

Site: Western portion of Base Gagetown between Broad Road and Blissville Road. Test site was ~ 4 miles long by 1,200 feet wide. 116 plots, each 200 X 600 feet wide. Applied by helicopter.

Location: Canadian Forces Base Gagetown, New Brunswick

Date: June 21-24, 1967

Site: Test area was located approximately 10 miles from nearest boarder on Rippon Road east of Broad Road. Fifty plots, each 200 x 660 feet with a 200 ft buffer zone between adjacent plots. Applied by helicopter.

**India**

Location: Kumbla

Date: May 1945- February 1946

Site: Kumbla. Testing on five major tropical crops/plants grown in field plots.

**Johnston Atoll**

Location: Johnston Island (Atoll)

Date: April 18, 1972 - July 14, 1977

Site: The Herbicide Area that was located on the northwest corner of Johnston Island. Moved from Vietnam on the SS Transpacific to Johnston Atoll for storage.

Location: Johnston Island (Atoll)

Date: July 15, 1977 - September 3, 1977

Site: Herbicide Orange moved from herbicide storage area to dock in fuel trucks and transported to the ship Vulcan for incineration.

**Korea**

Location: DMZ to include I Corps (GP) Area

Date: June 3-13, 1968

Site: Area north of Civilian Control Line and south of southern boundary of DMZ (South Tape) Priority Area 1, a 100-meter strip on each side of DMZ Security Fence.

Location: DMZ to include I Corps (GP) Area

Date: June 15- July 9, 1968

Site: Area north of Civilian Control Line (CCL) and south of southern boundary of DMZ (South Tape). Primarily used in Priority Area 3, a 30-meter wide strip on each side of tactically significant roads in the forward area.

**Laos**

Location: Laos

Date: December 1965-September 1969

Site: Ho Chi Minh Trail and road network. Sorties flown from Tan Son Nhut and Da Nang.

**Thailand**

VA is currently reviewing its policy on Agent Orange exposure at Thailand military bases. Below is the latest information from DoD.

Location: Royal Thai Army Replacement Center, Pranburi Military Reservation

Date: Late December 1963/January 1964

Site: Hua Hin Airport. Ground calibration of Aircraft spray system.

Location: Udorn Royal Thai Air Force Base

Date: October and November 1968; December 28, 1968 – January 2, 1969; February 2-5, 1969; August 31 – Sept. 7, 1969.

Site: Herbicides were only temporarily at Udorn to refill planes for missions in northern Laos.

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 For projects in the U.S., go to the Herbicide Tests and Storage in the U.S. summary page which addresses exposure by state at <https://www.publichealth.va.gov/exposures/agentorange/locations/tests-storage/usa.asp>. [Source: VA News Release | January 27, 2020 ++]

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**Agent Orange Exposure Locations**

**Update 02: New DoD List Omits 40+ Locations Previously Noted**

The Department of Defense has released a new list of locations outside Vietnam where herbicides like Agent Orange were tested and stored, a compilation that could provide some veterans proof of exposure needed to support their VA disability claims. But the list, published 27 JAN by the Department of Veterans Affairs, omits more than 40 locations previously noted as exposure sites by DoD in 2018 — deletions that could undermine other veterans’ pending claims.

 The new DoD list contains nearly 150 testing and storage locations, with updates that include specific dates of release or containment, as well as 26 additions, including places like Aberdeen Proving Ground, Md., Dugway Proving Ground, Utah, and Johnston Atoll in the central Pacific Ocean. But it deletes or alters at least 50 previously identified locations, removing some dates and omitting testing sites like Hawaii, where the DoD previously said field tests were conducted, Puerto Rico, where herbicides were sprayed in forests between 1956 and 1967, and locations in Korea where components were stored. And while the new list contains six locations in Thailand, it adds a new clarification to those locations’ descriptions: “No herbicide was sprayed in Thailand.” The statement is in direct opposition to Defense Department documents that explicitly state herbicides were sprayed in Thailand in the early 1970s to protect bases from counterinsurgency attacks.

 According to DoD spokesman Chuck Prichard, the new list replaces the one from 2018 and is the result of DoD’s thorough review of the records for use, storage and testing of Agent Orange and other tactical herbicides outside of Vietnam. “Information within those records was assessed against stringent joint VA-DOD criteria for what constitutes a location where tactical herbicides were tested, used and stored,” Prichard said. According to Prichard, locations were selected or deleted based on criteria including the existence of an official record, to include government reports, forms, unit histories, shipping logs, contracts, scientific reports or photographs. The location must have been a DoD installation, land under control of DoD or a non-DoD location where service members were present during testing, application, transportation or storage.

 The new list covers tactical herbicides including Agents Orange, Purple, Pink, Green, Blue, White and their active ingredients. Also, they must have been used in application at test sites, in labs or greenhouses, while being transported on vehicles or ships or stored. Prichard said locations where exposure occurred under conditions already granted presumption of exposure such as Vietnam and the Korean DMZ were not included on this list. It also does not include any places where the U.S. Department of Agriculture, academia, chemical companies or others tested or stored the chemicals if service members weren’t involved, nor areas where trained DoD personnel engaged in vegetation management and control in accordance with the DoD Pest Management Program.

 Several veterans services organizations told Military Times their analysts are comparing the old list, which dates to September, 2018 and was published by the Government Accountability Office in November, 2018, and the new version. In its report, GAO called the list “inaccurate and incomplete,” and urged DoD to update the publication, which hadn’t been updated in more than a decade. The office recommended that the Pentagon refine the list so that it was “as complete and accurate as available records allow,” develop a process for updating the list, develop criteria for determining locations and work with VA to keep veterans informed of the information.

 Ryan Gallucci, director of National Veterans Service for the Veterans of Foreign Wars, said the new list does not “live up to the guidance and recommendations of the GAO report.” “We have a lot of questions … two specific locations that GAO identified aren’t included on DoD’s new list and certain ones that seemingly had verified spraying on the old list are now off the list,” Gallucci said. “With the GAO report, DoD compelled to come up with a more comprehensive list, not go back and revise what they already confirmed.”

 Veterans who served on the ground in Vietnam, on inland waterways or certain Navy ships engaged in combat operations and who have one or more illnesses thought to be caused by exposure to Agent Orange and other defoliants have presumptive status for disability benefits, meaning they only have to prove that they served in the theater to receive health care and compensation. But veterans with one of the 14 diseases listed as Agent Orange-related conditions who were exposed outside Vietnam face the burden of proving exposure. The DoD list is instrumental in helping support many of these veterans’ claims. “Our message to VA would be that they should grant benefits if a veteran has any evidence demonstrating that the spraying may have occurred, and that would be if there is an old list where DoD confirmed that there was storage or spraying,” Gallucci said.

 VA Secretary Robert Wilkie said the update was “necessary to improve accuracy and [for] communication of information.” “VA depends on DOD to provide information regarding in-service environmental exposure for disability claims based on exposure to herbicides outside of Vietnam,” Wilkie said in a statement. Defense Secretary Mark Esper added that the new list will be updated as “verifiable information becomes available.” “DOD will continue to be responsive to the needs of our interagency partners in all matters related to taking care of both current and former service members. The updated list includes Agents Orange, Pink, Green, Purple, Blue and White and other chemicals,” used to create the defoliants, Esper said in a release. [Source: MilitaryTimes | Patricia Kime | January 30, 2020 ++]

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**VA Appeals**

**Update 37: Progress on Resolution of Legacy Appeals**

The U.S. Department of Veterans Affairs’ Veterans Benefits Administration (VBA) Appeals Management Office (AMO) significantly reduced disability compensation legacy appeals inventory during the last nine months as part of the department’s long-term legacy resolution plan. This inventory includes Notices of Disagreement (NOD) and substantive appeals filed in the “legacy” system – the appeals process in place prior to implementation of the Veterans Appeals Improvement and Modernization Act of 2017 (AMA). VBA lowered this inventory from a high of 292,452 in March 2016, to 96,350 on Dec. 31, 2019, despite receiving 770,571 new NOD and substantive appeals during that period. “Veterans who have been waiting for their decisions can trust that VA is working towards getting them the benefits and services they deserve,” said VA Secretary Robert Wilkie. “Completing legacy Notices of Disagreement and substantive appeals will be an important step in meeting this obligation.” VBA is on track to eliminate its NOD and substantive appeals inventory by July 4. Information on the VA appeals process can be found at <https://benefits.va.gov/benefits/appeals.asp>. [Source: VA News Release | January 21, 2020 ++]

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**VA Appeals**

**Update 38: Choice, Control, Clarity: Appeals Modernization**

The Appeals Modernization Act (AMA) of 2017 gave Veterans a greater choice in how to disagree with a VA claim decision. Giving Veterans more choice has been a top priority for VA. Cheryl Mason, the Chairman of the Board of Veterans’ Appeals, joined Ashleigh Barry on a special edition of VA News to take a deeper look at the modernized appeals process, discuss some early positive signs from the implementation of AMA, and to announce that Veterans can expect to see telehealth technology incorporated into the appeals process in 2020.

 “The Appeals Modernization system was designed to give Vets primarily three things: choice, control and clarity of their claim’s appeals process. And so that choice means they have options, they’re no longer stuck in a situation,” said Mason. Under AMA, Veterans can choose from one of three lanes to have their decision reviewed: (1) supplemental claim; (2) higher-level review; or (3) appeal to the Board of Veterans’ Appeals. If a Veteran chooses to appeal to the Board, he/she can choose from one of three dockets: (1) direct review; (2) evidence submission; or (3) hearing request. Which lane should Veterans choose? “We always advise Veterans to work with their representative…,” Mason said. “While we have made it easier, it’s still a little confusing to Veterans because it is different. Veterans representatives can really advise them on what they need to do.”

 Nationwide availability of virtual hearing technology is on the horizon, too. Mason discussed how virtual hearings provide Veterans with increased access and improved customer service. “Much like you see with the telehealth process right now, where you see Veterans use their phones, their computers, their iPad to talk to a doctor, you’ll be able to talk to a judge–and that’s actually happening right now,” said Mason. The Board started testing virtual hearings in July. Its positive results showcase its need for 2020 and beyond. “You won’t have to travel 4-6 hours across the state to come to a hearing, or, if you’re not in a situation where it’s healthy for you to travel you don’t have to do that, you can do it at home,” Mason added.

 Virtual hearings may also have an impact on the Veteran’s well-being, as it may take away some of the stress Veterans face when going through the appeals process. “It’s something that is very important to me personally. I’m very engaged in the mental wellness and suicide prevention process with PREVENTS… if [a virtual hearing] means making the hearing process comfortable for them, that’s what we want to do,” Mason added. For more information about the Board and its progress on appeals modernization:

* Board of Veteran appeals website <https://www.bva.va.gov>
* Appeals Modernization Act video at <https://www.youtube.com/watch?v=qucrG2Cv0lg>
* Appeals Modernization fact sheet at <https://www.benefits.va.gov/BENEFITS/factsheets/appeals/Appeals-FactSheet.pdf>

 VA News, and other engaging content, is available on televisions at select VA medical centers across the country and via simulcast on the Veterans News Network at <https://www.youtube.com/watch?v=yA3X-ZxMTfg>. [Source: Vantage Point | Ron Haskell | January 27, 2020 ++]

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**Emergency Medical Bill Claims**

**Update 07**: **CAVC Rejects VA’s Stay Motion on Reimbursements**

On January 24, 2020, the U.S. Court of Appeals for Veterans Claims (CAVC) unanimously denied the VA’s motion to stay VA’s obligation to implement the CAVC’s decision in Wolfe v. Wilkie requiring VA to reimburse veterans for emergency medical expenses incurred at non-VA facilities that are not covered by the veteran’s private insurance. The VA’s motion sought to allow it to withhold all reimbursement payments from veterans until the VA appeals the CAVC’s Wolfe decision to a higher court and obtains a decision from that court — a period that is likely to take at least one year. The Veterans Court denied the VA’s motion as part of the ongoing class action filed by the National Veterans Legal Services Program (NVLSP) on behalf of veterans Amanda Wolfe and Peter Boerschinger.

 NVLSP, with the assistance of pro bono counsel Sidley Austin LLP, opposed the VA’s motion to postpone its obligation to comply with the CAVC ruling of September 9, 2019, that the VA’s 2018 reimbursement regulation violates the Emergency Care Fairness Act of 2010 (ECFA). The September 9th ruling requires the VA to begin reimbursing veterans for the emergency medical expenses they incurred at non-VA facilities that are not covered by the veteran’s private insurance.

 As a result of the Court’s denial, the VA must act to reimburse veterans even though the VA intends to appeal to the Federal Circuit in an attempt to overturn the CAVC’s September 9th decision. On the same day of its denial of a stay, the Veterans Court also ordered “that, within 14 days of the date of this order, the Secretary file an update with the Court outlining the steps that have been taken to comply with the Court’s September 9, 2019, order, including whether any claims have been adjudicated in compliance with that order and, if not, a proposed timeline for when adjudication will begin.”

 “We applaud the CAVC’s quick response to compelling the VA to begin reimbursing veterans,” said NVLSP Executive Director Bart Stichman. “Many of the hundreds of thousands of veterans who are part of this class action have experienced great hardships due to VA’s wrongful refusal to reimburse any of these veterans for the last three and half years. Based on the VA’s past estimates, compliance with Wolfe v. Wilke’s decision will require VA to pay from $1.8 billion to $6.5 billion in reimbursements to hundreds of thousands of veterans who have or will file reimbursement claims during the period from 2016-2025.

**Background Information on the Wolfe and Boerschinger Lawsuits**

* 09/10/2019 Federal Court Strikes Down VA Regulation Denying Veterans Reimbursement of Emergency Medical Expense
* 04/01/2019 – In Response to NVLSP’s Class Action Lawsuit, VA Admits It Misled Tens of Thousands of Veterans
* 1/02/2019 – NVLSP Files Class Action Lawsuit Accusing VA of Disseminating False Information To Veterans
* 10/30/18 – The 8-Year Battle Continues: NVLSP Again Sues VA Over Continued Refusal To Comply With 2010 Statute

**Background on Staab Lawsuit**

Six years ago, NVLSP appealed to the CAVC on behalf of veteran Richard Staab after the VA declined to reimburse him for any of the $48,000 he incurred for emergency open-heart surgery purely because of Medicare-covered part of the emergency care bill. In the CAVC’s 2016 landmark precedential decision in Staab v. Shulkin, it invalidated the VA regulation that prohibited reimbursement for any of the veteran’s emergency medical expenses merely because some, but not all of those expenses were covered by the veteran’s insurance.

 The Court held in the Staab case that Congress intended in the ECFA for VA to step in as a “secondary payer” where other health care insurers cover only a portion of the cost of the veteran’s emergency treatment and the regulation violated this statute. The Sept. 2019 ruling struck down the regulation that VA promulgated in 2018 to replace the regulation struck down by the CAVC in Staab.

**Background Information on the Staab Decision**

* 01/17/2018 – VA Finalizes Rule Requiring Payment for Non-VA Emergency Claims Under NVLSP Court Victory in Staab
* 11/29/2017 – Video: Staab v. Shulkin – A Pivotal Case for Veterans
* 06/16/2017 – NVLSP Wins $2 Billion in Medical Care Benefits for Hundreds of Thousands of Veterans, Applauds VA Secretary’s Decision to Voluntarily Withdraw VA Appeal in Staab v. Shulkin
* 04/11/2016 – Court Rules That VA Has Shortchanged Veterans Since 2009 By Refusing to Reimburse Them for Emergency Medical Expenses Not Covered by Insurance

[Source: Veteran News Report | January 30, 2020 ++]

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**PTSD Treatment | Ecstasy**

**Update 03: FDA Expands Access for Therapy**

Iraq War veteran Jonathan Lubecky was deployed to Balad Air Base in 2006, where mortar attacks became part of daily life. During one enemy strike, Lubecky was knocked unconscious, suffering a traumatic brain injury. His overall combat experience resulted in post-traumatic stress disorder. After leaving the Army in 2009, he tried many treatments, including exposure therapy, cognitive behavioral therapy and several types of antidepressants -- but nothing lessened his symptoms of PTSD. The pain became so overwhelming, Lubecky attempted suicide five times in eight years. He said when he wasn't attempting to kill himself, he was thinking about it.

 In 2014, Lubecky tried something new. He volunteered for a clinical trial of MDMA, the illegal psychedelic drug commonly known as molly or ecstasy. The U.S. Food and Drug Administration in 2017 designated MDMA as a "breakthrough therapy" to treat PTSD and last week said it would allow more people to access the treatment. "I already had five suicide attempts. I put a gun to my head twice and pulled the trigger," Lubecky said. "I figured I was going to die anyway, that I might as well try ecstasy. And then **it worked**." Lubecky, a retired sergeant, took a dose of ecstasy, and then was guided through eight hours of intensive psychotherapy. He repeated the process two more times. The drug, which enhances feelings of empathy and euphoria while blocking the brain's ability to process fear, "broke down the barriers" that previously prevented Lubecky from opening up to therapists, he said. During those 24 hours of therapy, he talked about all of his traumas: his combat experience, divorce and multiple suicide attempts, among other things.

 After the first session, Lubecky said he had fewer suicidal thoughts. He eventually went one full day without thinking of killing himself, then two. Five years after he completed the clinical trial, Lubecky no longer meets the qualifications for a PTSD diagnosis. "The MDMA puts the mind, body and spirit in a place it needs to be in order to heal," he said. "It's like doing therapy while being hugged by everyone who loves you in a bathtub full of puppies licking your face. That's the best way I've been able to describe it."

 The study is sponsored by the Multidisciplinary Association for Psychedelic Studies, or MAPS, a nonprofit that formed in 1986 to fund research of the drug after MDMA was made illegal. The group announced 17 JAN that MDMA-assisted psychotherapy will soon be available to more people. The FDA granted expanded access for the treatment, meaning patients outside of the clinical trials will be able to receive it. Also known as "compassionate use," expanded access allows people facing a serious or life-threatening condition to undergo experimental therapies that could help them. In this case, the treatment will be made available to an additional 50 people at 10 sites across the country. The sites will be announced in the next few months. MAPS has already received 120 applications for people seeking the treatment in their area.

 At the same time, MAPS stands up the expanded access program, it's continuing with Phase 3 of the clinical trials at 15 sites in the United States, Canada and Israel. The trials are expected to be completed in 2021, and the FDA could approve the treatment in 2022. The study has so far shown positive results. A Phase 2 trial near Charleston, S.C., of which Lubecky was part, resulted in 68 percent of participants no longer showing PTSD symptoms after their second session. Of the 26 participants in that study, 22 were veterans. The veteran population experiences PTSD at a higher rate than the rest of the population. The VA estimates between 11 and 20 percent of veterans who served in the wars in Iraq and Afghanistan have PTSD, compared with about 7 to 8 percent of the general U.S. population.

 No longer experiencing PTSD symptoms, Lubecky dedicates his time to advocating for the treatment, getting more veterans involved and changing the way society talks about mental illness. He works for MAPS as a veterans and government affairs liaison and often speaks about his experience with the MDMA-assisted psychotherapy. Instead of a lifelong illness, he wants people to think of PTSD as a mental injury that can be healed. "We've all been told this is a chronic, lifelong mental illness, that our symptoms can be addressed but we can't make it go away," Lubecky said. "MAPS and this MDMA therapy have shown that we can heal it."

 If he hadn't participated in the trial, Lubecky believes he would have died by suicide. "I'd be in Arlington cemetery," he said. "The biggest impact on this has been my stepson. It's the reason he has a father instead of a folded flag."

 Anyone interested in applying for expanded access to MDMA therapy can learn more at <https://mapspublicbenefit.com>, [Source: Stars & Stripes | Nikki Wentling | January 22, 2020 ++]

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**Depression & Anxiety Disorders**

**Solving Them in Veterans**

Between 2000 and 2012, the Department of Veterans Affairs reported a 327% increase in anxiety disorders among military members. A recent study suggests that this may be due to the discovery of a so-called "worry gene." Researchers from Yale University in New Haven, Connecticut, and the University of California in San Diego analyzed the genes of 200,000 U.S. veterans and identified six genetic variants linked to anxiety — a discovery that may help explain why anxiety and depression often go hand in hand. The study authors hailed their finding as "the richest set of results for the genetic basis of anxiety to date." But leading psychologists say that while genes may load the gun, it's most often environment that pulls the trigger on mental health disorders.

 According to Mental Health First Aid, 20 veterans die by suicide each day. Over 30% of active duty and military personnel deployed in Iraq and Afghanistan have a mental health problem requiring treatment, but only half of these returning veterans receive the care they need. "We should spend as much money on helping these veterans re-enter their civilian lives as we do in training them for the military," Dr. Terry Lyles, Ph.D., an internationally recognized expert on dealing with trauma and stress, tells Newsmax. "The study points the finger at genetics on why our military personnel have mental health issues. However, we basically all have the same genetic patterns but when threatened with violence, danger, and combat stress, we release levels of cortisol, the stress hormone, that drains our bodies of the natural resources to deal with that constant bombardment.

 "Cortisol literally eats serotonin, the hormone that helps regulate mood and social behavior. So, when these veterans are subjected to constant threats, improper nutrition, lack of sleep, and sunlight — it's no wonder they become rewired to exhibit anxiety and depression." Lyles, known as America's "Stress Coach," uses highly specialized techniques to help veterans and other individuals such as the rescue workers at Ground Zero and those in the tsunami-torn area in Asia to help channel mental negativity and chaos into more productive and positive pathways.

 Dr. Lois Mueller, a clinical psychologist from Tampa who worked at the U.S, Department of Veterans Affairs, Outpatient Clinic for 10 years, tells Newsmax, that people with a genetic predisposition toward anxiety will have a 10-fold increased risk of developing a mental disorder when being placed in a combat situation where people around you are wounded or dying.

* "Whatever they came with genetically was certainly affected by their environment," she says. "The proof of impact of combat would be to compare vets before being in the military and five years after combat. Don't forget, a lot more were traumatized not only by combat itself but also by associated military duties such as picking up and bagging bodies or delivering the folded flags to mothers here in the States.
* "My experience with vets with PSTD is very often people who were calm and worry-free prior to combat ended up anxious and fearful after leaving the military. Early treatment can make a difference but length of exposure to combat can make it very difficult to eliminate the problem. We are still learning about treatment techniques."

[Source: NewsmaxHealth | January 24, 2020 ++]

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**VA Faith-Based Organization Concerns**

**Secular Alternatives Policy**

The Department of Veterans Affairs wants to eliminate a rule requiring faith-based organizations to find secular alternatives for veterans who refuse help because of the groups' religious nature. The proposed change has been published in the Federal Register. The public can comment until 18 FEB on whether the VA should eliminate the rule and its requirement that religious groups post notices about this referral procedure. The VA said in a news release (<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5384>) that the current rule "unequally placed impediments on religious organizations and cast unwarranted suspicion on them." Then-President Barack Obama created the rule for all faith-based organizations to receive social service program funds from 13 departments with an executive order in 2010. President Donald Trump eliminated that directive in 2018, giving the VA the power to change the policy.

 VA Secretary Robert Wilkie called it a "victory for religious freedom" and said it would "end discrimination" against religious organizations in an Inside Source post on 21 JAN. "They faced burdens that secular groups didn't, including an obligation to offer voluntarily to find veterans secular alternatives -- thereby undermining their own efforts," he wrote. "This rule not only made it harder for veterans to find the holistic healing they seek, it was a hurdle that discouraged some faith organizations from participating in VA programs."

 Wilkie also touted a rule change last year that allows veterans to leave bibles and other religious items on display tables meant to celebrate vets. "Today's culture of fake outrage calls these items 'offensive' and demands their removal," he wrote. "But it is veterans who deserve to take offense -- veterans whose faith compelled them to serve this nation, and in many cases played an important role in their recovery from the wounds they suffered on our behalf."

 The proposal to change the rules around faith-based organizations was posted on the Federal Register website 17 JAN. As of 30 JAN, there were 250 comments the first of which the anonymous commenter wrote, "I recommend we abolish any faith based Acts designed to protect religious liberties in order to free America to achieve its progressive science based potential and not be hindered by religious extremists." To review comments go to <https://www.regulations.gov/document?D=VA-2020-VACO-0003-0001>. More information about submitting a comment on the proposed rule change can be found [here](https://www.federalregister.gov/d/2019-26756/p-8). [Source: Military.com | Dorothy Mills-Gregg | January 23, 2020 ++]

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**VA Suicide Prevention**

**Update 62: Solid State Program Initiated**

Veterans in their first year of military to civilian transition will learn about VA programs and benefits through the new Solid Start program. During that first year, VA will reach out to new Veterans and help them navigate the process to accessing their VA benefits or any other resources they may need. Though VA will contact Veterans three times during the first year of their transition, the initial contact will come in the first 90 days after separation. This proactive outreach will allow VA to contact more than 200,000 transitioning service members each year.

Getting a Solid Start

 Solid Start gives VA the chance to establish strong relationships with new Veterans while promoting awareness of VA benefits, services and other resources. It begins with VA representatives initiating contact with each new Veteran by phone, email and possibly text. The representatives will offer personalized services through meaningful conversations designed to understand a Veteran’s individual needs rather than providing a laundry list of programs and benefits. During subsequent calls, representatives will follow up with Veterans to check on their transition. In those calls, the representatives will answer any questions the Veterans may have about VA benefits and services, and connect them with valuable resources. This is the Veteran’s solid start to a new, post-military life.

 Veterans and their families don’t need to bear the stress of transition alone. VA is committed to ensuring that transitioning service members have all the tools they need to establish healthy civilian lives. That’s why Margarita Devlin, he principal deputy undersecretary for VA’s Veterans Benefits Administration, was honored to visit one of their eight Solid Start teams to see firsthand when VA representatives made their first calls to Veterans. Its impact was immediately clear. She watched as representatives clarified benefits information, like how to apply for home loans or health care, or what VA needs for disability decisions. Then, after each call, she watched representatives send personalized emails to each Veteran they talked to. The emails recapped the material they covered over the phone as well as linking them to helpful resources related to the topics they discussed.

