

March 1, 2022

DoD Housing Program

Update 05: Military Tenants Still Waiting on Promised Complaints Database

Defense officials say they are running into roadblocks in creating a publicly available database

for complaints about military privatized housing units, as required by law. The publicly available

database would allow tenants of housing units to file a complaint about issues with their housing

unit for inclusion in the database. Information is expected to include the name of the installation,

the name of the landlord responsible for the housing unit, and a description of problem they are

having. It won't include personally identifiable information, but it would be available to anyone,

including other military families, military leaders and privatized housing landlords.

The database requirement was one of the reforms enacted by Congress to address pervasive

issues with mold, water intrusion, rodent and insect infestation and other problems brought to

light by military families in 2019. In some cases, families had difficulty getting landlords to fix

the problems, and their concerns weren't being heard by their military leaders.

That complaint

repository hasn't been established, said DoD spokesman Peter Hughes. "Given budgetary,

contract and Privacy Act issues, it will take time before the department is able to establish such a database," he said.

In a Feb. 15 hearing on nominees for some key Pentagon positions, Sen. Elizabeth Warren

(D-MA) pressed Christopher Lowman to get the database done in 2022. Lowman has been

tapped for assistant secretary of defense for sustainment, the principal logistics official in DoD

senior management. "It's a database, a complaint database. This is not rocket science," Warren

said, during a hearing of the Senate Armed Services Committee. "We're in year three of people

who want to be able to tell you about things like rats and insects and black mold," she said. "I

would think that the military would want to know about this." The database requirement was one

of the reforms to the military housing privatization initiative that was included in the fiscal 2020

National Defense Authorization Act.

Warren cited a Pentagon inspector general report that said DoD was dragging its feet on two

major reforms — the public complaint database for tenants and the tenant bill of rights. The

senator pressed Lowman to make a commitment that DoD will stand up the complaint database

this year, but he stopped short of making it. The responsibility for housing has been removed

from the portfolio of duties of the position, he said. In a Feb. 10 memo, the deputy secretary of

defense re-created the position of assistant secretary of defense for energy, installations and

environment. It had been eliminated in 2018 DoD reorganization.

But Lowman did commit to working with the new assistant secretary for energy, installations

and environment for a “deliberate transition of resources, as well as the policies and personnel, to

make sure that ... the organization makes progress on this.” Deputy Secretary of Defense

Kathleen Hicks’ memo designated Paul Cramer, currently principal deputy assistant secretary of

defense for energy, installations and environment, to serve as the interim assistant secretary until

another person is designated or the president appoints someone to the position and the Senate

confirms.

Five installations haven’t fully implemented the tenant bill of rights That IG report Warren

cited that addressed lagging results with the tenant bill of rights and the public complaint

database was published in October 2021, based on findings through February 2021. Defense

officials issued a revised privatized housing tenant bill of rights on Aug. 1 that included all 18 of

the rights required by law. By Sept. 30, the Army had joined the Navy and Marine Corps in

implementing all 18 of the rights at all of their installations. “With few exceptions, all 18 rights

are fully available at all but five of the nearly 200 installations with privatized housing,” said

Hughes, the DoD spokesman.

But the department “continues to seek the voluntary agreement of the private-sector

[privatized housing] companies to make all 18 rights available at all existing projects,” he said.

The five that haven’t yet implemented all the tenant bill of rights are:

☐ Hill Air Force Base, Utah

☐ Offutt Air Force Base, Nebraska

☐ Joint Base Elmendorf-Richardson, Alaska

☐ Wright-Patterson Air Force Base, Ohio

☐ Joint Base McGuire-Dix-Lakehurst, New Jersey

The Air Force is the lead agency for the two joint bases that haven’t yet implemented all the

tenant rights. At Joint Base McGuire-Dix-Lakehurst, Balfour Beatty Communities owns the

Lakehurst-specific housing, and has agreed to implement all 18 of the rights, Hughes said.