 While online resources and the call center at 800-827-1000 are still available to all Veterans and other beneficiaries, VA found that the Veterans they spoke with appreciated their effort to personally reach out. VA wants service members and Veterans to know that they have a partner to support them during their transition and beyond. That’s why many of their Solid Start representatives are Veterans or dependents of Veterans themselves. They understand first-hand the complexities of transition and are eager and committed to helping Veterans bridge the transition gap to a solid start in their new lives. Lastly, VA wants to emphasize one final point: transitioning service members receive free mental health resources for up to a year, regardless of their discharge status or service history.

 Suicide is a problem of national scope that has hit service members and Veterans disproportionately hard. Veterans in their first year of separation from service experience suicide rates approximately two times higher than the overall Veteran suicide rate. Solid Start represents an important and significant shift in how VA serves Veterans. If VA is calling, please take the call. If you or someone you know is having thoughts of suicide, contact the Veterans Crisis Line at 1-800-273-8255 and Press 1; send a text to 838255; or chat online at www.VeteransCrisisLine.net/Chat. VA representatives provide free, confidential support and crisis intervention 24 hours a day, 7 days a week, 365 days a year. [Source: Vantage Point | Margarita Devlin | December 11, 2019 ++]

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**VA Medical Marijuana**

**Update 66: Advocates say More Vets Could benefit from It**

Advocates would like to make medical marijuana more accessible to veterans by rescheduling the drug and ending the stigma surrounding it. The Veterans Administration says it doesn’t withhold benefits from vets who use medical marijuana, but under federal law the agency is not allowed to recommend it. Former members of the military make up a sizable portion of Ohio’s medicinal cannabis users. But some activists and nonprofit groups think more veterans could benefit and are working to expand access to the drug among former service members.

 Officially, veterans make up around 6% of the roughly 88,000 medical marijuana patients in Ohio, slightly lower than the percentage of Ohioans who have served. But that figure is almost certainly an undercount, said Tim Johnson, co-founder of the Ohio Cannabis Chamber of Commerce, an advocacy group. “Many more did not register under veteran status,” said Johnson, an Air Force veteran. Several former members of the military who use medicinal cannabis privately told The Dispatch that they prefer not to disclose their past military service for fear of losing their veterans benefits. A Veterans Administration spokeswoman said the government agency will not terminate benefits because of medical marijuana use, but many veterans are skeptical. Losing VA benefits “could mean losing their livelihood,” Johnson said. But most veterans in the medical marijuana program aren’t receiving those benefits anyway, he added. VA health care providers are barred from recommending marijuana because it remains illegal under federal law.

 Michael Keller, 36, of Huber Heights, is an Air Force veteran and former marijuana advocate who is open about his medicinal cannabis use in part to end the stigma surrounding the drug. While research on the efficacy of medical marijuana is promising but largely inconclusive, Keller sees the drug as a safer alternative to opioid painkillers and psychiatric medications. Many of his fellow veterans self-medicate with alcohol, Keller said, but marijuana doesn’t have the same risk of causing violent or self-destructive behavior. “There’s no risk of death, and there are limited collateral consequences,” he said. Keller, an attorney, advocated for legalized marijuana in Ohio before the General Assembly allowed medicinal use of the drug in 2016. He points to studies that show opiate overdose deaths fell in states that permit medical marijuana, although some experts caution that those two things are not necessarily connected.

 Veterans and the indigent are the only groups for whom Ohio marijuana dispensaries are allowed to provide discounts. “It’s common for dispensaries to offer discounts to both groups, but the amount varies by dispensary,” said Thomas Rosenberger, associate director of Ohio’s branch of the National Medical Cannabis Industry Association. Medical marijuana patients continually list price as the biggest barrier to access, and this is especially true of veterans who are disabled and can’t work. “It is pricey, and that’s a problem” said Robert Doyle, 63, of Newark, an Army veteran and medical marijuana card holder. Doyle said he can afford the drug thanks to a veterans discount. But many veterans privately told the Dispatch that they continue to buy the drug from illicit dealers because they can’t afford to buy it legally, even as prices have fallen.

 In the meantime, activists and nonprofit groups are working to expand access for veterans. The nonprofit group Veterans Ending the Stigma supports former military members and works to end veteran homelessness. But the group also lobbies to relax federal marijuana restrictions, which would remove much of the red tape that marijuana users face in states that have legalized the drug. The group, based in Dayton but mostly operating online, was part of a working group that lobbied the World Health Organization before the international body recommended placing marijuana in a less restrictive category.

 Ending the Stigma also aims to have the drug reclassified so doctors can prescribe it. “We want people to see it more as a medicine,” said Robert Kowalski, who lives in Boardman and runs the group with a handful of volunteers. Kowalski, an Air Force veteran who is disabled, said he stopped using addictive painkillers after he started using medical marijuana. Darrell Leffingwell, founder of the Ohio Veteran’s Alliance for Medical Cannabis, likes to emphasize such experiences when he advocates for veterans. Leffingwell acknowledged that more research on medical marijuana is necessary, but said “the claim that cannabis has no medical value whatsoever is a hard pill to swallow, especially when you’re taking 27 pills a day.” [Source:   The Columbus Dispatch | Patrick Cooley | January 26, 20120 ++]

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**VA Prostate Cancer Program**

**Update 17: African American vs. White Counterpart Survival Rates**

When it comes to prostate cancer, African American men have similar survival rates to white counterparts if they have equal access to healthcare, a new study suggests. Earlier research has found African Americans are twice as likely to die from prostate cancer as whites, and the reasons may include diagnosis when the disease is more advanced as well as differences in medical care. But the new study, which followed more than 60,000 men with prostate cancer getting care from the U.S. Veterans Administration Health System, found African American men did not have more advanced disease at diagnosis and did not die earlier than white men, researchers reported in Cancer.

 “Throughout the U.S. population, African Americans usually have worse outcomes with prostate cancer,” said the study’s senior author Dr. Brent Rose of the University of California, San Diego. “The hypothesis has been that the disease is just biologically more aggressive in African American men.” “Our study suggests that is not a foregone conclusion,” Rose said. “There’s something about the way the VA medical system reduces disparities seen in normal healthcare that suggests that equal outcomes could be created with smart policy decisions.” That doesn’t mean there are no biological differences between blacks and whites when it comes to prostate cancer, Rose said. “African Americans are more likely to get prostate cancer than whites: one in eight versus one in twelve. And they tend to get it three to four years younger for reasons we have no idea about.” Nevertheless, Rose said, when African Americans get good access to care and prompt treatment, disparities in survival disappear.

 To determine whether access to healthcare might play a role in the disparity in survival between blacks and whites, Rose and his team analyzed information on more than 20 million veterans who receive care through the San Diego VA’s healthcare system. They focused on 60,035 men diagnosed with prostate cancer between 2000 and 2015, 30.3% of whom were African American and 69.7% were non-Hispanic white. Half of the men were followed for nearly six years, and some were followed for as long as 10 years. Overall, there were 3,067 deaths from prostate cancer in the group, 848 among African American men and 2,219 in non-Hispanic white men.

 Contrary to the situation in the general population, African American men in the VA were not diagnosed with later-stage cancer than their white counterparts, although they did get diagnosed at a younger average age: 63 versus 66 years old. The rate of prostate cancer death over a 10-year span among black men was slightly lower than the rate among whites: 4.4% versus 5.1%. The new results are very good news, said Dr. Ashutosh Tewari, chairman of urology at the Icahn School of Medicine at Mount Sinai Hospital in New York City. “When you find the cancer at the same stage, you can have the same survival outcome,” Tewari said. “This is important news.”

 Nevertheless, it doesn’t solve the problem in the general population, Tewari said. “Many more African Americans are still dying from prostate cancer,” he said. Researchers need to find a way to diagnose prostate cancer earlier in African American men in the general population, Tewari said.

[Source: Reuters | Linda Carroll | January 27, 2020 ++]

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**VA Presumptive AO Diseases**

**Update 31: Veterans Affairs Leaders Disagree with Scientists’ Findings**

Department of Veterans Affairs leaders disagree with scientists’ findings that link Agent Orange exposure to more diseases Congress has pushed VA to cover. That decision could provide disability benefits to tens of thousands of veterans and their families, to the tune of $15.2 billion. In a report sent to the House and Senate Veterans Affairs committees 27 JAN and obtained by Connecting Vets, VA Secretary Robert Wilkie said his experts disputed the findings of the National Academies of Sciences, Engineering and Medicine (NASEM).

 NASEM scientists previously determined that there is evidence connecting bladder cancer, hypothyroidism, hypertension and Parkinson’s-like symptoms to exposure to the toxic herbicide. But Wilkie said VA experts “noted significant concerns and limitations” with NASEM scientists’ findings, alleging that NASEM included “no definitive causal links” between the toxin and the four diseases in their findings. Wilkie specifically mentioned that two of the four illnesses -- bladder cancer and hypertension, or high blood pressure -- have “many alternative risk factors” such as diet, tobacco use, genetics, age and race. NASEM scientists also used members of the Army Chemical Corps for its “most rigorous study,” which “does not necessarily reflect the experience of the general population of veterans deployed to Vietnam” because the Chemical Corps were known to have a higher exposure to Agent Orange, Wilkie said in the report.

 The cost to extend VA benefits to cover those illnesses would likely run from $11.2 billion to $15.2 billion, depending on a pending court decision. Wilkie and VA previously said the agency has no plans to decide on the four diseases until the completion of VA’s own in-house studies, the results of which aren’t expected to publish until late this year at the earliest. “The soonest the secretary would be able to consider adding any new presumptive conditions is in late 2020,” the report said. Those studies are:

* *The Vietnam Era Health Retrospective Observational Study*: A study that began in 2014 to analyze overall health of Vietnam-era veterans, including a survey of 45,000 randomly selected veterans of the 9.9 million who served from 1961-75. The survey was fielded in 2016-17 and the results “are now being analyzed and prepared for submission to peer-reviewed literature in 2020,” Wilkie wrote previously.
* *The Vietnam Era Mortality Study*: An analysis comparing overall mortality and specific causes of death between Vietnam theater and era veterans to standard U.S. civilian deaths. That study is expected to be completed and available for peer review and publication in “late 2020,” Wilkie wrote.

 On 28 JAN, Sen. Jon Tester (D-MT), one of the loudest critics of VA's delayed decision, accused VA of denying scientific evidence. “For far too long, the Trump administration has failed to acknowledge the tens of thousands of Vietnam veterans who, as a result of their service, are continuing to suffer the detrimental effects of Agent Orange," Tester said in a statement to Connecting Vets. "Instead of justice, these veterans have been subjected to unwarranted delays, and are consistently denied access to the critical care and benefits they desperately need. This report is particularly troubling because the administration is denying the overwhelming scientific evidence that has already been put forth, and is instead changing the rules by seemingly forcing veterans with bladder cancer, hypothyroidism, Parkinsonism, and hypertension to meet a different — perhaps unattainable — standard. For these veterans and their families, this is absolutely unacceptable.”

 Two years ago, then-VA Secretary David Shulkin decided to add more diseases to the VA's list of health concerns that qualify a veteran for Agent Orange disability benefits. According to documents obtained by a veteran through the Freedom of Information Act and provided to Connecting Vets, White House officials stood in Shulkin's way expressing concern about the cost of covering additional diseases and requesting more research. Military Times first reported on the documents. Earlier this year, Veterans Health Administration acting head Dr. Richard Stone told Congress VA "hoped" to make a decision on those illnesses "within 90 days," which was previously reported by Connecting Vets.

 Expanding the list at <https://www.va.gov/disability/eligibility/hazardous-materials-exposure/agent-orange/related-diseases> of health conditions presumed to be caused by Agent Orange exposure could provide disability pay and health benefits to more than 83,000 veterans. Repeated attempts by Connecting Vets to get an update from VA officials on whether the department had a forthcoming decision have been consistently met with the same statement: "VA has no announcements on Agent Orange presumptive conditions at this time."

[Source: ConnectVets.com | Abbie Bennett | January 28, 2020 ++]

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**VA Fraud, Waste, & Abuse**

**Reported 16 thru 31 JAN 2020**

**Denver, CO** -- A businessman has been sentenced to more than two years in federal prison for his role in a conspiracy to bribe a U.S. Department of Veterans Affairs official to gain unfair advantages in procuring contracts. **Anthony Bueno**, 45, was sentenced to 30 months in prison followed by three years of supervised release, according to a news release from the U.S. Attorney’s Office, District of Colorado. According to court records, Bueno and his business partner, **Robert Revis**, arranged for an undercover FBI agent to make payments to VA official Dwane Nevins to manipulate the government contracting process. The undercover agent was posing as a veteran and small business owner.

 Bueno was remanded into custody immediately after the sentencing before U.S. District Court Judge R. Brooke Jackson, according to a 14 JAN news release. Bueno pleaded guilty in the case in September. “Illegally manipulating the government contracting process will result in harsh consequences,” said U.S. Attorney Jason Dunn. “Mr. Bueno will now have more than two years in federal prison and a lifetime as a convicted felon to think about the harm he caused taxpayers.”

 As part of the bribery scheme, Bueno and Revis, conspiring with Nevins, a specialist at the VA’s Network Contracting Office in Colorado, “agreed to submit bids from small businesses owned by veterans disabled during military service (one of whom was the undercover FBI agent) under contract with Bueno and Revis’ consulting company so that federal contracts would be set aside for only those companies,” according to the news release. “As Bueno explained to the undercover agent, the conspirators would then ‘own all the dogs on the track,’ meaning their clients were guaranteed to get the contracts.”

 Nevins pleaded guilty in September to every count of an indictment against him, including counts of conspiracy, receiving bribes, extortion, and criminal conflicts of interests. He is scheduled to be sentenced on 19 FEB. Revis pleaded guilty in April to a single count of supplementing the salary of a federal official. His sentencing is scheduled for 2 MAR. “This sentence illustrates the serious consequences of undermining the federal contracting process,” said Gregg Hirstein, special agent in charge, VA’s Office of Inspector General. “We will always hold accountable those who seek to corrupt the VA’s business practices.”

 Bueno also pleaded guilty in September, in a separate case, to conspiring to launder money in a wire fraud scheme in which he used false representation about investment opportunities to procure more than a million dollars from several victims. Sentencing in that case is scheduled for 23 JAN. [Source: The Denver Post | Kieran Nicholson | The Denver Post | January 14, 2020 ++]

**-o-o-O-o-o-**

**Columbus, GA** -- An Army veteran faces up to five years in prison and up to $500,000 fines after pleading guilty to lying about a fake tour in Afghanistan and Purple Heart and Silver Star medals he didn’t earn. **Gregg Ramsdell**, 61, of Columbus, Georgia, pleaded guilty in early December to one count of false statements and one count of violation of the Stolen Valor Act. He’s scheduled for sentencing on March 23. In 2014, Ramsdell claimed to officials with the Department of Veterans Affairs that he “witnessed horrible atrocities” while deployed to Afghanistan from October 2008 to March 2009, according to court records.

 He told VA staff that he saw “men, women and children being executed. 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.” Ramsdell said that he suffered from post traumatic stress disorder, and as a result was, “unable to live a normal life.” He also claimed he suffered from “recurring dreams, anxiety and fears of places with large groups of people.” The VA approved him for added PTSD benefits at a 70 percent rating in June 2015. That was retroactive to his discharge date. He received payments until July 2019, for a total of $76,000, related to his PTSD claim, according to court documents. Ramsdell had served, on and off, on active duty, in the Army National Guard, the Air National Guard and the Army Reserve since his enlistment in 1981. He was honorably discharged in June 2014.

 One of the many problems with his claim: He wasn’t in Afghanistan when he said he was. A federal grand jury indicted him in August. As part of his plea agreement, he must pay back $76,000 in restitution. Ramsdell later admitted to FBI investigators that he lied about having PTSD at all. “Faking serious wartime injuries to gain undeserved benefit, and claiming valor where there is none, do a disservice to our brave veterans and service members who selflessly risk their lives protecting this country,” said U.S. Attorney Charlie Peeler. “Fraud of this kind and theft of taxpayer money will not be tolerated, and we will continue to prosecute those who commit such crimes.”

 The investigation also found that Ramsdell had listed both the Purple Heart with Cluster and the Silver Star Medal on his application for a civilian job at Fort Benning, Georgia, in 2017. He got the job of logistics management specialist with a base salary of $53,137. “Ramsdell’s actions are an insult to every veteran who has served our country, and in particular every veteran who suffered physical or mental trauma because of their honorable commitment and valor,” said Chris Hacker, special agent in charge of FBI Atlanta. “The FBI is committed to seeking justice for anyone who lies about serving our country, and who illegally takes money from federal programs that help veterans who rightfully deserve it.”

 The Stolen Valor Act of 2013 makes it a criminal offense for individuals to falsely claim military status and awards to claim “money, employment, property or other tangible benefits,” according to a statement from the U.S. Attorney’s office.

[Source: DoJ Middle District of Georgia | U.S. Attorney’s Office | December 6, 2019 ++]

**-o-o-O-o-o-**

**Phoenix, AZ** -- Attorney General Mark Brnovich announced 16 JAN that an additional 44 summonses have been served on current or former employees of the Kokopelli Eye Institute in the case against Dr. Michael Lee Ham, an eye surgeon with Kokopelli who was recently indicted for an alleged fraudulent billing scheme. Agents with the Arizona Attorney General’s Office and with the U.S. Department of Health and Human Services have been diligently locating and serving indicted defendants. Many defendants are charged with Conspiracy and with Fraudulent Schemes and Artifices, while others also face charges of Illegally Conducting an Enterprise, Participating in a Criminal Syndicate and Theft.

 It is alleged the additional defendants assisted Dr. Ham in a variety of ways to falsify patients’ medical records for the purpose of inducing government agencies and third-party insurers to pay for cataract and other eye surgeries on patients of Kokopelli Eye Care from 2009 through the Fall of 2018. It is possible some patients had cataract surgeries that were not medically necessary. Defendant Laura Crain, a long-time employee of Kokopelli Eye Institute, is also charged with Facilitation to Commit Fraudulent Schemes and Artifices, and with Criminal Impersonation for her alleged participation in illegally obtaining a prescription-only drug at the direction of Dr. Ham. It is alleged that Crain, in conjunction with Dr. Ham, obtained medication from a pharmacy in Prescott Valley in August and November of 2016 under the name of a person who did not consent to, nor was aware of, a prescription being written in her name.

 Dr. Ham was arrested on 2 JAN in Prescott Valley. He appeared in court for his arraignment on 13 JAN in Yavapai County Superior Court. He is charged with Conspiracy, Fraudulent Schemes and Artifices, Illegal Control of an Enterprise, Theft, and Money Laundering violations for allegedly defrauding Medicare, the United States Department of Veterans Affairs, and the Arizona Health Care Cost Containment System (AHCCCS), as well as several private health insurers. Previous news release.

 The indictment follows a multi-agency investigation conducted by the Special Investigations Section of the Arizona Attorney General’s Office, the U.S. Department of Health and Human Services, Office of Inspector General, and AHCCCS. The U.S. Department of Veterans Affairs, Office of Inspector General, also assisted. The investigation and prosecution of this case arose from a report to the Prescott office of the Health Care Fraud & Abuse Section of the Attorney General’s Office. At <https://www.azag.gov/press-release/44-additional-defendants-served-and-accused-defrauding-government-and-insurance> can be found the names of the 44 defendants. All defendants are presumed innocent until proven guilty in a court of law.

[Source: <https://www.azag.gov> | Mark Brnovich Press Release | January 16, 2020 ++]

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**Boston, MA** -- Allegations were made that INSYS used a variety of fraudulent schemes to promote and sell their medication, Subsys, a powerful narcotic intended to treat cancer patients suffering intense episodes of breakthrough pain. In 2016, RAC Rob Bosken (51MA) joined an ongoing criminal investigation into INSYS. INSYS obtained a contract with VA that allowed VAMC doctors to prescribe Subsys. According to data obtained during the investigation, no Subsys prescriptions were written by VAMC doctors under this contract. However, CHAMPVA paid INSYS approximately $3,317,165 for Subsys prescriptions written to CHAMPVA eligible members.

 The investigation determined that INSYS’s upper management, including former national sales director **Richard Simon** and former regional sales director **Joseph Rowan**, led a nationwide conspiracy to bribe medical practitioners to unnecessarily prescribe Subsys and defraud healthcare insurers. In exchange for using speaker fees as bribes and kickbacks, practitioners wrote large numbers of prescriptions for patients, most of who were not diagnosed with cancer. Through the creation of an INSYS reimbursement center, the now former corporate executives also conspired to mislead and defraud health insurance providers. INSYS’s reimbursement center used a variety of fraudulent reimbursement schemes to obtain payment authorization from insurers and Pharmacy Benefit Managers. These schemes were used to defraud insurers and PBMs who were reluctant to approve payment for Subsys when it was prescribed off-label.

 As a result of this investigative effort, Simon, Rowan, and six other former INSYS employees, including the founder and majority owner John KAPOOR, were criminally charged with RICO conspiracy. Leading up to trial, three defendants pled guilty and agreed to cooperate with the government (INSYS’s former chief executive officer Michael BABICH and former vice president of sales Alec Burlakoff, and Simon, Rowan), and three additional defendants’ criminal trials started on January 28, 2019, in Boston, MA. On May 2, 2019, after 15 days of deliberation, the jury found Simon, Rowan, and three other defendants guilty of RICO conspiracy, among other charges.

* On January 21, 2020, Simon was sentenced to 33 months in prison and three years of supervised release, and ordered to pay a restitution amount that has yet to be determined and $2.3 million in forfeiture.
* On January 21, 2020, Rowan was sentenced to 27 months in prison and three years of supervised release, and ordered to pay a restitution amount that has yet to be determined, and $2 million in forfeiture.

 This investigation was conducted jointly with the FBI, HHS OIG, DEA, FDA OCI, USPS OIG, USPIS, DCIS, OPM OIG, and DOL. RAC Bosken testified at trial. SA Larry McDonald (51PX) assisted the investigation through surveillance and with a civil False Claims Act investigation of INSYS (2017-01639-IW-0094), which was globally settled in June 2019.

[Source: VA OIG Press Release | January 21, 2020 ++]

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**Shreveport, LA** -- A licensed pharmacist, who was formerly employed with the Overton Brooks VA Medical Center (VAMC) in Shreveport, was found guilty 17 JAN by a federal jury for stealing controlled substances from mail-out prescriptions, announced United States Attorney David C. Joseph. Following a one-week trial and four hours of deliberations, **Melissa W. Richardson**, 44, of Shreveport, was found guilty of 15 counts of acquiring a controlled substance by fraud.

 According to evidence presented at trial, on June 9, 2017, Richardson, a licensed pharmacist employed at the VAMC, stole various quantities of Hydrocodone out of individual prescription bottles as she verified mail-out prescriptions meant for veterans. The prescriptions at issue had been prepared by a pharmacy technician and were awaiting a second count and verification from Richardson. Video surveillance from inside the VAMC controlled substances vault showed Richardson slipping the pills into her pocket as she counted the prescriptions. In multiple instances, she slipped pills into her pocket before the pills were counted. Video footage showed her then verify that the prescription was correct in the VAMC’s computer system, seal the bottle, place it in a sealed envelope, and drop it in a bin for mail-out. When federal agents confronted Richardson, she had 236 loose pills in her pocket. The U.S. Department of Veterans Affairs, Office of Inspector General, conducted the investigation. Assistant U.S. Attorney Brian C. Flanagan and Supervisory Assistant U.S. Attorney Allison D. Bushnell are prosecuting the case.

[Source: DoJ Western District of Louisiana | U.S. Attorney’s Office | January 17, 2019 ++]

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**Homeless Vets**

**Update 97: At 10 Year Low Despite 11,000 Unused Housing Vouchers**

Housing and veterans officials told House lawmakers that the veteran homeless rate has dropped to a 10-year low even as thousands of federal vouchers that could help get more veterans off the streets went unused. “There are so many unused vouchers and so many homeless veterans remaining,” Keith Harris, the national director of clinical operations for Veterans Health Administration, said 14 JAN during a House Committee on Veterans’ Affairs hearing on veteran homelessness. The Department of Housing and Urban Development reported last week that the homelessness rate among veterans is at a 10-year low, as overall homelessness increased across the country. Some lawmakers and Department of Veterans Affairs officials have largely credited the decrease to the HUD-Veterans Affairs Supportive Housing Program, which helps veterans with rental assistance and VA support services.

 Harris said more than 800,000 veterans and their families have used the HUD-VASH program since 2010, calling it one of the “most important resources for ending veteran homelessness” and saying the collaboration between nonprofits and multiple state and federal agencies makes eliminating veteran homelessness an attainable goal. Nationally, the homeless population is up 3%, which HUD attributes to a ballooning crisis in California where homelessness increased 21% between 2018 and 2019. But the number of homeless veterans in the United States is down to 37,000, according to HUD. This is a decrease of 2% in the last year and a 50% decrease since 2010, said Hunter Kurtz, assistant secretary for Public and Indian Housing for HUD. Last year, about 8% of the homeless population were veterans.

 But the program intended to help veterans find a place to live isn’t being used by thousands of potentially eligible former service members due to a lack of VA staff and skyrocketing costs of living in some parts of the country, according to Harris. “One homeless veteran is one too many,” Rep. Mike Levin (D-CA) said during the hearing. “Right now we are not good enough at identifying at-risk veterans and connecting them with services before they become homeless.” The HUD-VASH program has more than 100,000 vouchers issued nationally right now, but 11,000 are not being used by a veteran. Of the 37,000 homeless former service members, nearly one-third of them can possibly find subsidized housing.