United Communities, owner of the housing at McGuire and Dix, “has conceptually agreed to

provide all 18 rights on the remainder of the installation,” he said, “but because of legal issues related to Delaware state law and case law regarding tenant leases, is not yet providing the seven-year maintenance history, dispute resolution, or rent segregation” as set out in the DoD tenant bill of rights.

Those five bases have implemented at least 15 of the 18 rights and in some cases 16, Hughes

said. “In all cases they are fully complying with the terms of the project legal agreements and

state and local landlord tenant laws, including dispute resolution processes.” Applying many of

these rights at existing privatized housing projects “requires voluntary agreements by the private

companies who own, operate and maintain the projects,” said Mark Kinkade, spokesman for the

Air Force Installation and Mission Support Center.

The dispute resolution process for tenants was among the most difficult of the rights for DoD

and the services to negotiate with privatized housing landlords. Across the military, 14

provisions of the tenant bill of rights were implemented in June 2020, but the last four required

more negotiations with the privatized housing companies. The remaining four provisions

included a dispute resolution process; a universal lease; a process for withholding rent during

dispute resolutions; and providing a tenant with seven years of a unit's maintenance history.

[Source: MilitaryTimes | Karen Jowers | February 17, 2022 ++]

Arlington National Cemetery

Update 96: Upcoming Bill Would Preserve Your Earned Benefit

As lawmakers work to complete legislation designed to transform a VA-run facility into the

“next Arlington National Cemetery” – a location able to continue an earned benefit MOAA and

other advocates have long fought to protect – one such cemetery is seeking feedback on a

proposed name change designed to increase its visibility among veterans.

MOAA and The Military Coalition's engagement with elected officials and VA leaders over

proposed eligibility restrictions at Arlington National Cemetery (ANC) have prompted thoughts

on how to preserve benefits as ANC reaches capacity. Draft legislation supported by majority

and minority members of the House and Senate Committees on Veterans' Affairs would

transform an existing VA-run national cemetery into one continuing the DoD tradition of full

military honors.

Preserving this benefit remains one of MOAA's key legislative priorities and an important issue for The Military Coalition, a group of organizations representing nearly 5.5 million members of the uniformed services community. Along with opposing proposed eligibility changes which would discriminate against veterans by service type, bar nearly all women veterans from ANC, and fails to continue the benefit for elderly veterans with end-of-life plans already in place, MOAA recommends Congress, with support from the VA and DoD, pass legislation to transform a VA-run cemetery into the next ANC as it reaches capacity in order to maintain the full military honors benefit.

At <https://crsreports.congress.gov/product/pdf/IF/IF11362> the Congressional Service defense primer on ANC explains the proposed eligibility changes. As these gears begin to turn, the VA has asked for MOAA's feedback on a proposed name change for Quantico National Cemetery (QNC) in Triangle, Va. – a site run by the VA's National Cemetery Administration (NCA) with 597.3 undeveloped acres conducting 1,400 burials each year. The new name would "better promote the location of this national cemetery and the veteran burial benefit," according to the VA's message to MOAA. "Given its current name, the public

may believe the cemetery is limited to Marine Corps interments only. Therefore,
NCA's

proposed re-naming will ensure the public is aware of the availability of Quantico
National

Cemetery to eligible veterans while identifying its location in the greater
Washington, D.C.,

National Capital Region as well as near the Marine Corps Base Quantico." Your
feedback is

important. MOAA asks readers to let them know what you think about the
proposed name

change via email at legis2@moaa.org . By law, the name must retain "Quantico"
in some form.

NCA has proposed six options:

☐ National Cemetery of the Capital Region at Quantico

☐ National Memorial Cemetery at Quantico

☐ Quantico - Capital Region National Cemetery

☐ Capital Region – Quantico National Cemetery

☐ United States Capital Region Cemetery at Quantico

☐ Northern Virginia National Cemetery at Quantico

Making more veterans aware of the existence of, and services available at, the
Quantico site is

far from the only communications issue faced by DoD and VA officials on this
topic: Older

veterans, dependents, and surviving spouses are frustrated with understanding
the difference

between VA- and DoD-run cemeteries. The proposed eligibility reductions at ANC
intend to

force many to change plans, with many elderly veterans unaware they will lose the benefit. DoD has interpreted the FY 2019 National Defense Authorization Act as a directive to reduce eligibility for ANC to keep it operational. Without congressional intervention, the change in eligibility puts the burden of a solution on the currently eligible servicemembers and their families — including those who have long had ANC as their plan for final rest. And the proposed change won't solve the problem: Eventually, ANC will reach capacity. But there's time to act — with current eligibility standards, ANC is not projected to reach capacity until sometime after 2060. There's no need to kick the can farther down the road. The planned eligibility reduction communicates a poor message to those who have served and those now in uniform. By limiting interment to those with the Purple Heart or Silver Star and above, it discriminates against past, present, and future servicemembers who face danger at sea, in the air, in space, operating strategic nuclear forces, or fighting a pandemic at a medical facility. The proposal also will render countless Vietnam-era veterans and nearly all female veterans ineligible.

There are currently 155 VA-run national cemeteries, with many adjacent to a military

installation. Transforming an existing national cemetery into the next ANC that affords full

military honors will preserve this benefit and honor the intent for our veterans. Lawmakers will

introduce a bipartisan and bicameral bill soon. You can continue to monitor updates and find a

call to action with a bill number, once we have it, via MOAA’s Advocacy News page at

<https://www.moaa.org/content/publications-and-media/news-articles/news-listing>. [Source:

MOAA Newsletter | Mark Belinsky | February 23, 2022 ++]

SCRA

Update 12: Provides Legal Protections for Servicemembers

The Servicemembers Civil Relief Act (SCRA) provides several legal protections for servicemembers, including special rules that can help them save money on loans and deal with

complications from military moves. But many lenders and landlords don’t know how the rules

work, and you may not get the benefits unless you know the steps to take. Here’s how to take

advantage of three key provisions of the law that can help with your personal finances.

Get a 6% Interest-Rate Cap

One of the most powerful provisions of the SCRA is the 6% interest-rate cap for loans taken out

prior to military service, including mortgages, credit cards, car loans, student loans, home-

equity lines of credit, and business loans. But there is a lot of confusion about what qualifies.

The 6% cap only applies to loans you took out before you were on active duty, not debt you

incurred while in the service.

“If you had a loan before you came on active duty — say you were a college student and

bought a car with an interest rate of 16% and then came on active duty, the SCRA would allow

you to have that interest rate reduced to 6%,” said Maj. Gen. Steven Lepper, USAF (Ret),

president and CEO of the Association of Military Banks of America. “You notify the lender that

you are now on active duty, provide a copy of your military orders, and ask for the interest rate

to be reduced to 6%.” Most lenders make the procedure simple. Navy Federal Credit Union, for

example, has an SCRA page on its website with details about who is eligible and a link to its

SCRA benefits request form.

“You have to give your creditor a notice that you’re going into active service and give them

a copy of the military orders, and then it's self-executing at that point," said former Capt.

Jeremiah Battle, USA, a staff attorney at the National Consumer Law Center. Reserve members

who are called to active duty and members of the National Guard who are under federal orders

for more than 30 days are also eligible for the rate reduction.

"Contact the lender, and let them know you're in the military and about to be activated. If

the person you're speaking with in customer service doesn't seem familiar with the law, ask for

whoever handles their military customers," said Lt. Col. Steve Lynch, USAF (Ret), now the

legal assistance attorney for the 9th Coast Guard district. "Virtually all of the lenders have

dedicated personnel to help servicemembers." The rate is reduced to 6% while you are on active

duty (and an additional year for mortgages), not just delayed. Lynch worked with a

servicemember who had been paying 27% interest for a pickup truck he bought before he joined

the military and didn't realize he was eligible for the rate reduction until he had been in the

service for several years. He still had the loan, and Lynch helped him get the interest reduced to

6%, retroactive to the date he started on active duty. "He got thousands of dollars of interest

waived," said Lynch.