 A roadblock with vouchers for some veterans is rising living costs in some parts of the country, specifically urban areas, according to Harris. “All over the country the vouchers are just not enough,” said Rep. Gus Bilirakis (R-FL). “Veterans are having a hard time because it’s just not enough and they’re having a hard time paying for things like electricity. We’re very fortunate to have nonprofits kick-in.” Harris said HUD is working to increase the number of federal subsidized living spaces, put a ceiling on rising rents and make the vouchers more useful. He also pointed to the VA being short staffed with case managers, which the department is seeking new ways to process homeless case work such as using contractors. “One critical strategy [to ending veteran homelessness] is increasing the number of case managers,” Harris said. “Along with the lack of affordable housing, the lack of case workers is unquestionably the great limiting factors in voucher utilization.” [Source: Stars & Stripes | Steve Beynon | January 14, 2020 ++]

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**GI Bill**

**Update 299: Students could See Changes in Housing Allowance**

The Department of Veterans Affairs implemented changes Dec. 1 to its process for calculating student veterans’ housing allowances — a move that sets up 80,000 GI Bill recipients to get different amounts in the new semester than they did last year. Republicans and Democrats said the changes — put in place over a year later than was mandated by Congress — were successfully implemented at the beginning of December. However, leaders from both parties worry that students will be caught off guard by the new amounts as the spring semester begins this month. Adding to the concern: About 21,000 veterans will see smaller checks.

 Rep. Phil Roe (R-TN), ranking Republican on the House Committee on Veterans’ Affairs, complimented the VA on the rollout of the changes in December. However, Roe’s office said he sought more answers about how the agency would help those veterans who would be surprised to receive less money. “I’m concerned that despite the VA’s best efforts, some students will be surprised when they see an unexpected decrease in payment,” Roe said. In a statement before the new year, Roe encouraged student veterans to read up on the changes and be prepared for the impact.

 The change was required of the VA by the Forever GI Bill, a major overhaul of veterans’ education benefits that Congress passed in 2017. It affects veterans who take classes at satellite or branch campuses. For those veterans, their monthly allowances — for housing, utilities and food — will be based on the cost of living in the city where they’re taking classes, rather than defaulting to their school’s main campus. For about 59,000 veterans, the change will result in bigger checks.

 But about 21,000 veterans are expected to receive hundreds of dollars less each month. Charmain Bogue, executive director of Education Services at the VA, cited one example while testifying before the VA House committee in November. San Francisco has a housing allowance of $4,300 each month, she said, while Sacramento has $2,500. Under the new calculation, a student attending a Sacramento branch of a San Francisco-based school would receive the lower rate. Bogue promised the VA would offer a one-time relief payment for students who unexpectedly receive less money at the start of the spring semester. Those payments typically take three months to process, but the agency is working to turn those around within two weeks, she said.

 Roe’s office, as well as the office of Rep. Mark Takano (D-CA) are looking for details from the VA about relief payments. Their staffs said the lawmakers were concerned about whether the VA is getting the word out about the opportunity for financial help. Questions also remain about when the VA will retroactively pay student veterans who were shortchanged on their housing allowances in 2018 and 2019. In fall 2018, technology failures resulted in the VA sending out incorrect monthly housing stipends to hundreds of thousands of veterans. VA officials, speaking to lawmakers in November, said they couldn’t yet offer a definite timeline for when those payments would go out. They acknowledged the checks could be sent this summer.

 A separate issue that GI Bill recipients won’t have to worry about this year is a plan, offered up by the Defense Department in 2019, that would’ve restricted eligibility for service members to transfer their education benefits to their spouses or children. The proposal would’ve blocked troops with more than 16 years of experience from transferring their benefits. Congress ended 2019 by approving the annual defense bill, which included a measure that prohibits the Defense Department from moving forward with the plan. The new law stops the Pentagon from imposing limits on the transferability of education benefits based on the number of years troops have served.

 This year could also see more advocacy from veterans organizations and lawmakers who want the VA to boost protections for GI Bill recipients against for-profit colleges. In an agreement reached at the end of 2019, the for-profit University of Phoenix agreed to cancel $141 million in student debt and pay $50 million to the Federal Trade Commission because of allegations of deceptive advertising to students, which included targeting veterans for their GI Bill money. Advocacy organizations said the payout represented just a small portion of the debt that borrowers owe. Along those same lines, efforts failed in Congress at the end of last year to limit the amount of money for-profit colleges could receive from enrolling veterans. Advocates are likely to try again in 2020. [Source: Stars & Stripes | Nikki Wentling | January 13, 2020++]

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**GI Bill**

**Update 300: Student Loan Forgiveness Progress**

Led by [Veterans Education Success](https://vetsedsuccess.org/), a bipartisan group dedicated to ensuring career and education success for military families, a collection of 22 veterans groups has sent a letter to Education Secretary Betsy DeVos. The letter urges her to direct the Department of Education (DoE) to follow an executive order signed by President Donald Trump that ordered the department to forgive all outstanding student loans held by permanently and totally disabled veterans. More than 40,000 severely disabled veterans are still waiting on the DoE to automatically forgive their student loan debts, as directed by the administration. The average loan balance eligible for forgiveness is around $30,000. Of those 40,000 veterans, more than 25,000 are in default on their loans and face collection actions, including withholding of federal and civilian pay, disability benefits and tax refunds; bad credit reports; and other financial hardships.

 On Aug. 21, 2019, Trump issued an executive order directing the DoE to work with the Department of Veterans Affairs and Social Security Administration to identify student loan borrowers who receive disability payments and automatically forgive their outstanding student loan debt. Previously, disabled veterans had to request forgiveness from their lender. Student loan forgiveness for disabled persons has been around since 1986, when President Ronald Reagan signed Public Law 110-315, the Higher Education Opportunity Act. In 2016, President Barack Obama tweaked the law to allow disabled persons who were employed to have their student loans forgiven. Previously, only permanently and totally disabled persons who were unable to hold a job due to their disability were eligible to have their loans discharged.

 Trump's 2019 executive order also exempted totally and permanently disabled persons from paying federal taxes on the amount of their forgiven loans. Before that, the amount of a forgiven loan was treated as income and the amount was taxable. The veterans groups urge DeVos to speed up the process and suspend loan collections, return money collected from disabled veterans in error, suspend any existing wage or benefit garnishments, and correct erroneous credit reports. While Trump's executive order directed the federal government to have an "expedited" process to forgive disabled veterans' federal student loans, the DoE has not taken any public action on debt forgiveness nearly six months after the executive order was issued, the veterans group said. According to the law, student loan forgiveness is available for:

* Veterans the VA has determined are unemployable due to a service-connected disability.
* Borrowers receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.
* Borrowers certified as "totally and permanently disabled" by a physician.

 For more information, see the Department of Education's student aid website <https://studentaid.gov/manage-loans/forgiveness-cancellation/disability-discharge>. [Source: Military.com | Jim Absher | January 28, 2020 ++]

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**Vet Marijuana Access**

**The Cannabis Catch-22**

Cannabis-related legislation has been working its way through various levels of the 116th Congress— including several pieces of legislation that directly address the needs of veterans. The following bills were introduced in 2019:

* **Jan 23 -- VA Medicinal Cannabis Research Act**

Directs VA to conduct a clinical trial of the efficiency of marijuana in treating adults with chronic pain and PTS. Last Action: Committee hearing held June 20.

* **MAR 08 -- Veterans Equal Access Act**

Allow VA doctors to advise veterans on participating in state medical marijuana programs and complete forms for those veterans that reflect recommendation.Last Action: Committee hearing held June 20.

* **APR 09 -- Veteran Cannabis Use for Safe Healing Act**

Would prevent VA from denying benefits to a veteran participating in a state approved marijuana program and would allow VA doctors to recommend medical marijuana to patients in states where the substance is legal. Last Action: Subcommittees hearing held April 30,

* **MAY 10 -- VA Survey of Cannabis Use Act**

Requires VA to enter an agreement with a federally funded research and development center to conduct surveys nationwide to measure cannabis use by veterans. Last Action: Committee hearing held June 20.

* **MAY 10 -- H.R. 2677**

Requires the VA to conduct training in the use of medical cannabis in conjunction with medical schools. Last Action: Committee hearing held June 20.

* **MAY 20 -- Marijuana Freedom and Opportunity Act** –

Remove marijuana from the Controlled Substance Act. Last Action: Referred to Subcommittee on Crime, Terrorism, and Homeland Security.

 The legislation addresses and would resolve a range of cannabis-related roadblocks veterans face — VA doctors would be allowed to openly discuss and recommend cannabis use. VA would be required to conduct research into the clinical efficacy of cannabis as a treatment for PTSD, and VA would be required to provide medical training on cannabis use in conjunction with medical schools.

 None of this legislation has made it very far. “Sadly, we're in a place right now where the political appetite to actually mitigate the tension between federal criminalization, and now the majority of states that have medical cannabis programs continues to grow," political director at the National Organization for the Reform of Marijuana Laws (NORML) Justin Strekal, said. "And an increasing number of lawmakers are willing to say that they are in support of veterans to have the legal option to get medicinal cannabis. They have yet to enact any reform,”

 Connecting Vets reached out to the office of House Committee on Veteran’s Affairs Chairman Mark Takano (D-CA) to see why this legislation is not advancing and received a statement from July 11, 2019. “Cannabis must be objectively researched. Period,” the statement read. “Medicinal cannabis may have the potential to manage chronic pain better than opioids and treat PTSD, and clinicians need to understand the efficacy of this drug and any negative side effects. In those states that allow medicinal cannabis, VA doctors should be able to provide recommendations to veterans for medicinal cannabis programs.”

 Legislation granting increased access to cannabis for veterans won’t pass without further research according to Takano’s statements — but further research can’t be conducted without the passing of certain legislation into law (i.e. Catch 22). After nearly a year of pro-cannabis veteran legislation being stalled in Congress for one reason or another, late-comer legislation — the **Marijuana Opportunity, Reinvestment and Expungement (MORE) Act** — passed a vote in the House Judiciary Committee. The legislation would, among other things, remove marijuana from the Controlled Substances Act as a Schedule I drug. Erik Altieri, executive director of NORML described the successful vote as “a truly historic moment in our nation’s political history.” The bill, introduced by Rep. Jerry Nadler, D-N.Y. in July of this year, would:

* Remove the marijuana plant from the federal Controlled Substances Act, retroactively applying to prior or pending convictions and allowing states to set their own policies.
* Require federal courts to expunge prior marijuana-related convictions and requiring courts, on motion, to conduct re-sentencing hearings for those under supervision.
* Permit VA doctors, or VA-contracted doctors, to make recommendations to qualifying veterans who live in states where marijuana use is legal.
* Authorizes a 5 percent excise tax on marijuana and marijuana products whose revenue will go to grants to communities disproportionately impacted by drug enforcement, loans for small marijuana-industry businesses owned by socially and economically disadvantaged people.

 However, the bill has yet to see a full House vote — the next necessary step before it's passed on to the Senate. And some committee members said they worried the Senate would not take up the bill as it is written. But Nadler said the committee should not allow the Senate to determine what it will and will not pass.

 Congress has yet to pass any substantive national marijuana legislation in either chamber so far this session. “There isn’t an elected official in this country that would refuse to pay lip service to the veteran community,” Strekal said. “And yet, sadly, when it comes to their health and well-being and allowing them access to a therapeutic substance that could alleviate their symptoms, they have stood in the way of progress.” [Source: ConnectingVets.com | Elizabeth Howe | November 25, 2019 ++]

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**Retiree Court Martialing**

**Update 02: Appeal Court Rules Retirees can be Tried for Non-Active Duty Crimes**

In the latest turn of a dramatic and winding court saga, a naval appeals court has released a split decision finding that a Navy retiree was properly court-martialed and convicted for a crime committed after he had left active duty. The en banc decision was published 24 JAN by the Navy-Marine Corps Court of Criminal Appeals, with four judges agreeing with the final decision and three others dissenting. The matter concerns retired Chief Petty Officer Stephen Begani, who pleaded guilty to attempted sexual assault and attempted sexual abuse of a child in December 2017, after corresponding and making plans with a Naval Criminal Investigative Service undercover agent pretending to be a 15-year-old girl.

 Begani had already transferred to inactive status in the Fleet Reserve following 24 years on active duty at the time of the crime, and appealed his conviction on the grounds that it was unconstitutional to court-martial active-duty retirees like him when retired reservists were not subject to court-martial. In an Aug. 9, 2019, decision described as a "bombshell," the NMCCA agreed with Begani, overturning his sentence of 18 months' confinement and a bad-conduct discharge. The victory, however, would be short-lived. In October, the appeals court withdrew its opinion, setting up conditions for reconsideration and an overturn, which came four months later. Begani's attorney, Navy Lt. Daniel Rosinski, did not immediately respond to a request for comment on the development and whether he plans to appeal the reaffirmation of his client's sentence.

 Delivering the majority opinion of the court, NMCCA Judge Navy Capt. Jonathan T. Stephens wrote that the decision was based in part on Begani's membership in the Fleet Reserve, where, although functionally retired, he continued to receive some "retainer pay" and base privileges. Members of the Fleet Reserve and the Marine Corps equivalent are enlisted and have more than 20, but less than 30, years of service; they are transferred to the retired list and receive retired pay when they hit the 30-year mark. The Air Force and the Army don't have comparable retired Reserve contingents. The Defense Department's interest in maintaining authority over this group is tied to its need to be ready to fight in case of a major crisis or catastrophe, Stephens wrote.

 "It appears plain that Congress intended for Fleet Reservists to be among the first 'retired' Service Members to be drawn from," he said. "No declaration of war or national emergency is required by Congress. No other legal precursors are required. The Secretary of the Navy can return Appellant, and any other members of the Fleet Reserve, to active duty with a mere signature." Court-martial power is also connected to this contingency, he wrote, noting that the government would need the authority to prosecute any who refused to return to service. Retired pay, too, comes with strings attached: While typically viewed as a pension, its reality is more complex.

"While the Supreme Court has viewed, for tax purposes, this salary as deferred pay for past services, the salary such retirees receive has generally been viewed not as a mere pension but as 'a means devised by Congress to assure their availability and preparedness for future contingencies,'" Stephens wrote. By contrast, he noted, regular reservists are not subject to court-martial when not drilling or performing other duties, and do not receive retired pay before the age of 60. "Members of the Fleet Reserve, like Appellant, have typically been career active duty enlisted Sailors. That means they have been on continuous, salaried active military service for at least two decades, and subject to the UCMJ throughout that entire time," Stephens said. "Their transfer to the Fleet Reserve is but an extension of this continuity, in terms of salary, readiness requirements, recallability, and jurisdiction."

 In a concurring opinion, two of the court's judges took issue with the fact that Begani claimed his court-martial was improper only in the appeals process, and after pleading guilty. "Appellant's failure to lodge this claim with the court below leaves us thin means in the record to address such a weighty constitutional claim of first impression," wrote Judge Navy Capt. Arthur Gaston. But three judges, including the court's chief judge, Navy Capt. James Crisfield, dissented, maintaining that Begani was wrongly court-martialed in his retired status. Crisfield wrote the court's original opinion overturning Begani's sentence.

 "I acknowledge that there is little case law to guide our determination of whether these groups of retirees are similarly situated for equal protection purposes," Crisfield wrote. "I nonetheless feel confident determining that members of the Fleet Reserve, Regular component retirees, and Reserve component retirees are similarly situated because there is no meaningful distinction, legally or factually, between the groups that is relevant to good order and discipline in the armed forces." Military retired pay, he wrote, "is not contingent on ... continued military usefulness or employability. [Retirees'] actual ability to contribute to the accomplishment of a military mission is completely irrelevant to their status." Most importantly, the dissenting opinion noted, "the fact that retired reservists are subject to immediate recall into active service under certain circumstances runs counter to the argument that they have no military status whatsoever."

 Zachary Spilman, an attorney who specializes in military justice and is a major in the Marine Corps Reserve, first reported the case development on his military appellate court blog CAAFlog. Spilman, who had previously predicted that the original appellate decision would be overturned and Begani's sentence approved, said that, for him, the case came down to receipt of military pay. "You are being paid for your service, and with your service comes jurisdiction," he said. Reserve retired pay is treated differently than active-duty retired pay, he noted, and is entirely separated from membership in a continuing military status. While Begani could petition the Court of Appeals for the Armed Forces to review the case, Spilman noted the facts and circumstances might make it a poor test case with which to overturn current law. Among those facts: Begani had continued to live near the Okinawa military base where he had served at the time of his crime, and he pleaded guilty to the grave criminal offense of which he was accused.

 The issue of whether military retirees should be court-martialed may soon be revisited, however. Last March, Marine Staff Sgt. Steven Larrabee filed a federal lawsuit in the District of Columbia, asking the court to find that his court-martial conviction on charges of indecent recording and sexual assault while a member of the Fleet Marine Corps Reserve was unconstitutional. Larrabee sued after the Supreme Court decided not to hear his case in February 2019. A decision on the lawsuit is still pending. [Source: Military.com | Hope Hodge Seck | January 29, 2020 ++]

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**Vet Prostatic Repossession**

**VA to Provide Legs after Initial Request Rejection**

The Department of Veterans Affairs has said it will make a new pair of prosthetic legs for a Mississippi Army veteran who had his prosthetic legs repossessed two days before Christmas. Jerry Holliman, 69, who served in Vietnam and Iraq and received the Bronze Star Medal, recently claimed that his legs had been repossessed and that the VA was not willing to pay for them. After his plight made headlines around the country, the VA office in Jackson said it would settle the dispute and is willing to make him a new set of prosthetic legs free of charge. "We have reached out to Mr. Holliman and let him know that we would like to see him again," said Dr. David Walker, the medical center director at the Jackson VA, to Fox News. "We certainly are willing to evaluate him and make him a new set of prosthetic legs."

 Holliman, who is considering taking legal action against the VA, told Fox News this week the government agency had refused to pay for a set of prosthetic legs he needed after a case of gangrene forced doctors to amputate both his legs below the knee. “It’s something I’m thinking about doing. It’s like a roadblock that they don’t want to budge,” Holliman said at the time. “They won’t address my legs and they won’t do prothesis on them and they not paying me for loss of limb.” Medical records show that Holliman has had several ailments over the years. He’s survived three forms of cancer, kidney failure, and diabetes--most of which he attributes to being exposed to Agent Orange, a tactical herbicide used by the U.S. military during the Vietnam War from 1962 to 1975.

 Last August, two months after doctors amputated his left leg, Holliman received a pair of prosthetic legs from Hanger. He had begun therapy sessions with the company at the Collins State Veterans Home to learn how to properly walk. That all came to halt on Dec. 23 when a representative from Hanger repossessed his prosthetic legs after learning the VA would not pay for them. It was a huge blow to Holliman’s hopes of being able to return to home in Hattiesburg, Miss., for the holidays. “It’s like somebody walked up to you and gave you a punch in the gut,” Holliman said. “Why would you come and take a veteran’s legs?’

 The set of prosthetic legs were returned to Holliman a few days later. However, Holliman said Hanger would no longer make the needed adjustments that allowed him to properly use the prosthetic legs until someone paid for them. The VA told Holliman that the prosthetics legs were obtained as a private purchase, which precluded them from paying for them on his behalf. Instead, he said he was told to use Medicare to pay for them. He refused that option because he said using Medicare would have required him to pay a co-pay.

 Krisita Burkey, the vice president of public relations and communications at Hanger, told Fox News in a statement that patient privacy laws prevented the company from talking about Holliman’s case specifically. However, she said, “Hanger does not take back prosthetic devices once a patient signs for the delivery." A signed verification of delivery is a necessary step in the delivery process due to regulations, but actual payment is not required upon delivery to the patient," the statement continued. "Payment is typically received from the applicable payer, whether it is a private insurer, Medicare/Medicaid or the VA, at a later date.”

 Walker told Fox News that Holliman had come to the VA’s prosthetics department in Jackson shortly after his left leg was amputated. Holliman inquired about the VA making him a pair of prosthetic legs, but Walker said the VA was unable to begin the process at the time. “We cannot begin a prosthetic evaluation until the skin is completely healed because of the pressure and the things that are required to wear and use a prosthetic device,” he explained. Walker, who was given permission by Holliman to speak about the case to Fox News, said the 69-year-old never followed up with the VA after that visit. Instead, he said Holliman went to a private clinic and then to Hanger to obtain prosthetic legs. “We want veterans to use us,” Walker said. “If a veteran chooses to go outside of our system, we cannot, unfortunately, take on the responsibilities for private purchases and that's the case.”

 Holliman denied that he had gone to Hanger on his own to get prosthetic legs. He said he had no authority to make his own appointments and was following directives from medical personnel at the state-run veterans home where he's resided for the last year. After the VA's decision to give him a new set of prosthetic legs, Holliman told Fox News he accepted an appointment for later this month. However, after this ordeal, he remains skeptical. “I can’t walk on proposals. I need to see it [to] fruition,” Holliman said. “I’m trying to recoup my life. I can’t do it on my own. I need the help of the VA.” [Source: Fox News | Charles Watson | January 18, 2020 ++]

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**PFAS Toxic Exposure**

**Update 12: H.R.535 | PFAS Action Act of 2019**

A bill that would require the Pentagon to work with states and communities to clean up contamination from chemicals used in military firefighting foam passed the House 19 JAN, a move lawmakers and advocates say would help eliminate the toxic substances from drinking water supplies nationwide. The bill, the **PFAS Action Act of 2019**, H.R. 535, would require the Environmental Protection Agency to declare two types of per- and polyfluoroalkyl substances, or PFAS, as hazardous. And while it passed the House, it still faces formidable resistance in the Senate and has been threatened with a veto by the White House over cost and scope.

 If enacted, the effort to label perfluorooctanoic acid, or PFOA, and perfluoroactanesulfonic acid, PFOS — the key ingredients of aqueous film-forming foams used by the U.S. military for firefighting — as toxic substances, would declare areas contaminated with these substances Superfund sites, jump-starting the cleanup process. The bill also would set a maximum allowable drinking water level for PFOS and PFOA and establish guidelines for use of the foams by first responders, although the Pentagon already has taken steps to limit use of foams containing PFOA and PFOS during land-based training.

 An estimated five million to 10 million people across the country may be exposed to water contaminated with these chemicals, which have been linked to testicular and kidney cancer, thyroid disease, high cholesterol, birth defects and high blood pressure in pregnant women. The Pentagon has identified 401 active and former military installations and National Guard sites where PFOA and PFOS contamination is known or suspected. Defense Department officials said in November that the number may be higher, as they have identified more facilities with suspected PFAS releases. They declined to name the additional facilities or their locations.

 Rep. Dan Kildee (D-MI) who cosponsored the bill written by fellow Michigan Democrat Rep. Debbie Dingell, said 9 JAN that the Defense Department has known the chemicals were poisonous since the 1970s but failed to ensure that military firefighters were protected from the chemicals. The DoD, he added, also allowed PFAS-containing foams to drain into the ground where they entered groundwater and in some cases, drinking water supplies. One of the communities in his district, Oscoda, former home of Wurtsmith Air Force Base, has contaminated drinking water supplies and groundwater. There are now almost 300 known PFAS-contaminated military bases. A list of 90 Army posts having contaminated drinking water is at <https://cdn3.ewg.org/sites/default/files/u352/EWG_PFASTable-Army_C01.pdf?_ga=2.221565720.1036667099.1568130417-1210461551.1568130417>.

 “The EPA and the Defense Department both have authority to protect the public from PFAS and have so far failed in their responsibility to address this public health crisis,” Kildee said 10 JAN shortly before the vote. The fiscal 2020 National Defense Authorization Act contained several provisions barring the use of firefighting foam containing PFOA and PFOS in non-emergencies and requiring the Defense Department to include blood tests for military firefighters during routine physical examinations for PFAS exposure. The law also sets standards for disposing PFAS by incineration and requires the removal of all PFAS chemicals from meals, ready-to-eat packaging by Oct. 1, 2021. The PFAS Action bill passed the House Friday 247-159, with 24 Republicans supporting the bill.

 Despite the support, however, the legislation faces an uncertain future in the Senate, where Sen. John Barrasso (R-WY) told Bloomberg Environment “it has no prospects.” Barrasso said he objects to the provisions in the bill that trigger the Superfund provisions because they go “way beyond” a measure that passed the Senate Committee on Environment and Public Works that would require disclosure of PFAS releases and establish drinking water standards. Two days before the House vote, the White House threatened a veto of the bill, saying that the EPA has an action plan and the bill, which it argues would overstep EPA’s current authorities, would open the federal government up to “considerable litigation,” set timelines that would be difficult to meet and put substantial costs on federal state and local agencies.

 The Congressional Budget Office estimated that H.R. 535 would cost at least $300 million in the next decade but could be “much higher,” given that it would obligate the federal government to mitigate contamination on former federal properties that are now state, local or privately owned. Scott Faber, senior vice president of governmental affairs for the Environmental Working Group, the advocacy organization pushing for stricter controls over PFAS chemicals and environmental cleanup, said last week the EPA’s efforts to address PFAS contamination are decades late. “Enough is enough,” Faber wrote in a post on the group’s website. “It’s time for Congress to set meaningful deadlines for the EPA. The PFAS Action Act will immediately designate PFOA and PFOS as hazardous substances, which will kickstart the clean-up process at contaminated sites.”

 Dingell said she remained hopeful that the bill will receive serious consideration in the Senate. “All of us are working with our colleagues in the House and the Senate to develop a strategy to get this bill through,” she said. [Source: MilitaryTimes | Patricia Kime | January 13, 2020 ++]

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**Homeless Vets**

**Update 98: H.R.2398 | Veteran HOUSE Act of 2020**

The House overwhelmingly passed the VFW-supported Veteran HOUSE Act of 2020 and on 14 JAN it was received in the Senate, read twice, and referred to the Committee on Banking, Housing, and Urban Affairs. This bill would expand eligibility for the Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program to veterans discharged under other-than-honorable (OTH) conditions. Veterans with OTH discharges make up only 3% of the veteran population, but they compose 15% of the homeless veteran population. The bill requires that not less frequently than once each year, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and 1the Committee on Veterans’ Affairs of the House of Representatives a report on the homelessness services provided under programs of the Department of Veterans Affairs, including services under HUD–VASH.

 Each such annual report shall include, with respect to the year preceding the submittal of the report, a statement of the number of eligible individuals who were furnished such homelessness services and the number of individuals furnished such services under each such program, disaggregated by the number of men who received such services and the number of women who received such services, and such other information as the Secretary considers appropriate. The bill was introduced by Rep. Scott Peters (D-CA) who is working to get more veterans off the streets, “Expanding housing assistance and services to these men and women would allow homeless veterans who have slipped through the cracks access the support they have earned through their service to our country,” said Peters. The HUD-VASH program is an incredibly valuable tool for veterans who are in need of stable housing. [Source: VFW Actopn corps Weekly | January 17, 2020 ++]

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**VA Abortion Services**

**H.R.5568 | Reproductive Health Information for Veterans Act**

Women veterans' health could be at risk if they can't get abortion counseling from the Department of Veterans Affairs, according to Congresswoman Julia Brownley. Brownley, a California Democrat and chairwoman of the Congressional Women Veterans Task Force, introduced the Reproductive Health Information for Veterans Act. The proposed legislation would require VA to "provide abortion counseling to a veteran who has an unwanted pregnancy," the bill reads. That counseling will include:

* Options for the veteran, including termination;
* Accurate health information based on the health of the veteran;
* Information regarding the location closest to the veteran's home where she may receive safe medical or surgical termination of the pregnancy.

 In an interview with Connecting Vets, Brownley said the bill was inspired by her work on the Women Veterans Task Force, whose goal this Congress, she said, is to "provide parity in all kinds of services to our women veterans across the country." The lack of abortion counseling is an issue that "has been out there for a really long time and we continue to hear from women veterans as we do visits across the country." Brownley called the bill an "obvious first step in bringing some parity to (women veterans') reproductive health.

 "It is a barrier where, quite frankly, VA is saying, 'No, we cannot provide abortion counseling,'" Brownley said. "Withholding it is discriminatory, I believe, but it's also very much a health risk. Certainly, without counseling, you could endanger the woman's health and her safety and in the worst-case scenario, her life. It's just really very important that women veterans are receiving that information so they can make the most informed decisions." A lack of counseling at VA could also increase veterans' out-of-pocket costs, she said. Brownley and her staff have had discussions with VA about the bill, and she said she's hopeful.

 "For the abortion counseling, VA could have taken that on as a policy change internally within the organization," she said. "VA came back to us and said (they) think this needs to be a Congressional act, instead. They were pretty explicit about it. I hope that comment means they're open to the idea. If VA were listening to practitioners and veterans across the country, they would say obvious change needs to happen." VA medical benefits specifically exclude abortions of any kind for veterans, "per federal law," VA spokeswoman Susan Carter told Connecting Vets. [Source: ConnectingVets.com | Abbie Bennett | January 16, 2020 - ++]

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**VA Facility Expansion**

**Update 13: S. 3089 | BUILD for Veterans Act**

A bipartisan pair of senators is looking to make it easier for the Veterans Affairs Department to lease new medical facilities, introducing a bill the lawmakers say would cut red tape in the process. The **Build, Utilize, Invest, Lease and Deliver (BUILD) for Veterans Act (S. 3089)** would also require VA to place at least one employee at each medical center whose sole job would surround overseeing construction and leasing projects in the area. While VA has long enjoyed growing budgets and authorizations for new facilities, it has consistently faced backlash for cost overruns and delays as it attempts to build or lease them. The department opened a highly touted new medical center in Colorado in 2018, for example, five years late and $1 billion over budget.

 “Too often, veterans—and the dedicated VA employees and medical providers who serve them—find VA facilities outdated or cramped for space,” said Sen. Jon Tester (D-MT) who serves as the top Democrat on the Senate Veterans' Affairs Committee and introduced the measure. “And unfortunately, the process for updating or replacing that space is inundated with red tape.” The measure would make it easier for VA to move forward with leases on major medical centers by eliminating the requirement they must first be authorized in law. Instead, the House and Senate VA committees would need only to pass a resolution approving the lease. It also would expand “enhanced-use” leases, which allow the department to rent out underutilized property to the private sector. To date, the department has used that capacity primarily to provide housing for homeless veterans, but the BUILD for Veterans Act would broaden that to include community resource centers, non-profit service providers and other centers to assist veterans.

 “Gridlock in Congress has too often delayed the VA from securing the facilities it needs to provide critical services to our veterans,” said Sen. Josh Hawley (R-MO) who co-sponsored the bill, adding it would streamline leasing approval so veterans “can get the care they need, when they need it.” The expansion of VA facilities has been a sticking point in Congress—particularly among Democrats—since the passage of a 2014 law that gave veterans access to private sector health care on the government’s dime. President Trump signed a law in 2018 to expand that access, causing many lawmakers and some stakeholders to express concern the reforms would steal resources from VA’s own facilities. The 2018 law also required VA to assess underutilized facilities it could sell off.

 Pat Murray, deputy director of the Veterans of Foreign Wars’ National Legislative Service, praised the bill, saying it would provide additional resources for veterans. “VA’s infrastructure backlog and unused building lists keep growing by the day,” Murray said. Sens. Tester and Hawley’s BUILD for Veterans Act would begin to eliminate these expanding lists and make real changes that would benefit veterans and VA.” The measure would also require VA to solicit input from veterans on the need for new infrastructure. It would call on the department to assess all of its facilities for climate change resilience, as well as their physical capacities to house systems related to forthcoming electronic health records. [Source: [www.govexec.com](http://www.govexec.com) | January 9, 2020 ++]

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**Koran Troop VA Care**

**H.R. 5590: Korean American VALOR Act**

Korean troops who fought alongside American forces in the Vietnam War and later relocated to the United States would be eligible for Department of Veterans Affairs health benefits under new legislation unveiled by a group of House lawmakers this week. On 13 JAN Rep. Gil Cisneros (D-CA) introduced the **Korean American Vietnam Allies Long Overdue for Relief Act**. The bill would entitle roughly 3,000 Korean American veterans, who are naturalized and served in Vietnam as a member of the armed forces of the Republic of Korea at any time during the period beginning on January 9, 1962, and ending on May 7, 1975 to be entitled to hospital and domiciliary care and medical services within the United States to the same extent as if the service described in such paragraph had been performed in the Armed Forces of the United States.

 Supporters say the move is important to show America’s commitment to troops who fought to protect U.S. interests and values, regardless where they were born. “Korean American Vietnam Veterans may have served under a different flag during the Vietnam War, but they served with the same duty, honor, and valor as our U.S. service members,” said Rep. Cisneros. “Suffering significant injuries from service, it’s unacceptable that these patriots and U.S. citizens are unable to access healthcare from the VA … Korean American Vietnam Veterans have always had our backs, now it’s time for us to have theirs.”

Lawmakers backing the proposal said there is precedent for such granting of VA health care to foreign troops. After World War I and World War II, European allies who became American citizens were granted certain U.S. veterans benefits, in recognition of their contributions to American security. More than 4,400 Korean troops were killed and 17,000 injured fighting alongside U.S. troops during the Vietnam War. Lawmakers noted that many survivors suffer the same illnesses associated with exposure to toxic chemicals such as Agent Orange, but are not eligible to receive VA treatments for those issues.

 Additionally, any Korean veterans who have become U.S. citizens are blocked from most South Korea public assistance programs. Under the measure, the foreign-born veterans would be able to access only VA health care, not other disability or education benefits. Individuals who served between 1962 and 1975 with the Korean military and later became American citizens would be eligible. Supporters did not release any potential cost estimates for the new plan. The bill was referred to the House Committee on Veterans' Affairs. No hearings have yet been scheduled on the proposal in the House. [Source: MilitaryTimes | Leo Shane | January 23, 2020 ++]

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**VA Presumptive AO Diseases**

**Update 30: H.R.5610 | Fair Care for Vietnam Veterans Act**

After the Department of Veterans Affairs (VA) signaled that it would not cover several diseases associated with exposure to Agent Orange for at least a year – if at all, Representatives Josh Harder (CA-10) and Pete Stauber (MN-08) introduced the **Fair Care for Vietnam Veterans Act**, which would require the VA to cover the conditions. Currently, Vietnam Veterans with specific health care problems developed as the result of exposure to Agent Orange during their service get “presumptive” access to benefits at the VA. However, some health problems, which have been linked to Agent Orange exposure are not covered. The VA’s decision to ignore the results of real scientific evidence and wait on the outcome of other studies means dragging out care for over 83,000 Vietnam Veterans struggling with bladder cancer, Parkinsonism, hypertension, or hypothyroidism who must struggle without the benefits they deserve for at least a year.

 “These guys have waited for over 40 years for the benefits they earned and should have been getting decades ago,” said Rep. Harder. “No more studies. No more excuses. Everyone seems to think this is the right thing to do except for some Washington bureaucrats – it’s time to stop playing games and give our vets the benefits they earned.”

 “When our servicemembers join the armed forces, they make the ultimate sacrifice – they put their lives on the line for the security of our nation and the safety of our families. It is only fair that we care for these servicemembers when they return home,” said Rep. Pete Stauber (MN-08). “Vietnam veterans have long been suffering from health problems as a result of Agent Orange exposure. That is why Congressman Harder and I introduced the Fair Care for Vietnam Veterans Act, which adds Parkinsonism, bladder cancer, hypertension, and hypothyroidism to the list of presumptive diseases associated with Agent Orange exposure, so that our veterans can access the healthcare and disability benefits they rightfully deserve. I’m proud to work with my colleagues on both sides of the aisle on this important issue.”

 “It has been over three years since the National Academies reported their findings in 2016 and VA has taken no action. Veterans with terminal illnesses such as bladder cancer cannot continue to wait on VA’s needless delays, as they need access to VA health care and benefits now,” said Joy J. Ilem, National Legislative Director, Disabled American Veterans (DAV). “On behalf of DAV and our over one million members, all of whom were injured or made ill during wartime service, I write to offer our support for Representative Harder’s legislation that would include additional presumptive diseases for Agent Orange exposure.”

 The Fair Care for Vietnam Veterans Act would simply add the four conditions to the presumptive list to ensure qualifying veterans get automatic access to benefits. The bill has been endorsed by Disabled American Veterans (DAV), the Paralyzed Veterans of America, and the Fleet Reserve Association. Although the National Academy of Medicine (NAM) has found a link between these four conditions and exposure to Agent Orange, the VA has claimed there is not sufficient scientific evidence to justify adding the conditions to the list. VA Secretary Robert Wilkie recently told Senators the decision on whether to add the conditions wouldn’t come until at least “late 2020.” However, last year, the VA told Congress a decision would be made by July 2019 Former VA Secretary David Shulkin attempted to add these four conditions to the presumptive list in 2019, but records obtained by Military Times and Freedom of Information requests indicate that Office of Management and Budget (OMB) Director and White House Chief of Staff Mick Mulvaney intervened to prevent the addition of these conditions over cost concerns.

 Representative Harder previously introduced a House Resolution alongside Senator Sherrod Brown to encourage the president to add the conditions to the presumptive list. In addition to introducing the bill and resolution, Rep. Harder, along with House Veterans Affairs Committee Chairman Mark Takano (CA-41) wrote a letter directly to Mick Mulvaney demanding that he stop his campaign to prevent these veterans from obtaining health care coverage for their conditions. In June, President Trump signed the Blue Water Navy Vietnam Veterans Act into law, legislation Rep. Harder cosponsored and voted to pass through the House of Representatives. The new law will guarantee that Navy Veterans get the same access to coverage for Agent Orange-related health conditions as their counterparts who served on land. Following the law’s passage, Rep. Harder held a workshop to help dozens of area veterans apply for their new health care benefits. [Source: Rep. Josh Harher | Press Release | January 15, 2020 ++]

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**Vet Suicide**

Plenty of plans on preventing veterans suicide, but no agreement on what comes first. Lawmakers are considering a host of bills to deal with the ongoing problem of veterans suicide, but still haven’t reached a clear consensus on which ones will get top priority or even enough support to become law. On 28 JAN, House Veterans’ Affairs Committee Chairman Mark Takano (D-CA) unveiled his newest suicide prevention proposal, dubbed the **Veterans ACCESS Act**. The measure would require the Department of Veterans Affairs to pay for any veterans’ emergency mental health care treatments, regardless of individual’s discharge status or where the visits take place (including private-sector facilities).

 Takano did not have a cost-estimate for the plan but said the move would eliminate any financial concerns for veterans suffering a mental health crisis, encouraging more to seek care. “This is the most significant step forward and addressing veterans suicide in years,” he said. “Upon passage of this law, guardsmen and reservists — who had no access to this type of health care before — will be eligible to be able to address those issues now.” The bill announcement comes a day after Takano unveiled plans for a “new strategy” to address veteran suicide this year, including a blitz of hearings, briefings and new legislation aimed at providing broader solutions on the issue of suicide. According to the latest VA statistics, about 20 veterans and currently serving troops die by suicide each day. That number has remained consistent in recent years, despite increased public focus and funding from VA to combat the problem.

 In March, the White House is scheduled to unveil the results of a year-long, multi-department effort to provide new solutions to the problem of veterans suicide. VA Secretary Robert Wilkie has lead the task force spearheading that effort, and has promised a “roadmap for veteran suicide prevention” for both federal agencies and local community organizers. But in recent months, Wilkie and Takano have sparred over solutions to the problem. Another piece of suicide prevention legislation — dubbed the Veterans IMPROVE Act — was passed by the House Veterans’ Affairs Committee after significant revisions by Takano, which lost most Republican lawmakers support.

 Wilkie had publicly lobbied for the measure as a way to better involve community groups in the suicide prevention effort, joining House Republican’s in labeling the measure one of the most important bills Congress could pass to help reduce suicides. The original legislation called for a pilot program to direct funding to local advocates providing mental health assistance to veterans, but limits were put on which organizations would be eligible after some veterans groups (and Takano) raised concerns about directing resources and distressed individuals to unproven treatments.

 On 28 JAN, Takano said he will continue to work with lawmakers on other suicide prevention measures but called the new ACCESS bill a “top priority” that he thinks can immediately address unmet needs in VA care. “This bill is significant, but it's one element of what needs to happen,” he said. “There needs to be far more outreach (by VA) … It's a combination of oversight, more legislation and culture change.”

 On the opposite side of Capitol Hill, Sen. Jerry Moran (R-KS), and the new chairman of the Senate Veterans’ Affairs Committee, has scheduled a mark-up hearing for 29 JAN to include several measures dealing with veterans mental health, including a bipartisan measure targeting VA suicide prevention efforts that he has promoted as a top legislative goal for the year. The Commander John Scott Hannon Veterans Mental Health Care Improvement Act would allow for quicker hiring of mental health professionals by VA, expanding new veterans’ access to VA health care, and bolster funding for mental health care in rural and underserved regions.

 Moran has said those changes would compliment some of the expected results of the presidential task force on preventing suicide. The measure is sponsored by the committee’s top Democrat, Montana’s Sen. Jon Tester, and is expected to easily advance. But all of the varied legislation faces an uncertain future in Congress, which is currently grappling with limited Senate votes because of the ongoing impeachment trial of President Donald Trump and anticipating far fewer voting days this year because of the primary and general elections. While nothing specific blocks lawmakers from passing each of the IMPROVE, ACCESS and Commander Hannon Acts, the different focus from different lawmakers could result in a fractured legislative effort to produce significant legislation on suicide prevention.

 Meanwhile, other lawmakers have offered their own potential fixes, in hopes those ideas could be partnered with any suicide prevention bills that gain legislative momentum. Last week, Sen. Bill Cassidy (R-LA) offered two new measures — one mandating new research by VA and defense officials on suicides shortly after military separation, another mandating new clinical guidelines for both departments on a host of mental health conditions — he called “an important step” for lawmakers to adopt to save veterans lives.

 Takano’s committee is scheduled to meet shortly to discuss both his new legislation and broader efforts by VA to reach suicidal veterans. He said he hopes to work with House Republicans and administration officials on a path ahead in coming weeks, with the goal of reducing that 20-a-day figure in the near future. Veterans experiencing a mental health emergency can contact the Veteran Crisis Line at 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their family members can also text 838255 or visit [www.VeteransCrisisLine.net](http://www.VeteransCrisisLine.net) for assistance. [Source: MilitaryTimes | Leo Shane III | January 28, 2020 ++]

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**Vet Dental Care**

**Update 03: House Joint Resolution 80**

More veterans could access free or reduced-cost dental care if a measure that passed the House on 13 JAN also clears the Senate. **House Joint Resolution 80** would approve a request from the Department of Veterans Affairs to begin a pilot program to increase VA-funded dental care options. Only about 8 percent of veterans who get care at VA qualify for VA-backed dental coverage now.

 The bill was introduced by Rep. Phil Roe (R-TN), ranking member of the House Veterans Affairs Committee to kick off a new avenue for veteran benefits through the MISSION Act, which replaced the Choice Act in June 2019. “In addition to increasing veterans’ access to care, the MISSION Act also created a Center for Innovation for Care and Payment to give VA an avenue to test new payment and service delivery models that have the potential to better serve veterans and taxpayers,” Roe said Monday evening. “This resolution would approve the Center’s first waiver request – to allow VA to coordinate free or reduced-cost dental care in the community for veterans who are ineligible for dental care through VA. This would greatly enhance not only the dental care provided to those who have served but also their overall health and well-being.”

 Poor oral health can have a “significant negative effect on overall health,” according to VA. Clinical research has found potential connections between gum problems and heart disease, bacterial pneumonia and stroke. VA Secretary Robert Wilkie asked Congress for the opportunity to pursue the pilot program, which would allow VA to enter agreements with private dental service providers in the community who agree to provide free or discounted dental care to veterans who are enrolled in VA health care, but who may not qualify for VA dental care. “The MISSION Act gave Veterans real choice over their healthcare decisions,” Wilkie said in a statement in December, when he originally made his request. “Through this pilot proposal, we want to ensure veterans have access to quality dental care through a network of providers who are proud to serve America’s heroes.” For more information on the proposed pilot program, click [here](https://www.federalregister.gov/documents/2019/12/13/2019-26901/pilot-program-for-dental-health-care-access).

 The resolution still must receive a favorable vote in the Senate before it can move on to the president’s desk for a final signature to become law. [Source: ConnectingVets.com | Abbie Bennett | January 14, 2020 ++]

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**Pease ANG Base**

**Health Study Announced Amid Concerns about Cancer**

Officials at an Air National Guard base in New Hampshire announced that the Air Force will conduct a study amid concerns about exposure to carcinogens at the base. The occupation health study will take place at the Pease Air National Guard Base and will be conducted with assistance from the Air National Guard surgeon general, the Portsmouth Herald reported Sunday. The study will examine personnel records of service members that were assigned to the base between January 1970 and December 2019 in order to determine if there was a higher incidence of cancer among those who were assigned to the guard base and the former Pease Air Force base.

 The announcement of the study comes after concerns were raised by a group of widows of men who served at the bases. Families are on edge over water contamination. Several hundred children who drank contaminated water at day care centers located on the former Air Force Base have been found to have elevated levels of chemicals in their blood. Given so little is known about the health impacts of the chemical, PFOA, the parents are struggling for answers and wondering what might happen to their children.

 Officials closed a well at the base in 2014 because of high levels of perfluorooctanoic acid, or PFOA. Exposure to high levels of the toxic chemical is linked to some forms of cancer. The widows believe people who worked at the base suffered an usually high number of cancer and other health ailments. Col. John Pogorek, commander of the 157th Air Refueling Wing, said the study is “a defining step toward addressing the health concerns of the men and women who have worked on Pease Air Force Base and Pease Air National Guard Base.” [Source: The Associated Press | January 15, 2020 ++]

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**Expeditionary Sea Bases**

**Navy Will Commission All as USS Warships**

The Navy will now commission all of its Expeditionary Sea Base ships to allow them to conduct a broader and more lethal mission set, compared to original plans for them as Military Sealift Command ships with a USNS designation. The USS warship designation will now allow these platforms to move beyond transporting Special Forces, mine countermeasures teams or Marines to actually employing their lethal capabilities – pushing SOF teams ashore for operations, blowing up a mine in the water, launching helicopters for strikes, and more. The Navy originally planned to operate the ships as USNS support ships under MSC, with the ability to temporarily commission them as warships if needed for a specific operation. When USS Lewis B. “Chesty” Puller (ESB-3) deployed to U.S. 5th Fleet in 2017, the Navy decided to commission that one seabase as a warship while en route to the Middle East due to expected missions and conditions in that particular region.

 The decision now applies to the entire class. “They were initially envisioned to be USNS ships, but we already commissioned Puller, and we’re going to commission Woody Williams here in another couple weeks or so, and then (ESB) 5 will be commissioned at some point in the near future,” Program Executive Officer for Ships Rear Adm. Bill Galinis said last week at the annual Surface Navy Association conference. He noted the future USS Hershel “Woody” Williams (ESB-4) was finishing its post-shakedown availability maintenance period in Norfolk, Va., ahead of a deployment later this year, and that the future USS Miguel Keith (ESB-5) delivered in November and was undergoing post-delivery trials now off the West Coast.

 “This re-designation provides combatant commanders greater operational flexibility to employ this platform in accordance with the laws of armed conflict,” Navy spokesman Lt. Tim Pietrack told USNI News. “The Secretary of the Navy approved the commissioning of all ESBs following feedback from the employment of ESB-3 and expected employment of subsequent ships of the class. Prior to commissioning, the ESB class was limited to defensive actions during times governed by the laws of armed conflict. Post commissioning, these ships have greater mission flexibility throughout the [range of military operations].”

 USNI News understands that the rest of the ESB class will adopt the same manning model as Puller did after its commissioning: a hybrid crew with blue and gold uniformed crews that rotate in and out – each led by an O-6 Navy captain and including about five officers and 96 enlisted sailors to support warfighting operations – and about 44 civilian mariners from MSC to operate and maintain ship systems. A Navy spokesman told USNI News in 2017 that the Puller commissioning decision was made “because of the nature of the evolving threats in the region” and that the “permanent conversion to USS reduces any ambiguity of ESB-3’s status and eliminates the administrative distraction that a temporary conversion creates while streamlining the command and control process.”

 Though 5th Fleet was at the time considered the likeliest place where the ship could need these offensive capabilities, Williams is heading to U.S. 6th Fleet, where activities from the Russian military and Russian-backed forces are leading to heightened tensions. The future USS Miguel Keith (ESB-5) will likely head to U.S. 7th Fleet, where aggressions in the South China Sea, Taiwan Strait and other areas are also increasing [Source: USNI News | Megan Eckstein | January 21, 2020 ++]

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**Robot Warships**

**DARPA’s Latest Mad Science Experiment**

The U.S. Defense Advanced Research Projects Agency has launched its newest foray into unleashing robot warships on the world’s seas: NOMARS. No, it’s not in reference to the former Red Sox standout infielder Nomar Garciaparra. The acronym stands for “No Manning Required, Ship,” and its part of DARPA’s plan to take its Sea Hunter drone ship a step further. The idea is to design a ship from the keel up that will never have a human on board. “NOMARS will challenge the traditional naval architecture paradigm, designing a sea frame from the ground up with no provision, allowance, or expectation for humans at sea,” according to a solicitation posted by DARPA. “By removing the human element from all ship design considerations, NOMARS will demonstrate significant advantages, to include size, cost (procurement, operations, and sustainment), at-sea reliability, survivability to sea-state, survivability to adversary actions (stealth considerations, resistance to tampering, etc.), and hydrodynamic efficiency (hull optimization without consideration for crew safety or comfort).”

 The U.S. Navy is enthusiastically pursuing a new architecture for its surface and subsurface fleets that gradually reduces dependence on expensive manned platforms for many traditional functions like surveillance, targeting, electronic warfare and strike warfare. But one of the issues with that architecture is the problem of maintaining them without a crew aboard. To get after that aspect, the NOMARS program is going to split into two tracks.

* “Track A (Integrated Seaframe Design and Maintenance) will create a framework to evaluate potential design trades against performance requirements, both in terms of the design of the human-less seaframe, as well as the maintenance architectures that would be needed to operate the seaframe,” the solicitation read.
* “Track B (Enabling Sub-system Technologies) will allow for agile development of relevant subsystem technologies, with a focus on self-adaptive health management for systems relevant to and of similar complexity as that associated with the hull, mechanical, and electrical systems of a seaframe.”

 DARPA held a proposal session 13 JAN. The ship, which will not immediately integrate payloads, should leave room for that integration later. “NOMARS focuses on exploring novel approaches to the design of the seaframe (the ship without mission systems) while accommodating representative payload size, weight, and power,” according to DARPA’s website. DARPA is responsible for driving development of emerging technologies for use by the military.

 The Navy is currently pursuing both a large and medium unmanned surface vessel that can perform missions for the surface Navy as a means of increasing aggregate naval power without wrapping a $2 billion hull around 96 missile tubes, as Chief of Naval Operations Adm. Michael Gilday has said publicly, referencing the Arleigh Burke-class destroyer. A recent study by the Center for Strategic and Budgetary Assessments said the Navy was barking up the wrong tree in its pursuit of an optionally manned large unmanned surface vessel, saying it should instead pursue an “optionally unmanned” corvette that could perform the normal range of peacetime surface Navy missions and perhaps be used as an unmanned external missile magazine in the event of conflict.