“Your actual loan payment is reduced,” said Mark Wernette, chief financial officer for FSNB (originally Fort Sill National Bank) in Lawton, Okla. If you have a loan but didn’t realize you were eligible for the rate reduction when you first went on active duty, you can still get the benefit retroactively if you contact the lender within 180 days after leaving the military. “We’ll do a refund for that part and will reduce the loan amount until they’re no longer on active duty,” said Wernette.

Terminate a Housing Lease

You can terminate a residential lease if you receive PCS orders or if you receive orders to deploy for 90 days or more. You can also terminate a lease when you enter active duty. You need to provide a copy of your orders or a letter from a commanding officer stating that the orders will be issued. If you pay rent monthly, the lease will terminate 30 days after the next rent payment is due. Your SCRA right doesn’t need to be stated in the lease. “This will supersede what the lease says,” said Battle.

You’re also entitled to a refund of any advance payments. Some landlords are more familiar with these rules than others. “I’ve handled my fair share of hostile landlords,” when he was an

Air Force JAG, said Lepper. “My advice is for the military member to contact the legal assistance office. These are questions the legal assistance office handles routinely. As a JAG, I would contact the landlord and let him or her know what their obligations are under the SCRA.

In 99% of the cases, there was no problem.”

Terminate a Car Lease

There are several situations where you can terminate a car lease without an early termination penalty — for example, if you receive orders to deploy for 180 days or longer, or if you are on active duty and stationed within the continental U.S. and receive PCS orders to a location outside the continental U.S. You can also terminate a car lease you took out before active duty if you are called to active duty for 180 days or longer. You usually need to provide a copy of your orders and return the car within 15 days.

Where to Find Help

The best resource is the legal assistance office on your base (or any nearby base). You can also get help from the American Bar Association’s Military and Veterans Legal Center at https://www.americanbar.org/groups/legal_services/milvets/aba_home_front. To learn more about these and other SCRA legal protections, see the Department of Justice’s SCRA page and

the Consumer Financial Protection Bureau's military resources at

🔗 <https://www.justice.gov/servicemembers/servicemembers-civil-relief-act-sdra>

🔗 <https://www.consumerfinance.gov/consumer-tools/military-financial-lifecycle>

[Source: MOAA Newsletter | Kimberly Lankford | February 23, 2022 ++]

DoD Fraud, Waste, & Abuse

Reported FEB 15 thru 28, 2022

A Navy nuclear engineer pleaded guilty 14 FEB to trying to pass information about
American

nuclear-powered warships to a foreign country. Jonathan Toebe, 43, pleaded
guilty in federal

court in Martinsburg, West Virginia, to a single count of conspiracy to
communicate restricted

data. The sentencing range agreed to by lawyers calls for a potential punishment
between

roughly 12 years and 17 years in prison.

Toebe and his wife, Diana, were arrested last October after prosecutors said he
had

repeatedly sold information about the submarines to someone he thought was a
representative of

a foreign government but who was actually an undercover FBI agent. Toebe
acknowledged

during the plea hearing to conspiring to pass classified information to a foreign
government,

causing “injury to the United States.” Diana Toebe was accused of serving as a lookout at several prearranged “dead-drop” locations at which her husband deposited memory cards containing government secrets, concealing them in objects such as a chewing gum wrapper, a Band-Aid wrapper and a peanut butter sandwich. She has pleaded not guilty and the case against her remains pending.

The country to which Jonathan Toebe was looking to sell the information has not been identified in court documents and was not disclosed in court during the plea hearing. Toebe, who as part of his job had a top-secret security clearance, agreed as part of the plea deal to help federal officials with locating all classified information in his possession, as well as the roughly \$100,000 in cryptocurrency that was paid to him. FBI agents who searched the couple’s Annapolis, Maryland, home found a trash bag of shredded documents, thousands of dollars in cash, valid children’s passports and a “go-bag” containing a USB flash drive and latex gloves

[Source: The Associated Press | Erick Tucker | February 14, 2022 ++]

Ukraine

Update 01: Chances of Miscalculation Grow in the Mediterranean

Elements of the Harry S. Truman Carrier Strike Group, the Italian Cavour Strike Group and the French Charles de

Gaulle Carrier Strike Group transit the Mediterranean Sea in formation Feb. 6, 2022.

As the Navy aircraft carrier Harry S. Truman and its strike group steams in the Mediterranean

Sea — close to a bevy of Russian ships that have arrived there ahead of a potential invasion of

Ukraine — the service's top officer says the stakes of any encounter between the two navies

have grown significantly. President Biden said 18 FEB that he believes a Russian invasion of

Ukraine is now imminent, and that Moscow plans to attack the Ukrainian capital, Kyiv. This

sobering reality means that any misunderstanding between NATO and Russian ships in the

region carry that much more consequence, Adm. Mike Gilday, the chief of naval operations,

told reporters Friday.

“Given this current situation, the chance for miscalculation is greater,” Gilday said. But

Gilday also noted that “we operate in and around the Russians and the Chinese all the time, so

this is nothing new.” He told reporters 16 FEB that the Navy now has more than 20 ships

deployed to the theater. Training to a high standard will help ensure that ship commanding officers make the right moves and “communicate very clearly that we’re not cowboys out there.” Asked about Biden’s comments, Gilday said Truman and the other ships in the region fall under U.S. European Command, and that Truman will remain on station “for the foreseeable future,” as far as he knew. “We need to be forward to be relevant,” he said.

“Truman’s in the right place.”

In addition to nearly 200,000 Russian troops now massed around Ukraine, Moscow has poured warships, submarines and other naval assets into the Mediterranean and Black seas in recent weeks. “We haven’t seen a movement like this in recent history” in the Black Sea, retired

Adm. James Foggo, who commanded U.S. and NATO naval forces in Europe before retiring in 2020, told POLITICO earlier this month. Truman has in recent weeks exercised with the French carrier Charles De Gaulle, the Italian carrier Cavour and their assorted strike groups. The Navy also last week confirmed the deployment of four guided-missile destroyers to the region, although officials say the move is not in response to the Russian buildup. [Source: NavyTimes

| Geoff Ziezulewicz | February 18, 2022 ++]

Ukraine

Update 02: Russia to Stage Massive Nuclear Drills amid Standoff

The Russian military on 18 FEB announced massive drills of its strategic nuclear forces, a stark reminder of the country's nuclear might amid Western fears that Moscow might be preparing to invade Ukraine. Russian President Vladimir Putin will personally oversee the 19 FEB exercise, which will involve multiple practice launches of intercontinental ballistic missiles and cruise missiles, the Defense Ministry said. Kremlin spokesman Dmitry Peskov said Putin would observe the drills from the Defense Ministry's situation room and supervise the practice missile launches himself.

The ministry said it planned the maneuvers some time ago to check the readiness of Russia's military command and personnel, as well as the reliability of its nuclear and conventional weapons. The war games follow U.S. President Joe Biden's warning on 17 FEB that Russia could invade Ukraine within days. Western fears focus on an estimated 150,000 Russian troops

— including about 60% of Russia’s overall ground forces — concentrated near Ukraine’s borders. The Kremlin insists it has no plans to invade. But Moscow has demanded that the U.S. and its allies keep Ukraine and other ex-Soviet nations out of NATO, not deploy weapons in Ukraine and pull back NATO forces from Eastern Europe. Washington and its allies bluntly rejected the Russian demands, and Moscow threatened to take unspecified “military-technical measures” if the West continued to stonewall.