 The drive toward integrating unmanned surface vehicles in the force, which Navy officials suggested could make up a significant portion of the future fleet’s force structure, was kicked off in earnest with the rollout of the 2020 budget. Senior Navy officials have talked about the LUSV as a kind of external missile magazine that can autonomously navigate to and integrate with the force, then shoot its missiles and return for reload, keeping the big manned surface combatants in the fight and fielded longer. [Source: DefenseNews | David B. Larter | January 21, 2020 ++]

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**Navy Retention**

**Update 01: Ongoing Culture Shift Resulting in High Re-Up Rates**

The Navy is moving away from the "suck it up, buttercup"-style culture of the past to appeal to the millennial generation and beyond -- and new retention numbers indicate the approach is likely working. The service blasted past its 2019 retention goals for enlisted sailors in their first 10 years in uniform. It held onto nearly 65% of Zone A sailors, or those with less than six years in. And 72% of Zone B sailors -- those with six to 10 years in -- re-upped. The Navy set out to keep at least 55% of sailors in Zone A and 65% of those in Zone B. When combined with Zone C sailors, those who've been in the service for 10 to 14 years, the 2019 reenlistment rate was 74% across the three zones.

 Fleet Master Chief Wes Koshoffer, with Navy Manpower, Personnel, Training and Education, told reporters the high re-up rates are a result of an ongoing culture shift in the Navy. Leaders are listening to rank-and-file sailors, he said, and the Navy is focused on developing policies based on what's easier for the individual and their family. "When I was a very, very young sailor in the Navy, facing a particularly challenging ... family situation, the moniker was, 'Family didn't come in your seabag, shipmate. We need you,'" Koshoffer said. "That is no longer our mantra."

 The entire military faces recruiting and retention challenges when it's up against a booming economy. People have job options outside the service, Koshoffer said. Being an appealing career choice for today's generation of sailors is crucial as the Navy builds its force back up to 340,500 personnel as it faces more sophisticated threats. That's up from a 2012 end-strength low of 318,000 enlisted sailors and naval officers. "We're going to need a bigger Navy," the fleet master chief said. "[We have] a different national strategy, a different military and Navy strategy. … In order to really grow at the pace we want to grow, you have to have these high retention numbers."

 Yeoman 2nd Class Thomas Mahoney and Personnel Specialist 1st Class Holly Tucker say they've seen Navy culture change during their time in the service. Mahoney, 26, will soon reenlist for the second time. Tucker, 25, re-upped last year. Mahoney was on an aircraft carrier when two destroyers in the Pacific suffered separate fatal collisions. When lack of sleep was found to have contributed to the accidents, Mahoney said leaders in 7th Fleet reacted immediately. More rotational watch schedules were added, and other steps were taken to ensure people were getting good sleep while deployed, he said. That's a big shift, Koshoffer said. "Our attitude toward sleep [used to be], 'You'll sleep when you're dead,'" he said. "We've changed that."

 Tucker cited the military's 12-week maternity leave policy as contributing to her decision to stay in the Navy. The service's maternity leave policy briefly tripled from six weeks to 18 under former Navy Secretary Ray Mabus. In 2016, then-Defense Secretary Ash Carter announced all the services would receive 12 weeks. "I think that's a great incentive for women specifically," Tucker said, adding that she values her leadership's support and understanding on family matters.

 The millennial generation is also focused on career progression and flexibility, the Navy found. Koshoffer said leaders are shifting the service's culture to show sailors they're listening and responding to what they're looking for in a Navy career. After years of complaints about the Navy's career detailing program being too secretive, for example, the service unveiled a new online database called My Navy Assignment. The tool is meant to give sailors more information about requirements they'll need for their jobs of choice so they can build up their skills well before their detailing window hits. So far, about 11,000 sailors have used the tool to bookmark 27,000 jobs. "The reason why we show every job available to the sailors was sailor demand for transparency," Koshoffer said. "... We heard you, we listened, we made the change."

 Change is what the Navy must do in order to compete for top talent, the fleet master chief added. The service still relies on reenlistment bonuses to entice those in hard-to-fill jobs to stay in uniform. Tucker, for example, was eligible for an extra $9,000 when she reenlisted. But the Navy must also embrace telework, flex hours and job-sharing options, Koshoffer said. "The nature of work is changing," he said. "... That would be heresy in some circles that in the Navy, we would allow somebody to telework. Are you kidding me? "But we recognize that we've got to adapt to a modern lifestyle and world out there." [Source: Military.com | Gina Harkins | Januay 24, 2020++]

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**U.S. Space Force**

**Update 15: New Logo & Camouflage Uniforms**

The U.S. Space Force on 17 JAN offered a first look at its utility uniforms with its service name tape via Twitter and a later President Trump dropped the new military service’s logo in the same manner. The logo design features some standard astronomical imagery, like a globe and stars, as well as an arrowhead symbol that lends a distinct Star Trek feel. While the Defense Department’s other four branches’ seals include an eagle in some manner, the Space Force’s imagery keeps it close to the service’s mission, pulling heavy inspiration from the Air Force Space Command patch, which also features a globe, stars and an arrowhead. And like Air Force Space Command before it, members of the Space Force will focus more on global communications, rather than physically fighting anyone in outer space.

 The release of the utility uniforms unleashed a torrent of mockery over the decision to use a camouflage pattern for a military branch associated with the dark endlessness of the universe. "Space Force" soon began trending on Twitter, and mostly not because of excitement about the uniform. "Smart call on the Space Force camouflage," one Twitter user wrote. "Never know when you're gonna have to blend into a space jungle or hide behind a space bush." "I'm dressed better for Space Force than this and I'm wearing $10 leggings from Target," said one woman, who shared a photo of leggings with images of cats floating in space. Another person posted a picture of a camouflage pattern next to a completely black box. "Study these carefully until you can see the difference," he wrote in response to the Space Force.

 Within hours, the Space Force tweeted again to explain its decision-making. Since the camouflage uniforms are the same ones that the U.S. Army and the U.S. Air Force use, the Space Force said that they were more cost-effective than spending money to produce a new design. The newest military branch also clarified where Space Force members will be located: on Earth, and not in orbit. "Members will look like their joint counterparts they'll be working with, on the ground," the Space Force wrote.

 The Space Force, a part of the U.S. Department of the Air Force that is dedicated to space warfare, was established in December. The Air Force Space Command was redesignated to form the military's sixth branch. The Space Command's roughly 16,000 military and civilian employees were assigned to the Space Force. Gen. John "Jay" Raymond on Dec. 20 became the nation's first chief of space operations. The Space Force's utility uniform mirrors those of other branches in more ways than just the camouflage pattern. The navy Space Force name tape, which identifies a service member's branch, is the same color that the Air Force uses. The Air Force's space operations badge, the Space Command patch and the American flag are also embroidered on the Space Force uniform.

 The administrator of the Space Force's Twitter account spent much of Saturday responding to continued criticism of the camouflage, which did not stop after the branch's initial tweets offering clarification. In response to a comment from actor and author George Takei, the Space Force said that its members would work from Earth to maneuver U.S. space assets and track space debris, among other tasks. The Space Force has not announced its dress uniform. [Source: MilittaryTimes & The Washington Post | Meghann Myers & Marisa Iati | January 18 & 24, 2020++]

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**U.S. Space Force**

**Update 16: Stop Studying and Begin Testing Space Solutions**

The vice chairman of the Joint Chiefs of Staff thinks it’s time for America’s military to stop sitting around “studying the heck” out of its potential space solutions and instead begin testing them in orbit. Gen. John Hyten, a longtime space officer who most recently served as the head of U.S. Strategic Command, also used a speech at the Center for Strategic and International Studies to give an updated timetable on the announcement of U.S. Space Command’s headquarters.

 Hyten said he is “a little frustrated at our ability to go fast” on new space capabilities, despite the focus in recent years on designing flexible, low-cost systems that should make up the core of the so-called space-based sensor layer sought by the U.S. Missile Defense Agency. The MDA is seeking a sensor layer consisting of a network of satellites in low-Earth orbit to monitor activity on Earth and help track the threat of hypersonic weapons, which Hyten described as a priority. “Put some sensors on some satellites, fly them cheap, fly them fast, see what they can do and then figure out what you need to actually go build,” Hyten said of the systems that can go into low- or medium-Earth orbit. “If you do that we’ll go infinitely faster, save enormous amounts of time, enormous amounts of money, and you’ll get the capability faster." “But that’s not the way we do it. We try to study the heck out of it to get a perfect answer before we start something. I think that’s crazy,” he said, adding that a 50 percent solution “is good enough” to go start testing.

 Systems in LEO and MEO are the “only way to get a global capability that is affordable to deter that threat,” he said. Hyten also revealed his belief that the basing decision for Space Command could be as far as a year out, although he noted that the Air Force is in charge of that decision. “I think it will be sometime in the next year. I can’t tell you exactly when. … It’s kept very close hold and goes through a very structured process because it becomes so political,” he said “I do know that we need a decision this year sometime. As long as we have it this year sometime, we’ll be OK. … I hope it happens sooner, but we need it in a year.” Bases in Colorado and California have been identified by the Air Force as potential locations for Space Command to set up its headquarters, but lawmakers from Florida are pushing for their state.

 He also noted a need for the Pentagon to come up with a plan for how to incorporate Army and Navy personnel into the Space Force, as Congress is expecting an answer by the time the fiscal 2022 budget is rolled out — and lawmakers could force their own views on the Defense Department if the military doesn’t provide a detailed plan. “We would like to have a voice in that decision, which means we have to do it pretty quick,” he said. Capabilities that apply space into a maneuvering unit or a fleet should stay with the current force, Hyten opined, but offices that build, fly or deliver space systems belong in the Space Force going forward. He also called the National Guard a “perfect” partner on the space mission, perhaps even better suited than the active component because of the possibility of standing up Guard units with specific expertise based around commercial hubs. [Source: DefenseNews | Aaron Mehta | January 18, 2020 ++]

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**POW/MIA Memorial**

**Ground broken**

Military veterans from throughout Northeast Florida came together 18 JAN to honor comrades in arms who were prisoners of war or missing in action, and remember their sacrifice. A standing-room-only crowd that including former prisoners of war, as well as the families of those missing in action, and Gold Star families wept, hugged and prayed together during a solemn ceremony marking the groundbreaking for the total, estimated $82 million National POW/MIA Memorial & Museum.

 The first of its kind, the memorial and museum is being built at 6112 POW-MIA Memorial Parkway, at Cecil Commerce Center, which is the former Naval Air Station Cecil Field jet base on the Westside of Jacksonville. Cecil Field POW/MIA Memorial, Inc., a nonprofit organization, is leading the multi-phase memorial and museum project. "Our mission is to honor all former prisoners of war; remember and never forget those missing in action heroes and the families who seek their return," said Mike Cassata, organization executive director. The memorial and museum is being built on 26 acres.

 Michael Pearson, who recently retired from the U.S. Army National Guard after 20 years, and Tony Langhals, who served as a U.S. Navy patrol aircraft electronics technician before retiring, also after 20 years of service thoughtfully studied the master site plan for the project. They liked what they saw, noting it is a fitting way to honor prisoners of war and the missing in action. Pearson said he and his fellow members of the American Legion Riders motorcycle club — military veterans who do charitable work in the community — support the project 100 percent. "I am so anxious to see it when it's done," said Pearson, whose National Guard unit trained at the site that will become the museum and memorial. "Seeing that this is what it's going to be one day, is exciting," Pearson said. Langhals said he came out to the groundbreaking of respect for prisoners of war and those missing in action. "I really respect what they went through and what they have given to our country. I'm just happy to see something like this built in Jacksonville to honor them," Langhals said.

 About 82,000 American military personnel are listed as missing in action and unaccounted for since World War II, according to the Defense POW/MIA Accounting Agency (DPAA). The agency works to account as fully as possible for the missing soldiers, sailors and air crew members. Kelly McKeague, agency director, was among the speakers at the groundbreaking. "Establishing this national memorial rightfully pays tribute to the overwhelming sacrifices borne by our former POWs and the thousands still missing in action," McKeague said.

 The keynote speaker, Retired U.S. Air Force Capt. William "Bill" Arcuri said project like the National POW/MIA Memorial & Museum keep the issue alive in the minds of government officials and citizens. "We who came home must never forget those who did not," Arcuri said. Arcuri was flying his 44th mission when his aircraft was shot down Dec. 20, 1972 over Yin Ven, North Vietnam then captured and thrown into a prison camp. He was a prisoner of war until Feb. 12, 1973. Because of his injuries, Arcuri was among the first group of POWs to be released.

 The existing NAS Cecil Field Memorial Park was dedicated to those naval aviators stationed at NAS Cecil Field during the Vietnam and Desert Storm War eras. It is being transformed into the new museum and memorial, which supporter say will be "world class." The groundbreaking was for Phase 1 — estimated at about $5 million — of the five-year project. Phase 1 calls for restoring and using the historic military chapel — named the Chapel of the High Speed Pass. Just to the north of the chapel, there will be a display of four aircraft that flew out of Cecil Field. The existing grounds of the memorial park will be enhanced, and a replica of the USS Saratoga (CV-60) will be built, according to the plans, The chapel renovation is nearly complete, and it served as home base for the groundbreaking ceremony. The jet display and memorial brick areas have been designed and permitted.

 The project is 59 percent funded, according to the organization. "This is the beginning of something that we feel will be paramount for the city of Jacksonville, as well as the nations veterans," said Buddy Harris, a retired U.S. Navy commander, who serves as National POW/MIA Memorial and Museum spokesman. When completed, the memorial and museum will be unique in that no other will be as comprehensive on the mission helping ensure that prisoners of war and those missing in action are not forgotten, Harris said. "There is not a national memorial for all missing in action in the United States. ...We certainly hope to fill a significant void that has been left in all of the national veterans memorials," he said.

 Their goal, he said, is to establish a site honoring all prisoners of war and those still missing in action that also will serve as a historic destination site for the nation. It is intended to serve and educate the general public through exhibits, special events, activities and through STEAM —Science, Technology, Engineering, Arts and Mechanical — programs. Financial contributions as well as donations of materials for the project are welcome, Harris said. "We hope have it as a sanctuary for the families of the MIAs, and also for the former POWs," he said. [Source: The Florida Times-Union | Teresa Stepzinski | January 19, 2020++]

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**Military Citizenship Opportunities**

**Huge Drop has Lawmakers Worried**

Tens of thousands of troops have earned their citizenship through serving since 2010, but a precipitous drop in those numbers has some lawmakers concerned. In a letter to the Government Accountability Office on 23 JAN, three senators called for a review of a handful of policies allowing a naturalization of non-citizen troops, after concerns about whether the Trump administration has directed the Defense and Homeland Security departments to tamp down on immigrants serving in the military. “Both DoD and DHS have independently originated polices and initiatives affecting military naturalizations," Sen. Tammy Duckworth (D-IL), Sen. Dick Durbin (D-IL), and Sen. Mike Rouds (R-SD) said in a release. “However, recent policy changes by DoD and DHS regarding military naturalizations may potentially impact the scope and effectiveness of these programs.”

 The senators are asking for GAO to evaluate the standing programs, to assure that they are being effectively carried out in the way they were intended. From 2010 to 2018, more than 76,000 non-citizens became citizens after serving in the military, according to the letter, but the yearly rate dropped sharply during that period from 11, 230 in 2010 to 4,135 in 2018. The Military Accessions Vital to National Interest program was notoriously suspended in late 2016, sending hundreds of potential recruits into immigration limbo. Since 2008 the program had allowed green card holders ― and since 2014, some deferred action undocumented immigrants ― to enlist and earn their citizenship. The following year, DoD changed eligibility standards for naturalization, and in early 2018, U.S. Citizenship and Immigration Services ended a program that would complete the naturalization process for recruits at three Army basic training posts.

 During that time, the law has required DoD to inform non-citizen service members of the opportunities for naturalization, and to provide resources to take on the process. The most recent defense authorization act also requires that non-citizen service members have a chance to be counseled on the citizen process before the ends of their contracts, if they are preparing to be discharged. “Additionally, USCIS is closing 13 of 20 international field offices that provide immigration services to service members and other individuals located overseas,” according to the letter, limiting naturalization ceremonies to quarterly events at Camp Humphreys, South Korea, Yokosuka, Japan, Stuttgart, Germany, and Naples, Italy.

 “However, we are still concerned that these closures may make naturalization more difficult for eligible service members abroad and contribute to an already declining rate of military naturalizations,” according to the letter. “The United States must help the brave men and women in uniform attain citizenship that they are willing to sacrifice for and defend.” The move is one of several Duckworth has undertaken in recent months in response to Trump administration immigration policy. They included bills that would prevent the deportation of veterans for non-violent criminal convictions and assure access to “parole in place” for the undocumented family members of service members. [Source: MilitaryTimes | Meghann Myers | January 24, 2020 ++]

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**Jefferson Barracks**

**Treated More than 18,000 Sick and Wounded During Civil War**

The most important function of Jefferson Barracks during the Civil War was as a hospital, treating Union and Confederate soldiers alike. The Western Sanitary Commission began construction at Jefferson Barracks in 1862. The completed hospital facilities would hold 3,000 patients. More than 5,000 had been admitted by the end of the first year, and more than 18,000 sick and wounded had been treated by the end of the war. Many patients never left the hospital and were buried in the Jefferson Barracks cemetery. The cemetery had been created Aug. 5, 1827, when an officer and his wife lost their infant daughter. Jefferson Barracks became a national cemetery by an act of Congress on July 17, 1862. Those buried there include Union, Confederate, foreign, unknowns, black, white, women and children

 Jefferson Barracks, originally named Cantonment Miller after Missouri's Gov. John Miller, was established in 1826, south of St. Louis on the Mississippi River. Built on land that was originally part of the Louisiana Purchase, it was formally named after Thomas Jefferson in 1827 and designated the first "Infantry School of Practice." By the time the Civil War started about 220 generals had already served at Jefferson Barracks. Union generals included Grant, Sherman and Sheridan. The South had equally impressive names: Lee, Longstreet and Bragg. Former American President Zachary Taylor and Confederate President Jefferson Davis had also served at Jefferson Barracks.

 For 120 years (1826-1946), soldiers at Jefferson Barracks participated in every conflict on American soil: the Black Hawk War, the Seminole War, the Mexican-American War, the Civil War, the Spanish-American War, World War I and World War II. Jefferson Barracks was decommissioned as a military post at the end of World War II. The area once covered by Jefferson Barracks is now two St. Louis County Parks, a National Guard base, Jefferson Barracks National Cemetery and a VA Hospital. The Missouri Civil War Museum was founded in 2002 and is being restored in the old 1905 Post Exchange Building. [Source: News Tribune | Elizabeth Davis | January 14 2020 ++]

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**WWI London’s Zeppelin Terror**

**German Airships Rained Bombs and Terror**

As London settled in to sleep on May 31, 1915, a monstrous airborne machine blotted out the stars of the British night. Using the glow of the River Thames as a guide, the biggest flying vessel ever constructed droned over the city. As a trap door opened from underneath the futuristic 650-foot-long craft, German troops sent 90 incendiary bombs and 30 grenades plummeting from the dark menace. London rattled. Explosions illuminated the night. Panic tore through the city. The attack seemed to be ripped straight out of a science-fiction novel. Eight years before, in fact, H.G. Wells had written “The War in the Air,” a novel in which Germany dispatched “a huge herd of airships,” some as mammoth as 2,000 feet long, in a surprise bombing raid against New York City. For Londoners, however, the storyline was all too real as dawn arrived with seven dead and 35 wounded.

 The carnage that had infested the Western Front hundreds of miles away across the English Channel had now arrived at the British capital. For the first time in history, London was under attack from the air, and the craft delivering the bombs was a terrifying new weapon of mass destruction—the zeppelin. The colossal hydrogen-filled ocean liners of the air—named for German army officer Count Ferdinand Graf von Zeppelin who developed them in 1900, three years before the Wright Brothers took flight—that for years had carried civilians on pleasure cruises were now deployed to kill them.

 In the early months of World War I, the German military employed their airships, which were capable of traveling 85 miles per hour and hauling two tons of explosives, on bombing raids on the cities of Liege, Antwerp and Paris. On January 19, 1915, the zeppelins struck Great Britain for the first time, dropping bombs on the seaside towns of Great Yarmouth and King’s Lynn. With the targeting of civilian populations from the air, modern warfare had arrived. “Nowadays there is no such animal as a non-combatant,” justified German zeppelin corps commander Peter Strasser, “modern warfare is total warfare.” Germany hoped that the bombing of Britain would spark such fear that it would force the country out of the war. The military ramped up zeppelin production to the point that Germany ceased production of sausage because the intestinal linings of cows that were used as sausage skins were required to fashion the skins of the zeppelins’ leak-proof hydrogen chambers. (A quarter-million cows were needed to build one zeppelin.)

 After the initial strike on London in May 1915, zeppelins continued to hit the city with impunity, timing raids to coincide with good weather and moonless nights. Not wanting to foment panic, British civil authorities gave few air raid warnings beyond policemen on bicycles blowing whistles and shouting for people to “take cover.” Technology also limited what Britain could do to stop the zeppelins early in the war because its airplanes were unable to soar as high as the lighter-than-air craft and machine gun fire had no effect. Londoners huddled in basements and descended deep underground in the city’s Tube stations to escape the terror from the skies.

 On September 8, 1915, the shadow of a sleek cigar-shaped zeppelin passed over the dome of St. Paul’s Cathedral and unloaded a three-ton bomb, the largest ever dropped at the time, on the city’s financial hub. The attack caused massive damage and killed 22 civilians, including six children. The zeppelin raid would be the worst of the war on London. The public now demanded more protection from the airships they now referred to as “baby killers.” Britain instituted blackouts and installed massive searchlights. Anti-aircraft defenses were diverted from the front lines in France and positioned around the capital. Authorities drained the lake in St. James’s Park to prevent its nighttime glitter from directing zeppelins to nearby Buckingham Palace, and to build morale, Charlie Chaplin filmed a propaganda short in which he brought down a zeppelin.

 The British also began to target the zeppelins’ major vulnerability, their highly flammable hydrogen. By mid-1916, they had developed airplanes that could reach higher altitudes and fire both explosive bullets, which could tear large holes into a zeppelin’s outer skin and allow oxygen to pour into the hydrogen chambers, and incendiary bullets, which could light the volatile gaseous cocktail on fire. The new defenses were in place on September 2, 1916, when the Germans launched their largest raid of the war with a fleet of 16 airships heading to London. The searchlights scouring the skies caught one of the silver zeppelins sparkling in their beams, and Royal Flying Corps pilot William Leefe Robinson soared over 11,000 feet and closed in upon his prey. He raked the zeppelin with bullets that punctured the leviathan like harpoons. Suddenly, the mighty airship ignited like a torch, and the fireball fell from the sky like a shooting star that could be seen for 100 miles around. Londoners cheered and sang patriotic tunes as the incinerated zeppelin plummeted to earth.

 The tide had been turned. Other British pilots achieved similar successes in shooting down airships. Strasser ordered his fleet to fly at higher altitudes, but crews began to suffer from the frigid temperatures and became incapacitated from oxygen deprivation. The zeppelin raids on London continued, but far less frequently, and by 1917 Germany began to deploy heavy biplane bombers in their stead. Over the course of the war, German zeppelins staged more than 50 attacks on Britain, but at a heavy price with 77 of their 115 craft either shot down or disabled. The German zeppelin raids on London killed nearly 700 and seriously injured almost 2,000, but the casualties did not include the ultimate German aim of breaking British morale. The waging of total war against civilian populations, however, did not fade with the zeppelin era. Two decades later, terror again fell from London’s skies when the next world war arrived, this time with much deadlier consequences as nearly 20,000 of the city’s residents died in the London Blitz. [Source: [www.history.com](http://www.history.com) | Christopher Klein | January 19, 2020 ++]

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**WWII Military Jobs**

**10 Odd Ones**

Today's military has some jobs that might surprise you — for example, did you know the Army and Marine Corps have instrument repair technicians? These troops repair musical instruments for the military bands. But during World War II, there were a lot of jobs that would seem strange in today's technologically focused military. Over the course of the war, technological advances reduced or eliminated the need for many manual occupations. This transition is captured in the War Department's list of military jobs from 1944, where entries like ''horse artillery driver'' appear just a page away from ''remote control turret repairman.''

**1. Blacksmith**

During World War II, blacksmiths still made many of the items needed to repair equipment and machinery. They would make metal tools and parts, by hand, in coal or coke forges. They also made shoes for some of the tens of thousands of horses and mules that saw service during the war.

**2. Meat Cutter**

Does what it says on the label: cuts meat. These troops were responsible for preparing whole carcassas, such as beef and lamb, for distribution to various units around the world.

**3. Horsebreaker**

Horsebreakers would train horses and mules so they could be issued to mounted units. They also trained them to carry packs and to be hitched to wagons and carts. Although they weren't used in World War II to the extent they were used in the First World War, troops still relied on horses and mules to cross terrain impassable to mechanized units. For example, the 5332nd Brigade, a long range patrol group created for service in the mountains of Burma, was largely self-sufficient due to the 3,000 mules assigned to it — all shipped from the United States.

**4. Artist and Animation Artist**

Today's military has jobs for skilled multimedia illustrators, but in World War II, military artists and animation artists created paintings, illustrations, films, charts and maps by hand. A number of successful artists served in World War II, including Bill Maudlin, who drew Willie and Joe, archetypes for infantrymen on the front line; and Bill Keane, who went on to draw Family Circus after his military service ended.

 The military's animation artists were quite busy during World War II. The Army even stationed soldiers at Walt Disney's studios for the duration of the war to make patriotic films for the public and instructional or training films for service members.

**5. Crystal Grinder**

During World War II, many radios still required crystals to operate, usually galena. Crystal grinders would grind and calibrate these crystals to pick up specific frequencies. Personal radios were forbidden on the front lines, but crystal radio sets lacked external power sources, so they couldn't be detected by the enemy. For this reason, troops often improvised crystal radios from a variety of materials — including pencils and razor blades — in order to listen to music and news. These contraband radio sets were dubbed ''foxhole radios.''

**6. Cooper**

Troops who worked as coopers built and repaired the wooden buckets, barrels, casks and kegs used to pack, store and ship supplies and equipment. They used hand tools to plug holes with wood and salvage damaged barrels. Wood was used to package a wide range of goods for transport all the way through World War II, but improvements in metal and cardboard packaging technology marked the beginning of the end for wooden barrels and crates.