Russia holds massive drills of its strategic nuclear forces on an annual basis, but the maneuvers planned for Saturday pointedly involve the Black Sea Fleet. The fleet is based on the Crimean Peninsula, which Russia annexed from Ukraine in 2014. The Black Sea Fleet has surface warships and submarines equipped with Kalibr cruise missiles, but it doesn’t have intercontinental ballistic missiles and didn’t take part in similar previous drills of the country’s strategic forces. In the past, Russia has held the annual strategic forces drills in the fall. U.S. officials have voiced concern that Moscow shifted the exercise to February to coincide with a possible invasion of Ukraine.

The Kremlin's Peskov said Russia notified foreign partners about the maneuvers in advance, adding that the exercise shouldn't cause worries in the West. "Practice launches of ballistic missiles are part of regular training," he said. "They are preceded by a series of notices to other nations via different channels." Putin met with Belarusian President Alexander Lukashenko and invited him to watch Saturday's maneuvers. The authoritarian Lukashenko, who has edged closer to Moscow amid Western sanctions for his crackdown on domestic protests, has offered to host Russian nuclear weapons in Belarus, which neighbors Ukraine to the north.

The strategic forces of both Russia and the United States include a nuclear triad of land-based intercontinental ballistic missiles, submarine-based ICBMs and nuclear-capable bombers.

The exercise of Russia's nuclear forces follows a series of sweeping drills that the Russian military held near Ukraine and in Belarus. The Russian military said it started pulling some of troops massed near Ukraine back to their permanent bases after the drills. The U.S. and its allies questioned the claim and said that Moscow has actually moved thousands of new troops closer to Ukraine. Moscow argued that the pullback takes time and rejected Western criticism, saying

that it would deploy troops wherever it's necessary to ensure national security.

[Source: The

Associated Press | Vladimir Isachenkov | February 18, 2022 ++]

Ukraine

Update 03: Invaded | Force Comparisons

In the early morning of Feb. 24, Russia began a fresh invasion of Ukraine. Data from a recent report compares the military forces of the two countries and provides details on the Russian-backed separatist forces in Donetsk and Luhansk. This isn't Russia's first military intervention in the European country, the International Institute for Strategic Studies wrote in its 2022 "Military Balance" report (www.iiss.org/publications/the-military-balance-plus). Notably, since Russia annexed Crimea from Ukraine in 2014, "European states have turned a corner in terms of their defense spending," the think tank wrote. The following on select weapons systems is contained in that report:

[Source: DefenseNews | Chris Martin | February 24 ++]

USAF Covid Mandate Lawsuit

Religious Exemption Denials

Dual federal lawsuits have been filed against the Air Force arguing that the service has unjustly denied requests for religious exemptions from the military's COVID-19 vaccine mandate. Both suits were filed in Cincinnati's federal court, with the more recent action filed last week naming at least 18 plaintiffs, of whom at least 10 officers and one enlisted Airman are said to serve, or recently have served, at Wright-Patterson Air Force Base. In a separate but related case, a second lieutenant serving at Wright-Patterson is suing Air Force leaders over what he said was the "perfunctory" denial of a request for a religious exemption.

The suit filed last month by Michael Poffenbarger, a second lieutenant serving at the 455th Operational Support Squadron at Wright-Patterson, seeks a preliminary injunction against the Air Force from taking "punitive action" against him. "On a perfunctory basis, the request for the religious exemption was denied, citing force protection requirements; in fact, the Air Force has failed to approve a single religious accommodation request," Poffenbarger's attorney wrote in the initial January filing. "While at the same time, it has approved thousands of administrative or medical exemptions to the same requirements."

Earlier this month, the Air Force said it approved the first religious exemptions from the COVID-19 vaccine mandate, with eight exemptions approved, along with one appeal that had sought an exemption. In his suit, Poffenbarger said he was interviewed multiple times by an Air Force chaplain to determine the sincerity of his beliefs. "The result of each interview confirmed the sincerity of his beliefs and that the Air Force's vaccination policy substantially burdened those beliefs," the suit said.

More affected Air Force members may be named in either lawsuit as "class" members, plaintiffs' attorney Chris Wiest said. He filed on behalf of Poffenbarger and those "similarly situated." Asked why so many of his clients serve at Wright Patterson, Wiest said he filed the first suit on behalf of Poffenbarger. "Other people at Wright-Patterson found out we did it, and we started getting calls," he said. "It was that simple." In January, Judge Thomas Rose denied Poffenbarter's request for an emergency temporary restraining order. A motion to reconsider that decision was also denied.

In a response filing, Air Force attorneys said the motions for restraining orders should be denied for multiple reasons. "The Air Force's interest in protecting the health of its service

members to carry out its mission is indisputably compelling, and there is no basis for the court to

conclude that plaintiff's proposed less restrictive alternatives ... would protect the military's

compelling interests as effectively as immunization," the service said.

In an interview 22 FEB, Wiest said if that were true, the Air Force would not be granting

"thousands" of administrative and medical exemptions. Exemption requests made on the basis of

religious beliefs "deserve equal treatment to the medical and administrative exemptions," he

said. Wiest contends that U.S. Supreme Court case law is on his side. As of Feb. 14, the Air

Force had granted 1,824 "total force" (active-duty, Reserve and National Guard) vaccine

mandate exemptions and 1,432 total force medical exemptions. A spokeswoman for the Air

Force Tuesday said it is the Department of the Air Force's policy not to comment on litigation.

Defendants listed in Poffenbarger's suit include Air Force Secretary Frank Kendall, Lt. Gen.

Robert Miller, Air Force surgeon general; and Col. Raymond Smith, commander of the 445th

Airlift Wing, which is based at Wright Patterson. In all, seven defendants are named in that

action. A federal judge in Georgia temporarily blocked the Air Force from punishing an officer

who filed a lawsuit in January after she was denied a religion-based exemption from the vaccine mandate, Stars and Stripes newspaper reported last week. The unnamed officer is based at Robins Air Force Base, Ga., the newspaper said.

The Air Force has said that those who refuse to obey the order to be vaccinated will face disciplinary actions, including discharge from the service without involuntary separation pay.

Wiest thinks the Poffenbarger case could be decided by Judge Rose in the next week to 10 days.

“We don’t bring these kinds of cases unless we’re fairly certain we’re going to prevail,” he said.

As of 24 FEB the Navy separated 50 sailors in the past week for refusing to get vaccinated

against COVID-19 bringing its total of separated sailors to 320 with the Marine Corps separating

the most members at 640. The Air Force separated 175 airmen, while the Army has not yet

separated a soldier. The Air Force has now granted a total of 13 religious exemptions to the vaccine, including one that was granted from an appeal, the most of any branch.

[Source:

Dayton Daily News | Thomas Gnau | February 22, 2022 ++]

VA COVID-19 Cases

Update 13: 20,000+ Deaths in Less Than Two Years

The Department of Veterans Affairs topped 20,000 deaths connected to COVID-19 on 15 FEB,

just a few weeks before the two-year anniversary of the first pandemic case within the

department. The totals equate to about 28 deaths a day from the virus over the last 23 months.

The grim milestone comes as the latest nationwide surge in cases related to the virus' Omicron

variant has abated. Active cases at VA medical centers across the country had spiked at nearly

78,000 in mid-January, but had dropped to around 20,000 over the weekend.

Despite a lower fatality rate among patients who contracted that variant, the number of

deaths among VA patients has also surged along with the higher caseload. Of the 20,131 deaths

reported thus far, almost 2,400 — 12 percent of the pandemic total — have come since Jan. 1.

About 40 percent of the deaths occurred among inpatients at VA medical centers, according to

department statistics. The others were among individuals receiving care at other hospitals but

connected to the VA health care system. The totals also include at least 243 VA employees who

have died from coronavirus-related conditions.