**7. Model Maker**

Military model makers were charged with creating scale models of military equipment, terrain and other objects to be used in movies, as training aids and for operational planning. The models built by these troops were used in what was perhaps one of the greatest examples of wartime deception, Operation Fortitude. This was aimed at convincing the Germans that Allied troops heading to France for the D-Day invasion would land in Pas de Calais in July, rather than Normandy in June. Dummy buildings, aircraft and landing craft were constructed by model makers and positioned near Dover, England, in a camp built for the fictitious First U.S. Army Group. The deception was so complete that Hitler held troops in reserve for two weeks after D-Day because he believed another invasion was coming via the Dover Strait.

**8. Pigeoneer**

Pigeoneers were responsible for all aspects of their birds' lives. They would breed, train and care for pigeons that were used to deliver messages. Some birds would be trained specifically for night flying, while others learned that food could be found at one location and water at another. According to the U.S. Army Communications Electronics Museum, more than 90% of the messages carried by pigeons were successfully delivered.

**9. Field Artillery Sound Recorder**

These troops had the sickest beats. Until the development of radar, sound ranging was one of the most effective ways to locate enemy artillery, mortars and rockets. The process was first developed in World War I, and continued to be used in combat through the Korean War. From a forward operating post, a field artillery sound recorder would monitor an oscillograph and recorder connected to several microphones. When the sound of an enemy gun reached a microphone, the information would be recorded on sound film and the data from several microphones could be analyzed to locate the enemy gun. The technology is still in use today by many countries, which often use sound ranging in concert with radar.

**10. Airplane Woodworker**

Although wood was largely phased out in favor of tubular steel in aircraft construction by the time World War II started, there was still a need for airplane woodworkers to repair and maintain existing aircraft — especially gliders and some training aircraft. Wooden gliders like the Waco CG-4A — the most widely used American troop/cargo military glider of World War II — played critical parts in the war. The CG-4A was first used in the invasion of Sicily in July 1943. They most commonly flew airborne troops into battle, most famously for the D-Day assault on France on June 6, 1944, and Operation Market Garden in September 1944. They were also used in the China-Burma-India Theater.

[Source: Military.com | Claudette Roulo | January 10, 2020 ++]

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**Primary Care Physicians**

**How Many Patients Should they Care For**

Is there an optimal number of patients that primary care physicians should care for? Turns out there isn’t enough evidence to draw any conclusions, according to a new study published in the Annals of Internal Medicine. After reviewing 28 studies that looked at primary care patient load and the effect on health outcomes and provider burnout, researchers concluded that there is insufficient evidence to make any evidence-based recommendations about the optimal number of patients that doctors should see to achieve beneficial health outcomes. "Our principal finding is that the evidence about the association between panel size and aims of healthcare is surprisingly thin, given the importance of primary care panel size to all models of population-based care," the study found.

 Patient load varies considerably for primary care providers, from less than 1,000 to more than 4,000 patients, the study said. For physicians, a larger number of patients can mean less time to spend with each individual. For patients, it can translate to longer wait times for an appointment. The researchers from the West Los Angeles Veterans Affairs Medical Center reviewed 16 hypothesis-testing studies and 12 simulation modeling studies that looked at the association of panel size with six major aims of quality healthcare and physician burnout. “The few available studies provide a signal that increasing panel size may be associated with modest worsening of clinical quality and patient experience,” they said. The researchers point out that current recommendations about panel size are based more on historical experience than on evidence.

 In an accompanying editorial, the authors ask if the right question is to try to determine optimal panel size. "Rather than asking, 'What is the ideal panel size in primary care?' we suggest reframing the question to 'What is the ideal practice model that results in the best outcomes for the entire U.S. population?' We believe that a well-trained, well-resourced primary care team will make the most of society's investment in these physicians' training and will contribute to better experiences for patients and clinicians, lower costs and better access to care," wrote Christine A. Sinsky, M.D., and Marie T. Brown, M.D., of the American Medical Association. [Source: FierceHealthcare | Joanne Finnegan | January 21, 2020 ++]

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**Novel Coronavirus**

**No Immunization nor Specific Treatment Yet**

With news of the contagious and potentially deadly illness known as novel coronavirus grabbing headlines worldwide, military health officials say that an informed, common sense approach minimizes the chances of getting sick. Many forms of coronavirus exist among both humans and animals, but this new strain’s lethality has triggered considerable alarm. Believed to have originated at an animal market in Wuhan City, China, novel coronavirus has sickened hundreds and killed at least 40. It has since spread to other parts of Asia. The first case of novel coronavirus in the U.S. was reported 22 JAN in Washington State.

 Anyone contracting a respiratory illness shouldn’t assume it’s novel coronavirus; it is far more likely to be a more common malady. “For example, right now in the U.S., influenza, with 35 million cases last season, is far more commonplace than novel coronavirus, said U.S. Public Health Service Commissioned Corps Dr. (Lt. Cmdr.) David Shih, a preventive medicine physician and epidemiologist with the Clinical Support Division, Defense Health Agency. He added that those experiencing symptoms of respiratory illness – like coughing, sneezing, shortness of breath, and fever – should avoid contact with others and making them sick, Shih said. “Don’t think you’re being super dedicated by showing up to work when ill,” Shih said. “Likewise, if you’re a duty supervisor, please don’t compel your workers to show up when they’re sick. In the short run, you might get a bit of a productivity boost. In the long run, that person could transmit a respiratory illness to co-workers, and pretty soon you lose way more productivity because your entire office is sick.”

 Shih understands that service members stationed in areas of strategic importance and elevated states of readiness are not necessarily in the position to call in sick. In such instances, sick personnel still can take steps to practice effective cough hygiene and use whatever hygienic services they can find to avert hindering readiness by making their battle buddies sick. Frequent thorough handwashing, for instance, is a cornerstone of respiratory disease prevention. “You may not have plumbing for washing hands, but hand sanitizer can become your best friend and keep you healthy,” Shih said.

 Regarding novel coronavirus, Shih recommends following Centers for Disease Control and Prevention travel notices. First, avoid all non-essential travel to Wuhan, China, the outbreak’s epicenter. Second, patients who traveled to China in the past 14 days with fever, cough, or difficulty breathing, should seek medical care right away (calling the doctor’s office or emergency room in advance to report travel and symptoms) and otherwise avoid 1) contact with others and 2) travel while sick.

 CDC also has guidance for health care professionals, who should evaluate patients with fever and respiratory illness by taking a careful travel history to identify patients under investigation (PUIs), who include those with 1) fever, 2) lower respiratory illness symptoms, and 3) travel history to Wuhan, China, within 14 days prior to symptom onset. PUIs should wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Workers caring for PUIs should wear gloves, gowns, masks, eye protection, and respiratory protection. Perhaps most importantly, care providers who believe they may be treating a novel coronavirus patient should immediately notify infection control and public health authorities (the installation preventive medicine or public health department at military treatment facilities).

 Because novel coronavirus is new (as its name suggests), there is as yet no immunization nor specific treatment. Care providers are instead treating the symptoms – acetaminophen to reduce fever, lozenges and other treatments to soothe sore throats, and, for severe cases, ventilators to help patients breathe. “Lacking specific treatment,” Shih said, “we must be extra vigilant about basic prevention measures: frequent handwashing, effective cough and sneeze hygiene, avoiding sick individuals, and self-isolating when sick.” [Source: Health.mil | January 24, 2020 ++]

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**Influenza 2019-2020**

**Mid-Season CDC Report**

Influenza can affect anyone, from the everyday civilian to the active-duty service member. Current trends show an increase in flu activity at the halfway point of the season. While it’s too early in the season to determine the overall severity of the flu, the Military Health System maintains readiness and resourcefulness to protect the armed forces and their loved ones from effects of the flu. The U.S. Centers for Disease Control and Prevention (CDC) has found an elevated level of influenza activity earlier in the season than is typically observed around this time. As of 16 JAN, the CDC estimates that there have been approximately 4,800 flu-related deaths and 87,000 hospitalizations nationwide this season. Active surveillance by the Defense Health Agency’s Armed Forces Health Surveillance Division (AFHSD) has also found high levels of influenza activity among military personnel.

 Despite the increase in activity, MHS is prepared to sustain the health of service members and their families. All military personnel are required to be immunized against the flu annually to decrease susceptibility to infection. “Immunization is important given that military personnel live and work in close proximity with other members of the community,” said Navy Cmdr. Shawn Clausen of AFHSD’s Epidemiology and Analysis section. While involvement in patient-care activities and participation in large gatherings increases the risk of infection, early data and discussions with the CDC show that the risk among military members and the general population appears to be similar. To get ahead of this risk, the Department of Defense has already distributed more than 3.3 million doses of influenza vaccine throughout the military. As of Jan. 16, approximately 90 percent of all service members have been vaccinated.

 Vaccination is recommended not just for military members, but also their loved ones, according to Janet Brunader, a research nurse in the Vaccine Safety & Evaluation section of the Defense Health Agency’s Immunization Healthcare Division. “The good news is that although seasonal influenza vaccine is not always a perfect match, it is still the best way to provide protection against influenza disease,” she said. Brunader suggests that everyone 6 months or older get a flu shot each year in the fall. Children over 6 months of age but under age 8 years who have never had a flu shot should get two shots – one shot followed by another at least four weeks later. Children who have had at least one flu shot in the past only need to get one flu shot each year.

 There are numerous ways in addition to vaccination to keep safe against the flu. “One helpful suggestion, in addition to washing your hands before eating or handling food, is to avoid touching your eyes, nose, or face with your unwashed hands,” Brunader said. “This will help prevent spreading germs from surfaces to your eyes, nose, or mouth.” Since flu viruses can also spread through the air, Brunader suggests staying at least six feet away from people who are coughing, sneezing, or blowing their nose. If you already have the flu, coughing into a tissue or the bend of the elbow will reduce the spread of viruses. Those suspecting they have the flu should contact a health care provider within two days of the symptoms. Early treatment with anti-influenza drugs can shorten the duration of illness.

 Beneficiaries can receive flu vaccines through their closest military hospital and retail networks. TRICARE representatives can help determine how to get the vaccine if a person is unable to visit a military hospital. MHS also has an archive of influenza resources for beneficiaries to learn more about the flu and what they need to do to keep safe during the season.

 Among the four types of flu, influenza A and B are the main two strains that cause “flu season.” AFHSD has paid close attention to both of these strains this year. “As reflected in the U.S. among civilian populations [this season], the majority of laboratory-confirmed influenza-positive specimens continued to be influenza subtype B [Victoria lineage],” said Navy Cmdr. Mark Scheckelhoff from AFHSD’s Global Emerging Infections Surveillance section. "In recent weeks, the incidence of influenza A, specifically A(H1N1)pdm09, has increased steadily and appears that it will soon become the most predominant strain.”

 According to early data from AFHSD, most of the U.S. is experiencing at least “moderate” levels of flu and flu-like activity, with the exception of a few states. Globally, temperate areas of Europe are also observing increased incidences of the flu, with areas of Central and Western Africa continuing to have elevated activity as well. Most of South and Central America and most areas of South and Southeast Asia are reporting “low” levels of activity, but the World Health Organization characterizes other areas of Asia as either “elevated” or “increasing.” To monitor progression of the flu through the season, AFHSD produces a tri-service consolidated influenza report weekly to reflect data from military hospitals. The CDC also produces a more holistic view on how influenza is affecting the rest of the country. [Source: Health.mil | January 22, 2020 ++]

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**Marijuana & Heart Disease**

Over 2 million Americans with heart disease have used marijuana, despite evidence that it might be harmful to them, a new research review finds. The report, published in the 28 JAN issue of the Journal of the American College of Cardiology, comes at a time when many states are legalizing medicinal or recreational marijuana use. And, some studies suggest, a growing number of Americans are lighting up -- or using the drug in other forms. "We've reached an epidemiological shift," said Dr. Muthiah Vaduganathan, the senior author on the review. "For the first time, there are more marijuana users than cigarette smokers in the U.S."

 But while the health consequences of tobacco smoking are well documented, less is known about the risks of marijuana smoking -- or other modes of delivery, like vaping and edibles. Still, the existing evidence on marijuana and heart disease is "cause for concern," said Vaduganathan, a cardiologist at Brigham and Women's Hospital, in Boston. "The evidence is modest because we don't have the [long-term] studies, or the breadth of research, that we have on cigarettes," Vaduganathan said. "But we do know that acute marijuana use induces increases in blood pressure and heart rate that could be problematic for people with heart disease." Research has found that heart disease patients develop chest pain more readily if they smoke pot, while other studies suggest that marijuana use might even serve as a heart attack trigger, the review found.

 It may also raise the risks of strokes and heart arrhythmias. In an Australian study of adults younger than 65, those who'd smoked pot at least once a week in the past year had a nearly fivefold higher risk of stroke than those who used it less often. Meanwhile, a U.S. study found that of over 2.4 million marijuana users who'd been hospitalized, almost 3% had suffered an arrhythmia -- mainly atrial fibrillation, where the heart's upper chambers quiver instead of contracting normally. The prevalence of arrhythmias among marijuana users rose over time, between 2010 and 2014, though it's not clear why. Any heart risks of marijuana would be most serious in people who have established heart disease. And that's not an uncommon scenario, based on data from a federal health survey.

 Vaduganathan's team estimates that more than 2 million Americans with heart disease have used marijuana, either currently or in the past. There are many unknowns, including how commonly people keep using marijuana after a heart disease diagnosis, and whether they think it's safe. "I think a next step would be to conduct focus groups, to ask patients about current use and their perceptions of the risks," Vaduganathan said. One concern is that marijuana may interact with the medications heart disease patients commonly use, including statins, certain blood pressure drugs, and the blood thinner warfarin. "Medication levels in the blood would be anticipated to change," Vaduganathan said.

 His advice to patients is to avoid marijuana use during "high-risk" periods, such as after a heart attack. "And we discourage any use of synthetic cannabinoids or vaping in people with established heart disease," Vaduganathan added. Synthetic cannabinoids -- which go by names like K2, Spice and Kronic -- are human-made chemicals similar to those found in marijuana plants. They can be much more potent than marijuana, Vaduganathan noted. Similarly, he said, vaping can boost the potency of marijuana -- and is not a "safer" alternative to smoking.

 Dr. Salim Virani, a cardiologist with the Michael DeBakey VA Medical Center, in Houston, and chair of the American College of Cardiology's Prevention Section and Leadership Council says, "We don't have as strong an evidence base for marijuana and heart disease as we do for cigarette smoking," Virani said. "So there's a big need for research in this area. What are the risks? And what is the magnitude of the risks?" In some cases, he said, doctors may want to screen patients for marijuana use -- such as people younger than 55 who have an unexplained heart attack. Virani also encouraged heart disease patients to tell their doctors about any marijuana use. "As doctors we have to be open to having a discussion about it, and be clear about what we know and what we don't know." [Source: U.S. News & World Report | Amy Norton | January 21, 2020 ++]

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**Prescription Drug Costs**

**Update 43:**  **Pharma Industry Rare Loss in Congress Imminent**

The powerful pharmaceutical industry is trying to cope with a rare loss in the North American trade deal now moving through the Senate. Drug companies are protesting the elimination of a provision that would have given them 10 years of market exclusivity for an innovative type of drug called biologics. That measure was dropped from the United States-Mexico-Canada Agreement (USMCA) at the behest of House Democrats, who warned it could have locked in higher drug prices. That’s left an industry already facing a wave of fury over drug prices isolated in their opposition to a deal being cheered by other business groups.

 For now, drugmakers are largely sidestepping a full-scale fight over an agreement that is primed for passage, and instead looking to prevent such losses in future trade deals. Sources familiar with the strategy say the industry is working to get senators on record in support of including the protections it lost in this deal in future trade agreements with other countries but that drug companies are also not trying to get GOP senators to vote against the USMCA, a likely impossible task. Instead, the industry, worried about the precedent this deal sets, is trying to stem its losses and build support for including the intellectual property protections in future trade deals with countries like China.

 Joseph Damond, executive vice president for international affairs at the Biotechnology Innovation Organization, which represents biotech companies in Washington, said industry had been expecting House Democratic and White House negotiators to craft a compromise on the provision, but not that it would be stripped out entirely. “To have the provision eliminated entirely was just very disappointing and a real blow,” Damond said in an interview, arguing that small, innovative biotech companies would be hit hardest. He said it would be “very difficult” to try to get GOP senators to oppose the agreement over “one particular issue” but that the industry’s message has instead been that “this should not be viewed as a template” for future trade agreements.

 Sens. Bob Menendez (D-N.J.) and Pat Toomey (R-Pa.) spoke out against the removal of the biologic protections at the Senate Finance Committee session on the trade agreement this month, and the Senate Health Committee session to review the deal on 16 JAN provides another opportunity for lawmakers to go on record on the issue. Advocates for lower drug prices, meanwhile, are touting the removal of the provisions as a sign of a changing tide in Washington. “It is a clear and important sign of pharma’s declining influence in Washington and the industry knows it,” said Peter Maybarduk, a director at the progressive group Public Citizen.

 The trade deal fight was not the most threatening issue on the industry’s plate in recent months, as companies also fought sweeping measures to lower drug prices from House Democrats, the Senate and the Trump administration. Still, both sides of the fight over high drug prices wonder whether the loss is a sign of more sweeping changes to come as other legislation looms. “There’s conversations about, ‘Should we have framed it this way with the president?’ ” said a pharmaceutical lobbyist. The lobbyist added that the industry is still “trying to figure out how they could have done better.” The industry said the longer market exclusivity period, which prevents cheaper competition from coming to market, was needed to allow companies to recoup the cost of their investments in innovative new medicines.

 Drug pricing advocates counter that the longer exclusivity period would have simply hindered efforts to lower drug prices, including posing an obstacle if the United States wanted to lower its current period of 12 years of protections. The pharmaceutical industry is also alone on the issue, as other business groups support the trade deal. The U.S. Chamber of Commerce released a statement praising the deal last month that did not mention the biologic provisions, though it later followed up the next day with a second statement noting its objections to those provisions’ removal. The trade agreement is also sailing through Congress. The deal passed the House by a lopsided margin of 385-41 in December and is expected to receive a bipartisan vote in the Senate once the impeachment trial ends.

 Maybarduk, of Public Citizen, said he hoped House Democrats would follow up this action by giving more support than they have so far to a bill from Rep. Jan Schakowsky (D-Ill.) that would lower the biologic exclusivity period in the United States. That measure would face very long odds in the GOP-controlled Senate. “My hope is that we’re starting to see senators be more independent on pharma issues,” Sen. Ron Wyden (Ore.), the top Democrat on the Senate Finance Committee, said in an interview. But he noted that the lessons from the trade deal for the broader drug pricing debate can only go so far because “the coalitions for trade are different than they are on pharmaceuticals.”

 He noted that stopping sweeping legislation to lower drug prices, such as a bill from Wyden and Senate Finance Committee Chairman Chuck Grassley (R-Ia), seems to be a higher priority for the industry. “They’ve spent a lot more money, for example, on fighting Sen. Grassley and I and other efforts at cost containment,” Wyden said. But some senators are not shedding too many tears for the pharmaceutical industry’s loss in this instance “The people with the biologics can take care of themselves,” said Sen. Bill Cassidy (R-La.).

**Editor’s Note:** Hopefully this will establish a precedent in Congress for reducing prescription drug prices. Many bills are in development to do so and many have been submitted in the last few years but none seem to accomplish much. The prices of over 560 prescription drugs have already risen since 31 Dec. The average price hike is about 5 percent. Drugmakers usually raise prices at various points throughout a year. Several thousand drugs saw their prices increase in the first of last year, and on average, those increases were five times the rate of inflation. As for what price increases could be yet to come later this year, only the manufacturers know.

 [Source: Prescription Justice | Peter Sullivan | January 14, 2020 ++]

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**HPV (Human Papillomavirus)**

**Update 01: Age to Receive Vaccine Raised to 45**

The Food and Drug Administration has raised the recommended age to receive the vaccine for human papillomavirus, or HPV to 45. Health care experts say that's good news for women and men who did not receive the anti-cancer vaccine in childhood. "There are hundreds of different strains of HPV," said Navy Cmdr. Shannon Lamb, a urogynecologist and the U.S. Navy Bureau of Medicine and Surgery's Women's Health Branch chief. "The vaccine doesn't protect from all of them, but it does protect from the most common ones that cause different types of cancers as well as genital warts."

 HPV spreads through intimate skin-on-skin contact. Typically, the vaccine is recommended for girls and boys as young as age 9, and women and men up to age 26. “It's recommended for young people so they're protected before they're ever exposed to the virus," Lamb said. "HPV is a very common infection. Over 80 percent of people will be infected in their lifetime." In 2018, the FDA approved the vaccine for women and men up to age 45. While many adults have been exposed to some strains of HPV, most have not been exposed to all nine types covered by the vaccine. "Therefore, expanding the age range for vaccination can help prevent HPV-related diseases in more individuals," she said.

 Usually, people don't exhibit any signs or symptoms of an HPV infection, and most won't develop health problems related to HPV. The virus typically goes away on its own after a couple of years. But there's no way to predict who will clear the virus and who won't. And for those who don't, the consequences can be deadly. According to the Centers for Disease Control and Prevention, HPV is responsible for more than 90 percent of all cervical and anal cancers, 70 percent of vaginal and vulvar cancers, and more than 60 percent of penile cancers. Every year, approximately 25,000 women and 19,000 men are affected by cancers caused by HPV.

 For HPV vaccination of service members, the Department of Defense follows guidelines published by the Advisory Committee on Immunization Practices. Lamb says the vaccine isn't mandatory, but it's strongly recommended. "The vaccine creates a lot of benefit for men and women," Lamb said, "and we know it works." The number of cases of genital warts in the United States has dramatically declined in the military as well as civilian populations since the vaccine was introduced, she said. "The HPV vaccine is definitely making an impact," Lamb said. "But we're still missing a good chunk of the population that could benefit."

 The vaccine is administered as a two-dose series for those under age 15, and a three-dose series for older people. According to data from the Armed Forces Health Surveillance Branch's Medical Surveillance Monthly Report, only 26.6 percent of eligible servicewomen ages 17-26 initiated the vaccine during 2007-2017. During the same time period, only 5.8 percent of eligible servicemen in the same age group did so. Further, for those who did initiate the vaccine and then remained in service for at least six months, only 46.6 percent of servicewomen and 35.1 percent of servicemen completed the recommended three doses.

 "I think there's a lot of misinformation about the HPV vaccine," Lamb said. "Parents may think their kids don’t need it because they're not yet sexually active, for example, and older people may not understand they may be at risk." Lamb is hopeful that with awareness people will make it a priority to talk to their health care providers about their risk for new HPV infections and the possible benefits of vaccination. She notes that cancers caused by HPV may take years to develop after a person contracts the virus. Further, while there are cervical HPV screening tests available for women for high risk strains, there are no routine screening tests for men or tests that include all strains of HPV. Over 12,000 women living in the United States will be diagnosed with cervical cancer, and over 4,000 women die from cervical cancer annually. Women at highest risk are those who don’t undergo recommended screening and are not vaccinated, as well as women who smoke or have lowered immune systems.

 TRICARE covers the HPV vaccine as recommended by the CDC. More information about the HPV vaccine can be found on the TRICARE website at <https://www.tricare.mil/CoveredServices/IsItCovered/HPVVaccine>. [Source: Health.mil | Military Health System Communications Office | January 14, 2020 ++]

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**Misaligned Teeth and Jaws**

**Symptoms. Causes, and Treatment**

Everyone’s set of teeth looks slightly different. But in people who have misaligned teeth or jaws, there’s a more noticeable difference. Sometimes only one single tooth is affected, and sometimes several teeth or the position of the jawbones is involved. Severe misalignments can cause problems when you chew, speak and breathe, and also affect your psychological wellbeing. They can increase the risk of gum disease and tooth decay (cavities) too. The medical term for teeth that aren’t aligned properly is “malocclusion.” Misaligned teeth and jaws are commonly treated with removable or fixed braces. Dental braces are mainly used in teenagers because their mouths are still growing so it’s easier to change the position of their teeth and jaws.

**Symptoms**

Misaligned teeth or jaws can lead to a wide range of different problems – or sometimes cause no problems at all. This will depend on the type of misalignment and how severe it is. Severe misalignments can affect things like eating, drinking and speaking, or cause breathing problems. Sometimes teeth dig into your lips or the gums opposite when you close your mouth, which can be painful. The affected teeth may become wobbly, tooth decay may develop, and the teeth may be more prone to damage if you have an accident. After a while the joints of the jaw might start hurting and the jaw muscles may tighten. Misaligned teeth and jaws can also affect your mental health, particularly in children and teenagers who are teased as a result. A lot of people who have crooked teeth or an uneven bite feel less attractive or less confident – particularly if it affects their speech – and they might then avoid contact with others. But the psychological effects don’t only depend on how severe the misalignment is. How you deal with it plays a role too.

**Causes and risk factors**

Misaligned teeth and jaws can be caused by a problem with the development and position of certain teeth or the jawbones, but also of the tongue, lips, cheeks and muscle tissue. Genes play a role here, so it can “run in families.” Other causes include tooth loss, baby teeth falling out sooner than they would naturally, injury and bone disease. Certain habits are considered to be risk factors: It is normal for babies and toddlers to use a pacifier (dummy, soother) or suck their thumb or a finger. But if they don’t stop doing that at around the age of three, the sucking can increase the risk of crooked teeth and misaligned jawbones. The risk is also higher if children only breathe through their mouth – for instance, because they have enlarged adenoids and can’t breathe through their nose as a result.

 Misaligned teeth and jawbones are common. It is estimated that more than half of all children and teenagers in Germany have treatment for this problem. Permanent teeth replace baby teeth in older children, and the jawbones can continue to grow until the end of puberty. So a misalignment of the teeth and jaws may get better – or worse – by the time the jawbones have stopped growing. But the position of the teeth can still change in adults too, for instance as a result of teeth grinding or tooth loss.

 Crooked teeth – particularly protruding upper incisors (upper front teeth that stick out) – are more likely to become damaged due to things like injury. Other types of misalignment can cause the joints of the jaw to ache, make a clicking or popping sound, or become “blocked.” This can make it impossible to open your mouth wide, for instance. Compensatory movements and teeth grinding can cause the teeth to wear each other down. Because some types of misalignment make it harder to brush one or several teeth properly, they can also lead to tooth decay and gum disease.

**Diagnosis**

Parents often notice themselves that their child has misaligned teeth or jaws. But sometimes doctors or dentists are the first to notice, during an examination of the mouth. To find out whether misaligned teeth or jaws need to be treated, the child is usually referred to a specialist known as an orthodontist. The orthodontist will take a close look at the child’s teeth and mouth, and also examine the rest of their head. He or she will ask about possible causes and see whether the child’s mouth opens and closes properly. He will usually take x-rays and make plaster models of the teeth too.

 To make a plaster model (a dental cast), the child is asked to bite down on two special trays filled with a soft material. This can be unpleasant and make them gag. But the material hardens after about half a minute and can then be removed from the mouth. The resultant cast is used to make a model of the child’s set of teeth, and the treatment can then be planned based on the model. It is now sometimes also possible to make a model using computers. The teeth are first scanned and then a model of the teeth is made digitally.You sometimes have to go to see other specialized doctors too: For instance, if your airways are narrow as well, it’s a good idea to see an ENT (ear, nose and throat) specialist too.

**Prevention & Treatment**

To prevent young children’s teeth from becoming crooked, you can try to help them stop bad habits like sucking their thumb. For instance, some children suck their thumb less if you draw a face on it or put an unpleasant-tasting cream or polish on it. To wean children off their pacifier (dummy or soother), you can talk to their dentist about replacing it with a special pacifier alternative. In Germany, this is sometimes paid for by statutory health insurers. The special pacifier looks like a normal pacifier from the outside, but inside the mouth there’s a plastic screen between the teeth and lips. Taking good care of the baby teeth is important too, so they stay in the mouth long enough to “show” the permanent teeth where to grow out.

 Orthodontic treatment mainly involves wearing a fixed or removable braces in your mouth. Sometimes both types of braces are used: Then you might wear removable braces at first, followed by fixed ones. The aim of this treatment is to correct the position of the teeth and align the upper and lower jaw to improve the bite. It is usually done between the ages of 12 and 16. By that time the baby teeth have already been replaced by permanent teeth, but the jawbones are still growing. Sometimes children already have treatment with braces between the ages of 6 and 8 (early treatment). The active treatment phase, when fixed or removable braces are worn, lasts about two years. After that, you use something known as a retainer to prevent the teeth from moving back to their original position. The retainer may, for instance, consist of a wire glued to the back of the front teeth. The active treatment and retention phases usually take about 3 to 4 years in total. A retainer may have to be worn for longer in some cases, depending on the type of misalignment.

 Orthodontic treatment is mainly done if the teeth or jaws are more than just a little misaligned – for instance, if the upper front teeth stick out over the lower front teeth by more than 3 millimeters, or if teeth at the side of the mouth don't touch each other when the person bites. But sometimes people wish to have orthodontic treatment for more minor misalignments because they don't like the way it looks. It’s not clear whether orthodontic treatment is really needed as often as it is recommended nowadays. There's a lack of research into things like how many people need braces to prevent tooth problems or other medical problems and how many people wear them because they would like to have a more attractive smile. Young children and adults rarely have orthodontic treatment. If they do, it is usually because they have a severe misalignment – for instance, due to a birth defect such as a cleft lip and cleft palate. They then generally need surgery, sometimes in combination with a dental brace. That type of severe defect isn't covered here [Source: [www.informedhealth.org](http://www.informedhealth.org) | January 16, 2020 ++]

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**Anxiety Disorders**

**Genetic Links Uncovered in Veteran Study**

Researchers have uncovered new genetic evidence linked to anxiety in the largest study on the condition that included about 200,000 veterans. By comparing the participants’ genomes, the researchers pinpointed six genetic regions related to anxiety and their ties with other psychiatric conditions. Dr. Joel Gelernter, a senior co-author of the study, said the research provides molecular evidence of shared genetic risk for anxiety and other psychiatric conditions such as depression, which can help identify specific genes that affect risks for such disorders. “To the extent that it identifies genes that were not previously known to be associated biologically with these traits, it will help us understand the biology, and biology can lead to treatment strategies,” said Dr. Gelernter, who is a Yale University professor and psychiatrist for the VA Connecticut Healthcare Center. “So the ultimate hope is that this study and/or its successor studies will begin to lead us to understand novel biology, which can then lead us to novel treatments that are relevant to anxiety traits.”

 The study, published last week in the American Journal of Psychiatry, pulled data from the Million Veteran Program, one of the world’s largest biodata banks that includes genetic and medical information from U.S. military veterans. About 40 million adults in the U.S., or 18%, live with anxiety disorders — the most common mental illness, according to the Anxiety and Depression Disorder of America. However, the study’s researchers estimate that anxiety disorders affect 1 in 10 Americans each year. [Source: The Washington Times | Shen Wu Tan | January 15, 2020 ++]

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**TRICARE Podcast 537**

**Qualifying Life Events - TRICARE Pharmacy Options**

***Qualifying Life Events --*** You may have several changes in your coverage throughout your military career. These changes could be the result of program availability based on your assigned location, having or adopting children, or changing duty status. Some changes may be TRICARE Qualifying Life Events, or QLEs. A QLE means TRICARE health plan options for you and your family may change.

 After any QLE, update your information in the Defense Enrollment Eligibility Reporting System, or DEERS. Once your change shows in DEERS, you may make any eligible health plan enrollment changes. Keep your DEERS record up to date to ensure coverage for you and your family. Learn more at [www.TRICARE.mil/lifeevents](http://www.TRICARE.mil/lifeevents).

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***TRICARE Pharmacy Options --*** The TRICARE Pharmacy Program provides prescription drug coverage for all TRICARE beneficiaries, except those beneficiaries enrolled in the US Family Health Plan. There are several options for filling your prescriptions with TRICARE. They include military pharmacies, home delivery, retail network pharmacies, and non-network pharmacies. How you fill your prescription depends on your beneficiary category and the type of drug you’re prescribed.

 Do you want to keep your costs low? Consider filling your prescriptions for free at military pharmacies. You can receive a 90-day supply of most covered generic and brand-name drugs at a military pharmacy at no charge. Are you looking for in-home convenience and savings? TRICARE Pharmacy Home Delivery is a great option. You may order your covered drugs through Express Scripts. Your order should arrive within 14 days or less. With home delivery, you can get up to a 90-day supply of drugs. There’s no cost for home delivery for active duty service members. For all other beneficiaries, there are copayments.

 Do you need a prescription filled quickly, and a military pharmacy isn’t an option? You can find a TRICARE retail network pharmacy. There are more than 58,000 locations in the U.S. and certain U.S. territories. You don’t have to file a claim if you fill your prescriptions at retail network pharmacies throughout the U.S. But you do have to pay a copayment for each 30-day supply of a covered drug. Do you want to fill a prescription at a non-network pharmacy in the U.S. or certain U.S. territories? You’ll have to pay full price for your medications and file a claim for reimbursement. Learn more about your pharmacy coverage by reading “Filling Prescriptions With TRICARE: You’ve Got Options” at [www.TRICARE.mil/news](http://www.TRICARE.mil/news).

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 The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | January 16, 2020 ++]

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**TRICARE Podcast 538**

**TRICARE Pubs -- Marriage Qualifying Life Event -- Tobacco Cessation Benefits**

***TRICARE Publications*** -- Do you have specific questions about your TRICARE health, dental, and pharmacy benefits? Do you wish you had a resource to turn to for answers quickly? You do. TRICARE publishes handbooks, brochures, fact sheets, and other benefit resources. You can view, print, or download these products from the TRICARE Publications page at [www.TRICARE.mil/publications](http://www.TRICARE.mil/publications).

 To find what you’re looking for, you can start your search by keyword or category. You’ll find products covering a wide range of topics, like costs, retiring from active duty, Medicare, and maternity care. Some products are for specific beneficiaries, like National Guard and Reserve members, active duty family members, or retirees. Check out the publications spotlight article at [www.TRICARE.mil/news](http://www.TRICARE.mil/news) for more information.

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***Marriage Qualifying Life Event --*** Getting married? Congratulations! You and your family members may experience changes in TRICARE Prime or TRICARE Select eligibility and coverage after getting married. A change in family composition, such as marriage, is a TRICARE Qualifying Life Event or QLE. QLEs are certain life changes, like marriage, moving, birth of a child, or retirement from active duty. As a result of these life changes, TRICARE health plan options for you and your family may also change.

 Following any QLE, you have 90 days to enroll in a new TRICARE health plan or change your health plan coverage, if you choose. Your new spouse has 90 days from the date of the marriage to enroll in TRICARE, if they choose. Otherwise, they can enroll following another QLE or during TRICARE Open Season. A QLE for one family member creates a chance for all eligible family members to change their TRICARE health plan. This means all family members may switch health plans when one person in the family has a QLE.

 No matter when you initiate the health plan enrollment change following a QLE, coverage starts on the date of the QLE. Your health plan coverage will continue unless you lose eligibility or disenroll from the plan. Whether you’re engaged to be married or a newly married couple, don’t wait to learn about your TRICARE health plan options after marriage. Visit [www.TRICARE.mil/marriage](http://www.TRICARE.mil/marriage) o learn more.

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***Tobacco Cessation Benefits --*** Do you want to quit tobacco, including smoking, vaping, or smokeless tobacco? TRICARE can help. TRICARE covers tobacco cessation counseling from TRICARE-authorized providers in the U.S. TRICARE also covers certain prescription and over-the-counter products at no cost to you to help you quit tobacco. You must:

* Have a prescription from a TRICARE-authorized provider.
* Fill your prescription through the TRICARE Pharmacy Home Delivery or at a military pharmacy. TRICARE won’t cover your tobacco cessation products if you get them from a retail network pharmacy.
* Be age 18 or older if you’re living in the U.S.
* Be enrolled in TRICARE Overseas Program Prime if you’re living overseas or in the U.S. territories of Guam, Puerto Rico, or the U.S. Virgin Islands.

 You don’t need to have a tobacco-related illness to use your TRICARE benefits. Learn more about TRICARE resources available to help you quit tobacco use at [www.TRICARE.mil/tobaccocessationservices](http://www.TRICARE.mil/tobaccocessationservices).

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 The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | January 24, 2020 ++]

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**SBP DIC Offset**

**Update 63: Implementation of Offset Elimination**

The Enlisted Association worked hard with Congress, veterans and military service organizations, and beneficiaries to eliminate the so-called "Widow's Tax" or the Survivor Benefit Plan (SBP) - Dependency and Indemnity Compensation (DIC) offset. The National Defense Authorization Act (NDAA) for Fiscal Year 2020 was signed into law on December 20, 2019. Why is this important to surviving military family members and veterans?

* The law eliminates the SBP-DIC offset or "Widows Tax."
* The law applies to surviving spouses who qualify for both benefits.
* The law is not retroactive, and no back payments will be made.
* The SBP-DIC offset elimination will be phased in over 3 years.

How will the Phased Elimination work?

* No changes will take place in 2020.
* Beginning February 1, 2021, surviving spouses who qualify for both benefits will have one-third of their SBP restored, in addition to getting the full DIC.
* Beginning in 2022, surviving spouses who qualify for both benefits will have two-thirds of their SBP restored, in addition to getting the full DIC.
* Beginning in 2023, surviving spouses who qualify for both benefits will receive both their SBP and DIC in FULL.

Status of surviving spouses who elected the child-only option:

* If you elected the child-only option, nothing will change for you until January 1, 2023, when you'll have the option to re-select SBP in your name permanently. The child-only option will be phased out.
* If your children had previously aged out, you will still be able to re-select on January 1, 2023.

 The Defense Finance and Accounting Services (DFAS) is the Department of Defense entity administering these benefit changes. DFAS established a webpage, [**SBP-DIC Offset Phased Elimination News**](https://www.votervoice.net/BroadcastLinks/VmCZU62ZLOSsZN9l7r8vNQ)**,** to keep everyone informed and updated on the status of the implementation. TREA understands that DFAS has already contacted beneficiaries and shared a fact sheet and this webpage.

**Key Facts on the DFAS Webpage:**

* Based on the NDAA, Spouse SBP annuitants who are subject to the DIC offset will see the first change in the SBP annuity payment they receive on February 1, 2021. Beneficiaries do not need to notify DFAS that your SBP payment has changed.
* The most important action SBP annuitants can take is to ensure your annuity account information is up-to-date and includes your correct mailing address so DFAS can contact you, if needed. DFAS also recommends using myPay, and if you are not, [**set up a profile now**](https://www.votervoice.net/BroadcastLinks/AFLDx4jbahzl1OtmPSxzoA) and add your email address.
* DFAS is unable to provide individual estimates of the upcoming changes in spouse SBP annuity payments due to this change in the law. Please do not call the DFAS Customer Care Center to request an individual estimate.
* If you previously received a refund of SBP premiums paid due to the SBP-DIC offset, you will not need to pay back that refund because of this change in the law.
* The "Repeal of Authority for Optional Annuity for Dependent Children" and "Restoration of Eligibility for Previously Eligible Spouses" in the NDAA only affect those spouses and children of service members who died on active duty when the surviving spouse previously elected to transfer the SBP annuity to a child or children. They do not affect previous or future SBP elections by retirees or SBP annuities for a retiree's beneficiaries.

 TREA will continue to keep you updated and urges surviving military family members to check the DFAS webpage. If you have questions, email legislativeinfo@trea.org. [Source: TREA Newsletter | January 24, 2020 ++]

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**SBP Child Option**

**Understanding the Kiddie Tax Change Issue**

Under the Survivor Benefit Plan (SBP) provisions surviving spouses are allowed to sign over their earned SBP to their children in order to temporarily receive all of their survivor benefits. This is the "Child Option" for SBP. However, the SBP remains taxable. In past years, surviving children under the "Child Option" paid an average tax rate of 12-15 percent. Under the "Kiddie Tax", a child's unearned income was taxed at the same rate as their parents. In 1986 the "Kiddie Tax" bracket was created to prevent wealthy families from hiding money in their children's names by taxing "unearned income" for children at a higher rate. The Tax Cuts and Jobs Act of 2017, which went into effect in 2018, increased the "Kiddie Tax" to the much higher tax rates for estates and trusts - as high as 37 percent. This significantly increased the tax rates that apply to military survivor benefits, taxable portions of college grants, scholarships, and fellowships. It also caused low and middle-income children to be taxed at much higher rates than their parents.

 The "Kiddie Tax" fix was included in the Setting Every Community Up for Retirement Enhancement (SECURE) Act, which was attached to the Further Consolidated Appropriations Act of 2020, the year-end spending bill. The Act was signed into law on December 20, 2019. This is important to surviving military family members and veterans because:

* The law eliminates the "Kiddie Tax" penalty on surviving military children.
* The law also fixes the "Kiddie Tax" for other groups beside Gold Star Families - First Responders, Native American Tribal Income, and low-income college student scholarships.
* The bill allows survivors subjected to the "Kiddie Tax" in 2018 to file an amended tax return and receive a refund for the difference in taxes from year 2016 to 2017.
* A child's net unearned income will return to being taxed at the parent's tax rate if higher than the tax rate of the child, instead of being subjected to the much higher tax rate for estates and trusts.

 [Source: The Enlisted Association | January 27, 2020 ++]

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**IRS Tax Deductions**

**Update 03**: **Some You May Be Tempted to Claim— but Shouldn’t**

No one wants to pay more in taxes than they have to. Fortunately, numerous deductions and credits can help lower your tax bill. However, don’t make the mistake of trying to claim one of the following expenses on your federal tax return. That could be a costly mistake. Some of these deductions were suspended or otherwise changed by the federal tax reform law enacted in 2017. Others were never real deductions in the first place, or are not real deductions unless you closely follow certain rules. Claiming the following “deductions” could come back to haunt you if you are audited.

**1. Unreimbursed work expenses**

Before the Tax Cuts and Jobs Act of 2017, people who itemized their tax deductions could deduct a whole slew of miscellaneous expenses to the extent that those exceeded 2% of their adjusted gross income. This included unreimbursed work expenses. That law suspended this deduction, however, as we reported in “7 Tax Breaks You Can Kiss Goodbye in 2019.” So, you currently cannot deduct the cost of uniforms, union dues or business-related meals or entertainment.

**2. Moving expenses**

Moving expenses are not deductible at this time. This deduction, too, was suspended by the 2017 tax law. The only exception is for active-duty military members who relocate because of a new assignment.

**3. The kitchen counter that doubles as a work desk**

If you’re self-employed or own a business, you may be able to claim a home office deduction. However, you can turn this legitimate deduction into something phony by stretching the rules. “Simply doing some work at the dining room table isn’t enough to qualify. You must use part of your home as your principal place of business, and use it exclusively for that purpose.” So, your “home office” cannot include the kitchen counter where you set up your laptop in the morning and chop vegetables in the evening. It also can’t be the desk that you use for work and the kids use for homework.

**4. Losses from a house fire**

The Tax Cuts and Jobs Act restricted the deduction for net casualty and theft losses. Now, taxpayers may deduct these losses only if they are attributed to a federally declared disaster.

**5. Home insurance**

The federal government kindly allows deductions for some costs of homeownership — but by no means all of them. Homeowners insurance, for example, is not deductible except as a business expense if you own a rental property.

**6. Interest on a home equity loan**

Using a home equity loan to pay off higher-interest debt such as credit card debt can be a smart money move in some situations. But that doesn’t mean you can write off the interest payments. The rules for deducting interest on a home equity loan have changed. According to the IRS: “Interest paid on most home equity loans is not deductible unless the loan proceeds were used to buy, build, or substantially improve your main home or second home.”

**7. State and local taxes over $10,000**

The ability to deduct state and local taxes on federal tax returns has historically been a major benefit for taxpayers in many states. But the Tax Cuts and Jobs Act of 2017 chopped that deduction off at the knees. You now can deduct only $10,000 of taxes paid to state and local governments — or $5,000 if your tax-filing status is married filing separately. That may seem like a lot if you live in a low-tax region, but it’s a significant loss for taxpayers in states like California and New York, where property taxes can be high.

**8. Cosmetic surgery**

Cosmetic surgery may be a medical cost, but you can’t deduct it on your federal income tax return. There is an exception, however, if the surgery “was necessary to improve a deformity related to a congenital abnormality, an injury from an accident or trauma or a disfiguring disease,” according to the IRS.

**9. A doctor-ordered vacation**

Even if your physician says a week in the Bahamas would be good for your health, you can’t deduct it from your taxes. Lodging expenses are considered a deductible medical expense only if you were “away from home to receive medical care provided by a physician in a hospital or a medical care facility related to a hospital, provided there was no significant element of personal pleasure, recreation, or vacation in the travel,” the IRS says.

**10. Political contributions**

Writing off contributions to political candidates and organizations is a no-no. These groups are not charities, and so your contributions don’t qualify for a deduction.

**11. Volunteer hours for charity**

The IRS allows for the deduction of costs of operating a car for charitable purposes — to the tune of 14 cents per mile for tax year 2019. But the government doesn’t recognize donations of your time and talent as deductible.

**12. Baby sitter for your date night**

True, there is a child and dependent care credit. But not all child care expenses qualify.You may claim the credit only for care that occurred in order for you to work or actively look for work — assuming that you meet the other requirements of the credit. That means deducting the baby sitter for your date night if off-limits, even if that cost helps you remain sane enough to get back to work on Monday.

[Source: MoneyTalksNews | Allison Martin | January 28, 2020 ++]

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**IRS Tax Forms**

**Update 02: 1040 | Five Change’s for Tax Year 2019**

The tax-filing season officially kicked off this week, and the IRS celebrated the occasion by showing off a revised Form 1040. The Form 1040 tax return for 2019 — the one that’s due by April 15 — looks different from its predecessor in a handful of small ways. The changes stem from feedback from taxpayers and tax professionals, the IRS says. If you don’t fill out your 1040 yourself — maybe a professional or software program does it for you — you might not notice the change Still, the 1040’s minor makeover for tax year 2019 could affect the questions that your tax pro or tax software asks you this tax-filing season. It also could affect which and how many schedules you must file with your 1040. So, with that in mind, let’s take a look at how the 1040 has changed.

**1. Fewer schedules**

There are three numbered schedules for 2019 — half as many as there were for 2018. Basically, some schedules were combined to fit on a single page, so now the numbered schedules take up half as many pages. Schedules are additional forms that you file with your Form 1040 if certain situations apply to you.

**2. No health coverage check box**

Last tax-filing season, Form 1040 included a check box for “Full-year health care coverage or exempt.” You (or your tax return preparer or software program) checked this box if you either had health insurance coverage for all of 2018 or were exempt from the Affordable Care Act requirement that everyone have coverage. If neither was the case, you likely owed a penalty for lack of coverage, which was due at the time that you filed your federal tax return. This tax-filing season, however, that check box is no longer on the form because that penalty is no more, as we detailed in “6 Ways Federal Income Taxes Will Be Different in 2020.”

**3. A 1040 for seniors**

Last tax-filing season, one of the biggest changes to federal tax returns was the elimination of the Form 1040-EZ — everyone used the Form 1040 for 2018. For 2019, though, we’re back to having two versions of the federal tax return: the Form 1040 and the new Form 1040-SR. The 1040-SR is for seniors: Taxpayers born before Jan. 2, 1955, have the option of using it instead of the 1040. For the most part, the 1040-SR mirrors the 1040, the IRS says. The 1040-SR has a larger font size, though, and contains a “Standard Deduction Chart” that reflects the extra standard deduction amounts that seniors generally can claim. Note that the schedules for the 1040 and 1040-SR are the same. So, for example, seniors who itemize their tax deductions rather than taking the standard deduction would need to file Schedule A, regardless of whether they use the 1040 or 1040-SR.

**4. A line for capital gains or losses**

The Form 1040 for 2018 did not include a line for capital gains or losses. Anyone with a capital gain or loss instead had to report it on Schedule 1 and thus had to file a Schedule 1 with their 1040. This tax-filing season, the 1040 and 1040-SR have a dedicated line for capital gain or loss (Line 6). So, taxpayers with such a gain or loss in 2019 would report it there, the IRS says. In some situations, however, those taxpayers may need to file Schedule D this year.

**5. A virtual currency question**

Schedule 1 for 2019 asks about virtual currency explicitly, and the IRS says taxpayers who made transactions involving virtual currency need to file this schedule with their tax return. The question on Schedule 1 reads: “*At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency*?” As the IRS defines it, virtual currency includes but is not limited to “convertible” virtual currencies such as Bitcoin, which have an equivalent value in real currency. If you sell or exchange virtual currency, use it to pay for goods or services, or hold it as an investment, you could have a tax liability as a result. So, it should come as no surprise that the IRS wants to know about virtual currency transactions. In fact, the agency also is reminding taxpayers that their record-keeping obligations apply to virtual currency:

 “The Internal Revenue Code and regulations require taxpayers to maintain records that support the information provided on tax returns. Taxpayers should maintain, for example, records documenting receipts, sales, exchanges or other dispositions of virtual currency and the fair market value of the virtual currency.”

[Source: MoneyTalksNews | Karla Bowsher | January 30, 2020 ++]

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**FICO Credit Score**

**Update 14: New Policies Will Impact Some Consumers**

If you struggle to stay out of debt or make questionable decisions regarding loans, your credit score might be about to drop. Changes in how the most commonly used credit score — the FICO score — is calculated mean three types of spending patterns soon could hurt your credit profile, The Wall Street Journal reports. They are:

* Racking up rising levels of debt
* Falling behind on loan payments
* Signing up for personal loans — at least for some consumers

 FICO (Fair Isaac Corp.), the company that created the FICO score system that lenders use to gauge creditworthiness, says the shift in how borrowers are evaluated will impact all types of borrowers. According to the Wall Street Journal (WSJ): “The changes will create a bigger gap between consumers deemed to be good and bad credit risks, the company says. Consumers with already-high FICO scores of about 680 or higher who continue to manage loans well will likely get a higher score than under previous FICO versions. Those with already-low scores below 600 who continue to miss payments or accumulate other black marks will experience bigger score declines than under previous models.”

 The WSJ notes that the changes appear to be an about-face from policies in recent years on the part of FICO and credit-reporting companies that had made it easier for borrowers to lift their scores. In addition to previously removing some negative material, such as civil judgments, from credit reports, FICO and other credit-scoring and credit-reporting entities had begun to include new data, such as bank account and utility payment histories, in an effort to make it easier for consumers to build a positive credit history. The WSJ reports that this shift toward scoring borrowers more rigorously may be a result of lenders worrying that many debt-ridden U.S. consumers pose a bigger risk to lenders than the consumers’ current credit scores suggest. Lenders may also have concerns about the future of the U.S. economy, which has been expanding for a decade and may be running out of steam, the WSJ reports.

[Source: MoneyTalksNews | Chris Kissell | January 28, 2020 ++]

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**Microsoft Windows 7 Scam**

**Scammers Use Announcement to Trick Windows Users**

Microsoft announced that they are no longer providing technical assistance, software updates, or bug fixes for Windows 7. It’s big news for users of the popular operating system. The announcement is giving scammers an opportunity to confuse Windows users into paying to update their “expiring Windows license” – whether they need to or not, according to recent BBB Scam Tracker reports.

**How the Scam Works**

* You receive a call from someone who claims to be a concerned Microsoft employee. They explain that you need to upgrade your operating system if you want your computer to keep working. The caller may say that you need to upgrade from Windows 7 to Windows 10 or simply that your Windows license is expiring.
* The caller may seem friendly and helpful, but they are far from it. They may convince you to pay yearly fees (that don’t exist) or request remote access to your computer under the guise of installing software. If you pay the fees, you could lose hundreds of dollars. But if you allow the scammer access to your computer, your secure personal information, such as banking details and login credentials, can be compromised. This puts you at risk for identity theft.

**Tips to Avoid This Scam:**

* Don’t trust unsolicited callers. Reputable companies don’t call consumers without their permission.
* Double check unusual claims. If someone calls you claiming you have a problem you had no idea existed, don’t take their word for it. Hang up and do some research before you accept any help. In the BBB Scam Tracker reports, victims report that they were already using Windows 10 when they got a call claiming they needed to upgrade.
* Never allow a stranger remote access to your computer. If you have a genuine tech problem, get help from a reputable company or individual.
* Get tech information straight from the source. If your computer runs Windows, for example, find out about updates, new operating systems, and tech support directly from Microsoft. Double check you are on the official website or calling the real support line before you share personal information or pay any money.

**For More Information**

We checked with Microsoft, and they confirm that the company never reaches out to offer support by phone or pop-up on your computer screen. All support requests are initiated by customers. Microsoft won’t reimburse scam victims for money or gift cards given to scammers, but they are happy to check over your computer to make sure any viruses or malware have been removed. [Report tech support scams](https://t.e2ma.net/click/7fsb4b/3cbhhbb/fax97h) to Microsoft here, and [get information about upgrading from Windows 7 here](https://t.e2ma.net/click/7fsb4b/3cbhhbb/v2x97h).

 If you’ve gotten a phony email from a retailer, help others avoid the same pitfall by filing a scam report at [BBB.org/ScamTracker](https://t.e2ma.net/click/7fsb4b/3cbhhbb/bvy97h). Also, BBB’s research on why some people are more susceptible to scams is available at [BBB.org/ExposedToScams](https://t.e2ma.net/click/7fsb4b/3cbhhbb/rnz97h).

[Source: BBB Scam Alert | January 17, 2020 ++]

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**Census Bureau Scam**

**Beware Imposters**

Census Bureau Scams are hard to spot and easy to fall for. We all want to do our duty and participate, BUT with so many impersonators, how can you know who to trust?

**How the Scam Works:**

* The Census Bureau, like many organizations, has its fair share of imposters, and they can be hard to spot. But knowing how the Census Bureau operates can help you be better prepared.
* The Census Bureau may request information through almost all communication outlets, including phone, email, mail, fax and in-person. But there are only three ways to reply to the census: phone, mail or online. The official website of the Census Bureau is [census.gov](https://t.e2ma.net/click/nwv14b/3cbhhbb/viyk9h); the homepage for the 2020 Census is <https://2020census.gov>.
* Some of the information census takers request is personal. But the Census Bureau states that they will NEVER ask for your full social security number, money, donations, anything on behalf of a political party, your full bank or credit account numbers, or your mother's maiden name.

**Tips to Avoid Census Scams:**

* Never give out your social security number. Census takers will never ask for your social security number, bank account number, credit card number, money or donations.
* Census takers will never contact you on behalf of a political party. If someone calls on behalf of a political party that claims to be from the census, hang up.
* Make sure you respond to the census through Census.gov, the official website. Your regional Census Bureau may also be able to help.
* If something sounds suspicious, confirm it by calling the government agency directly or checking the government agency’s website. Don’t click on any links in an unexpected email. Instead, type the official URL into your browser or do a web search to find the right website. Call a trusted phone number other than one provided by the caller to verify the caller’s identity.
* Don’t click, download, or open anything that comes from an anonymous sender. This is likely an attempt to gain access to your personal information or install malware on your computer.
* Check <https://www.bbb.org/scamtracker/us> for local reports of imposters in your area.

**For More Information**

If you’ve been the victim of a scam, report it at [BBB.org/ScamTracker](https://t.e2ma.net/click/nwv14b/3cbhhbb/7v0k9h). For more information on the 2020 Census, visit the official website, [census.gov](https://t.e2ma.net/click/nwv14b/3cbhhbb/viyk9h).

[Source: BBB Scam Alerts | January 24, 2020 ++]

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**Notes of Interest**

**January 16 thru 31, 2020**

* **Annual Consumer Expenditures**. Each year, the Bureau of Labor Statistics reports on consumer spending patterns. According to the 2019 report, consumers spent an average of $61,224 in 2018. The slening share on the top 5 categories was housing 33%, transportation 16%, food 13%, insurance and pension contributions 12%, and heakth care 8%.
* **SCPO Edward J. Murray.** USS Midway former Senior Chief responsible for making sure that Navy aircrews could rely on their 75 planes during their combat missions tells his story at <https://www.midway.org/stories/ed>.
* **Meat Eaters.** Nearly one in four Americans (23%) report eating less meat in the past year than they have previously, with the highest rates of reported meat consumption reduction among women (31%), nonwhites (31%), and Democrats (30%).
* **Libraries.** Visiting the library remains the most common cultural activity Americans engage in, by far. The average 10.5 trips to the library U.S. adults report taking in 2019 exceeds their participation in eight other common leisure activities inclusive of live music or theatrical events, visits to national or historic parks museums and gambling casinos, and trips to amusement or theme parks.
* **1040 Tax Forms.** To obtain your 2019 IRS forms go to <https://www.irs.gov/pub/irs-pdf/i1040gi.pdf> for the instructions and <https://www.irs.gov/pub/irs-pdf/f1040.pdf> for the form.
* **Arms Production.** China is now the second-largest arms producer in the world behind the United States but ahead of Russia, a Swedish arms watchdog said 27 JAN. The Stockholm International Peace Research Institute, or SIPRI, said the research is the most comprehensive picture of Chinese companies’ weapons production to date.

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

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**Iraq U.S. Bases**

**Three Semi-Permanent New Sites in Development**

Contrary to declarations made by President Donald Trump, the U.S is not withdrawing forces from Iraq, but is building at least three semi-permanent new bases very close to the Iranian border in northern Iraq, Israeli sources tell Breaking Defense. Tens of thousands of Iraqis marched in Baghdad on 24 JAN calling for US forces to leave the country, but the protesters dispersed very quickly and were peaceful. And now Moktada al Sadr, the cleric who called for the protests, has withdrawn from the fray. Israeli experts say that immediately after Trump’s declaration the U.S became aware that executing the decision would leave policymakers and the military with greatly reduced influence in a region that has seen rapid and extensive Russian penetration into the region.

 After the assassination of Qassem Soleimani, commander of Iran’s Quds Force, the Iraqi government protested what it described as a “violation of international law” and its parliament passed a non-binding resolution calling for the withdrawal of US troops. Since, then the U.S. military has not withdrawn and indications are that the US presence will even become greater, experts here say. The Iranian response to Soleimani’s killing resulted in the launch of ballistic missiles and cruise missiles at American bases in Iraq.The American base in Iraqi Kurdistan was also hit near the city of Erbil.

 The US plans to establish one military base near the city of Sulimania, another large military base near the city of Halabja, which is only 14 km from the Iranian border, while the third military base is planning to set up south of the province of Erbil – Erbil. Professor Uzi Rabi, director of the Moshe Dayan Center for Middle Eastern and African Studies, told Breaking Defense that the U.S has realized that withdrawing from Iraq will dramatically hurt the sanctions on Iran. “They have realized that in spite of the president’s declaration, they have to keep a real presence and they are doing it by building bases in the Kurdish areas. This was expected by anyone who really understand the powers operating in this strategic region,” the Israeli expert said.

 Experts say that the assassination of the Quds force commander has made it more difficult for Iran to supply advanced missiles to the Houti rebels in Yemen. The sources added that Soleimani was smuggling defense systems to Yemeni rebels loyal to the Iranian regime. The operation was reportedly planned to be carried out by Unit 190 in the Revolutionary Guards, in charge of smuggling weapons to Iranian militia in the Middle East, with Soleimani in personal command. The Israeli sources said the Iranian effort to arm its proxies in Iraq and Yemen forces the U.S to keep a military presence in the region. [Source: Breaking Defense | Arie Egozi | January 27, 2020 ++]

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**Trump Brain Injury Comments**

**VFW Expects Apology for Downplaying**

A U.S. war veteran group is “expecting” an apology from U.S. President Donald Trump for his comments that downplayed traumatic brain injuries, an official said on 24 JAN. Speaking in Davos on 22 JAN, Trump said he did not consider the brain injuries suffered by U.S. service members in Iran’s recent attack on a base in Iraq as serious. But the Veterans of Foreign Wars group “expects an apology from the president to our service men and women for his misguided remarks,” William Schmitz, VFW National Commander said in a statement on Friday. The White House did not immediately respond to request for comment on Saturday. Earlier on Friday the Pentagon said 34 service members had been diagnosed with traumatic brain injury following missile strikes by Iran on a base in Iraq, a number higher than the military had previously announced (On 30 JAN that figure was raised to 64). The VFW, a group with 1.6 million members, said traumatic brain injury (TBI) is serious and cannot be taken lightly. “TBI is known to cause depression, memory loss, severe headaches, dizziness and fatigue — all injuries that come with both short- and long-term effects,” the group said.

 Republican Senator Tom Cotton speaking on Face the Nation (<https://www.cbsnews.com/video/cotton-defends-trump-for-saying-soldiers-injured-in-iran-attack-had-headaches>) defended President Trump for saying soldiers who suffered traumatic brain injuries in Iraq had "headaches," arguing the president was simply "describing" their injuries. "He's not dismissing their injuries. He's describing their injuries," said the Arkansas senator, an Army veteran who served in Iraq. "If they are, in fact, if all these injuries are not serious, if they're all on the less serious side of the scale than the severe traumatic side of the scale, the president is just describing what happened there. He was not dismissing them."

 However CNN reports that traumatic brain injuries are serious. They're also on the rise. While some people recover relatively quickly, others sustain long-term damage with a range of effects. Traumatic brain injury can range from concussion, which is considered mild, to severe, sustained brain damage. Plus, it's the brain -- and medicine is only on the forefront of understanding what, exactly, goes on in there. The CDC defines a TBI as a "disruption in the normal function of the brain" that's typically caused by a bump, a blow, or a jolt to the head. One of the most common forms of TBI is concussion, also known as mild TBI (mTBI). They're typically seen in car accidents, as when a person's head hits the windshield. They're also frequently seen in sports -- after a football player tackles an opposing player leading with his own helmet, for example.

 In 2014 alone, almost 3 million TBI-related emergency department visits, hospitalizations, and deaths were reported in the US, according to the Centers for Disease Control and Prevention. More than 830,000 occurred among children. The total number increased 53% from 2006, the CDC said, indicating brain injuries are on the rise. They can also be caused by severe shaking, which moves the brain inside the skull and causes injury. That can happen when, using the car accident example, the head jolts from impact but doesn't actually collide with a surface. Traumatic brain injuries have been linked to sports such as football, soccer, and ice hockey, as well as combat injuries in war zones, and everyday occurrences like falls or fights.

 These types of injuries can range from mild to severe. Symptoms of mild injuries include headaches, dizziness and confusion. For moderate to severe brain injuries, though, symptoms can include severe headaches, a lack of coordination, slurred speech and seizures. Very severe cases can even result in death. Repeated trauma or shaking to the brain can be even worse, leading to chronic traumatic encephalopathy, or CTE. This has been found to be especially common in football. NFL players Ray Easterling, Junior Seau, Shane Dronett and Dave Duerson were found to have CTE after careers of repeated blows to the head. All died by suicide. Duerson left his family a message before asking they send his brain to be studied. Hall of Fame quarterback Brett Favre has spoken about his memory loss and changes after his career in the NFL, likely a result of his many concussions while playing.

 CTE has been found in war veterans, too, who can suffer from repeated TBIs from events like explosions. Tommy Shoemaker is one such veteran. He spoke to CNN chief medical correspondent Dr. Sanjay Gupta in 2015 about how his many years in the military -- with more than 30 concussions -- led his own brain to develop CTE. "I've always been really easygoing," he told Gupta. "But now that's not so ... I yell, I scream, I holler, and that's just never been my manner. I'm sad for my kids and my wife to have to live with that." [Source: Reuters & CNN | Leah Asmelash | January 25 & 26, 2020 ++]

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**Obsolescence**

**Update 01: The Writing is On the Wall for Dozens of Things We have Grown Up With**

The writing is on the wall for dozens of things we have grown up with. When’s the last time you popped in a cassette tape? Rented a movie at a video store? Wrote a check for groceries? Maybe you still do some — or all — of these things. But chances are good you’ve replaced many of what used to be common, everyday activities with more technologically updated trends. It can be tough to believe that many of the things we once considered essential could one day disappear. Laura Ingalls Wilder couldn’t foresee the end of the covered wagon era back when she was crossing the prairie in one, either. But as the co-author of two books about faded childhood trends — “Whatever Happened to Pudding Pops?” and “The Totally Sweet ’90s” — you can be assured obsolescence is always grabbing on to new victims. Following are some things that are still with us, yet are slowly but surely fading from everyday use.



**1. Cash**

In the old days, people actually had to step foot inside a bank branch, fill out a form and wait in line to get their hands on their own money. We actually carried cash. Sure, cash will have a place for a while, but simply being able to use a credit or debit card everywhere from McDonald’s to the farmers market has made cash much less necessary. Apps like Square (a point-of-sale app) and Venmo (which allows you to electronically pay your friend back for that pizza) make a cashless society even easier.

**2. Remote controls**

Remote controls seemed like an absolute luxury back in the 1970s and 1980s, when the devices first started to flourish. But now, cable and streaming video systems offer smartphone apps that do everything from changing the channel to turning on captions and cranking up the volume. And, unlike the cumbersome remote that always seems to be lodged between the couch cushions, an app is always just as close as your smartphone. While we’re on the subject, traditional TV is also getting gobbled up by competing programs on streaming services.

**3. Car keys**

If you’ve bought a newish car in recent years, you may never have touched it with a key. Modern cars come with key fobs and mini-remotes that can lock and unlock the car with the push of a button. Some don’t even require that: When I get close enough to my car, it senses that I’m carrying the key fob and remote, and it unlocks the door once I encircle the handle with my hand. I can start the car from inside my home so it warms up while I finish getting ready. And I never have to put a key in the ignition like the old days — the car has a start button instead.

**4. Hotel room keys**

Hotels have jumped on the modern key bandwagon even faster than car manufacturers. It is now rare to get a metal key attached to giant plastic tag for a hotel room, as once was the standard. Key cards are cheap, easy to use, fit comfortably in a pocket or wallet, and can be recoded and reused. Plus, no one has to rekey a room door if a visitor loses their card on the beach.

**5. House keys**

House keys are still used by many, but there are advantages to changing to locks with numeric codes that open the door once the correct numbers are punched in. For example:

* There are no keys that can be lost, stolen or forgotten.
* Homeowners can set up a temporary code for a worker who needs access, then delete it the next day.
* Kids can memorize a simple code and no longer have to worry if they lose or forget a key.
* Vacationing homeowners can pass on the code and allow a neighbor to check on a home without needing to hand out an extra physical key.

**6. Manual-transmission cars**

Cars utilizing stick shifts, also called manual transmissions, are disappearing around the bend. Fewer manufacturers make manual transmissions now. USA Today reports that only 3.5% of U.S. car sales in 2018 were manuals. Automatic transmission cars have become more efficient, and fewer U.S. drivers are taught how to drive a stick. For those who love the stick shift, this transition will really grind your gears.

**7. College textbooks**

If you’ve been out of college for a while, you probably remember having to fork out money for heavy, expensive textbooks for your classes. Well, welcome to the 21st century. Textbooks are moving to the digital world. Some schools have already removed hard copies of books from their on-campus bookstores. No question, digital texts have plenty of advantages — they can be updated, and students can highlight text and remove highlights easily. They also can look up definitions or footnotes instantly and enjoy videos and interactive exercises. But maybe best of all: It’s bye-bye to backaches from carrying backpacks overloaded with these massive bricks around campus.

**8. Classroom chalkboards**

Want to make your kids think you’re really old — like “rode-dinosaurs-to-school” old? Tell them about your school days spent clapping erasers to get the chalk dust out of them. That’s a chore today’s students may never understand. Chalkboards, aka blackboards, have long been on the way out, replaced by their cleaner, smoother cousin, the whiteboard. Popularized in the 1990s, whiteboards can be written on with special markers, often in bright colors, that are easy to wipe off. But even traditional whiteboards are likely to be replaced with emerging smartboards — a high-tech, interactive version — as the price of the new technology comes down.

**9. Mail-collection boxes**

Pity regular letters, the kind for which you lick envelopes and apply stamps. Not only are they saddled with the insulting term “snail mail,” but they’re also fast slipping away to be replaced by their nearly instantaneous competitors, email and texting. Disappearing even faster are the bright blue U.S. Postal Service mail-collection boxes that used to decorate many a neighborhood curb. Nationally, the number of collection boxes declined by more than 12,000 from 2011 to 2016, the U.S. Postal Service Office of Inspector General’s webpage declares.

**10. In-person voting**

Heading to the polling place is a cherished part of American life — albeit a process that can be plagued by problems from long lines to voter-identification issues. But there’s another way: Several states, including my own home state of Washington, have moved to voting by mail. Voters receive their ballots in the mail, settle in at a table to read over the candidates and issues, mark their ballots at leisure, then pop them back in the mail. (Worried your ballot wasn’t counted? You can track it online.) Some folks are still unsure about voting by mail, but eventually, we’ll all likely vote this way.

**11. Shopping malls**

Shopping mall culture has suffered numerous blows over the past few years. Even Grandma has an Amazon Prime account these days. And with anchor stores disappearing, those days of strolling around the mall for hours on end are going the way of the 1980s’ big hair. While there are still some Black Friday stampedes at brick-and-mortar stores, shopping online means you won’t get pushed under a coat rack by someone in a quest for this year’s top toy. And malls as a hangout have given way to a more-21st century gathering spot: the coffeehouse.

**12. Pay phones**

 “Please insert another 25 cents.” That’s a phrase you don’t hear much these days, as public pay phones are no longer the every-other-corner standard they once were, especially for those once-costly long-distance calls. It’s clear why pay phones are fading into history like the stagecoach: Most everyone has a phone in his or her pocket these days, and it’s just not worth it to maintain a public pay phone for those few who don’t, or for the rare time when your phone charge is dwindling. Wondering where Superman will change clothes now? Turns out that he really didn’t change in a phone booth that often to begin with.

[Source: MoneyTalksNews | Gael F. Cooper | July 28, 2019++]

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**Republican/Democrat Logos**

**Why an Elephant and A Donkey**



The Republican Party started in the 1850's, formed from a split in the Democratic party, whose members, primarily abolitionists, felt the Democrats were no longer representing their interests. They decided to call themselves Republicans because they felt their ideals were very similar to Jefferson's Democratic-Republican party. After the Civil War, the upstart Republicans were perceived as the party that won the war. Now firmly entrenched in the federal government, they were ironically dubbed the "Gallant Old Party," which soon became the "Grand Old Party," which was soon shortened to the familiar acronym "GOP."

 In 1874, it was rumored that U. S. Grant would run for an unprecedented third term. As the rumors were surfacing, there was also a contemporary urban legend that several animals had escaped from the New York Zoo. Thomas Nast, the most popular and influential cartoonist of the time, took the opportunity to combine the two in a cartoon for The New Yorker magazine, representing the Republicans as elephants, docile but unmoveable when calm but unstoppable and destructive when excited. The cartoon, entitled "The Third Term Panic," depicted the Republican vote as an elephant running inexorably into a tar pit of inflation and chaos. Interestingly, the elephant was running away from the already established Democratic donkey, dressed in a lion's skin. This was Nast's take on the Democrats' view of Grant as Caesar, and their feeling that they had an obligation to play Brutus before he let the power of his office corrupt him.

 The donkey predated Nast by three decades, when it was used during Andrew Jackson's campaign, initially by his opponents, calling him a 'jackass' for his populist policies. Well known as stubborn, however, Jackson decided to co-opt the mascot, and used it to his own advantage. After Jackson retired, he was still looked at as a party leader, even though the party refused to be led, and the 1837 cartoon "A Modern Baalim and his Ass" showed him leading a donkey which refused to follow. However, the donkey image was not popularized until the ubiquitous Nast adopted it, first depicting the party as a kicking donkey, attacking Lincoln's secretary of war Edwin Stanton even after his death in an 1870 cartoon for Harper's Weekly.

 In other words, both animals were chosen for their negative qualities, such as stubbornness and willy-nilly destruction, and then adopted by the parties for their positive attributes, and neither party has been stubborn or destructive ever since.

[Source: <https://parry-ruse.blogspot.com> | January 2020 ++]

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**Have You Heard?**

**1917 Stats | Even God Enjoys A Smile Now and Then | Military Humor 12**

**1917 Stats**

The year is 1917 … One hundred years ago. What a difference a century makes! Here are some statistics for the Year 1917 in America:

1. The average life expectancy for men was 47 years.
2. Fuel for cars was sold in drug stores only.
3. Only 14 percent of homes had a bathtub.
4. Only 8 percent of homes had a telephone.
5. The maximum speed limit in most cities was 10 mph.
6. The tallest structure in the world was the Eiffel Tower.
7. The average US wage in 1910 was 22 cents per hour.
8. The average US worker made between $200 & $400 per year.
9. A competent accountant could expect to earn $2000 per year.
10. A dentist $2,500 per year.
11. A veterinarian between $1,500 & $4,000 per year.
12. And, a mechanical engineer about $5,000 per year.
13. More than 95 percent of all births took place at home.
14. Ninety percent of all Doctors had NO COLLEGE EDUCATION! Instead, they attended so-called medical schools, many of which were condemned in the press AND the government as "substandard."
15. Sugar cost four cents a pound. Eggs were fourteen cents a dozen, and Coffee was fifteen cents a pound.
16. Most women only washed their hair once a month, and, used Borax or egg yolks for shampoo.
17. Canada passed a law that prohibited poor people from entering into their country for any reason.
18. The American flag had 45 stars ...
19. The population of Las Vegas, Nevada was only 30.
20. Crossword puzzles, canned beer, and iced tea hadn't been invented yet.
21. There was neither a Mother's Day nor a Father's Day.
22. Two out of every 10 adults could not read or write, and, only 6 percent of all Americans had graduated from high school.
23. Marijuana, heroin, and morphine were all available over the counter at local corner drugstore. Back then pharmacists said, "Heroin clears the complexion, gives buoyancy to the mind, regulates the stomach, bowels, and is, in fact, a perfect guardian of health!"
24. Eighteen percent of households had at least one full-time servant or domestic help...
25. There were about 230 reported murders in the ENTIRE U.S.A.!

**-o-o-O-o-o-**

**Even God Enjoys A Smile Now and Then**.

There were 3 good arguments that Jesus was Black:

1. He called everyone brother.

2. He liked Gospel.

3. He couldn't get a fair trial.

But then there were 3 equally good arguments that Jesus was Jewish:

1. He went into His Father's business.

2. He lived at home until he was 33.

3. He was sure his Mother was a virgin and his Mother was sure He was God.

But then there were 3 equally good arguments that Jesus was Italian:

1. He talked with His hands.

2. He had wine with His meals

3. He used olive oil.

But then there were 3 equally good arguments that Jesus was a Californian:

1. He never cut His hair.

2. He walked around barefoot all the time.

3. He started a new religion.

But then there were 3 equally good arguments that Jesus was an American Indian:

1. He was at peace with nature.

2. He ate a lot of fish.

3. He talked about the Great Spirit.

But then there were 3 equally good arguments that Jesus was Irish:

1. He never got married.

2. He was always telling stories.

3. He loved green pastures.

But the most compelling evidence of all - 3 proofs that Jesus was a WOMAN:

1. He fed a crowd at a moment's notice when there was no food.

2. He kept trying to get a message across to a bunch of men who just didn't

get it.

3. And even when He was dead, He had to get up because there was work to do.

Amen

**-o-o-O-o-o-**

**Military Humor 12**

* It’s important that soldiers learn from their mistakes; otherwise, they’re bound to repeat them at inopportune moments. Here soldiers share what they’ve gleaned from past gaffes:
* “I was cold” is not a sufficient reason for being caught in the female barracks.
* Do not communicate with officers using only Madonna lyrics.
* Do not conduct live fire exercises at the general’s (unattended) jeep, even if it’s parked in an area clearly marked Live Fire Zone.
* Do not attempt to shave with fire.
* Do not use 27 packs of sticky notes to label everything in the barracks so the general won’t have any questions during the inspection.

###

I’m convinced my cockroaches have military training. I set out a roach bomb—they defused it.

###

A Military lab has developed a pizza that boasts a shelf life of three years without being frozen, and the Mess Sargent asked his cooks to name this durable dish. Here’s what they came up with:

* Semper Pie
* The Lasting Supper
* In-dough-structible
* Pizza de Resistance
* DeFrigNo!
* Auld Lang Slice
* Eternal Piece
* Grandpapa John’s Pizza

###

As the general inspected the troops, he asked some of the Marines which outfit they were serving with. Ramrod straight, each would respond, “Marine Air Group 36, sir” or “Second Marine Division, General.” Then there was one young private. When the general asked, “Which outfit are you in?” the Marine replied, “Dress blues, sir, with medals!”

###

My high school assignment was to ask a veteran about World War II. Since my father had served in the Philippines during the war, I chose him. After a few basic questions, I very gingerly asked, “Did you ever kill anyone?”

Dad got quiet. Then, in a soft voice, he said, “Probably. I was the cook.”

###

The military has a long, proud tradition of pranking recruits. Here are some favorites from rallypoint.com:

* Instructed a private in the mess hall to look for left-handed spatulas
* Sent a recruit to medical-supplies office in search of fallopian tubes
* Had a new guy conduct a “boom test” on a howitzer by yelling “Boom!” down the tube in order to “calibrate” it
* Ordered a private to bring back a five-gallon can of dehydrated water (in fact, the sergeant just wanted an empty water can)

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