VA officials have cautioned that their death totals do not represent all of the veteran fatalities

in America, but instead only a portion of that group with connections to VA medical care. The

Louis Stokes VA Medical Center in Cleveland, Ohio, has seen the most deaths of any facility,

with 447 known deaths. Seven other department hospitals in Arizona, Minnesota, Florida,

Tennessee, South Carolina and Texas have seen 300 or more deaths connected to COVID-19.

More than 77.5 million Americans have contracted coronavirus in the last two years, and nearly

917,000 (about 1.2 percent) have died because of respiratory and circulation problems resulting

from the infection.

Among individuals tracked by VA, that figure is much higher: about 3.4 percent.

Department

officials have noted that their patients are much more likely to be older and have existing health

problems than the general population, making them more vulnerable to the virus than the

average American. Earlier this month, when the nation passed 900,000 deaths linked to

COVID-19, President Joe Biden issued a statement grieving the losses and urging all Americans

to get vaccinated against the virus.

“We can save even more lives and spare countless families from the deepest pain

imaginable if everybody does their part,” he said in a statement. “I urge all Americans:

get vaccinated, get your kids vaccinated, and get your booster shot if you are eligible.

It's free, easy, and effective — and it can save your life, and the lives of those you love.”

[Source: MilitaryTimes | Leo Shane III | February 15, 2022 ++]

VA Research News

FEB 15 thru 28, 2022

COVID-19 increases cardiovascular risk

This increase was found in a study by VA St. Louis researchers. The study included data on

more than 150,000 VA patients who contracted COVID-19, comparing them with more than 5

million controls who did not have COVID-19 and more than 5 million pre-pandemic patients.

Patients who had recovered from COVID-19 were significantly more likely to have heart and

vascular disease a year after infection. Overall, COVID-19 patients had a 4% higher rate of

heart disease. Compared with controls, they had a 72% higher risk of coronary artery disease,

63% higher risk of heart attack, and 52% higher risk of stroke. The risk was evident regardless

of age, race, sex, or other cardiovascular risk factors. Even those who had mild COVID-19 had

higher cardiovascular risk, although the risk increased with disease severity. The findings show

that post-COVID-19 care needs to include cardiovascular health, say the researchers. (Nature

Medicine, Feb. 7, 2022)

Problem drinking patterns after traumatic brain injury

Trends in problematic drinking after a traumatic brain injury differ based on severity of injury,

according to a VA study. Young service members and Veterans are at risk for problematic

alcohol use. Research suggests that TBI may increase this risk. The study followed 265 service

members and Veterans younger than 40 who had sustained a TBI for a period of five years.

Those with moderate-to-severe TBI reported reduced alcohol consumption in the first two years

after injury, followed by an increase in alcohol use. Those with mild TBI showed an opposite

trend. Many had a period of increased alcohol use after injury, before declining to baseline

levels of drinking. The difference between groups may be due to more severely injured patients

receiving more advice to limit alcohol consumption as part of their TBI care. The results

suggest that the period of two to five years after a TBI may be a critical window for efforts to

lower alcohol use, say the researchers. (Journal of Head Trauma Rehabilitation, Feb. 1, 2022)

[Source: <https://www.research.va.gov> | News Briefs | February 28, 2022 ++]

VA Caregiver Program

Update 74: Changes Being Reconsidered Amid Complaints

Veterans Affairs Secretary Denis McDonough said top officials will re-evaluate ongoing changes to the department's caregiver support program which could take away stipends from thousands of families over the next year. "I am worried about the feedback we're getting," McDonough told reporters at his monthly press conference on VA issues. "We work for caregivers, we work for the veterans. We want to make sure that they're getting the information they need and clarity about why we're making the decisions we're making." Earlier this month, a coalition of 15 veterans service organizations presented formal objections to planned department changes in the Program of Comprehensive Assistance for Family Caregivers, which provides stipends to family members who provide home care to elderly or infirm veterans. Among the complaints were that the new rules "drastically changed

the program's eligibility criteria" resulting in "harsh impacts" for families. About
33,000

individuals are currently enrolled in the program, which provides support services
and monthly

stipends to caregivers of veterans unable to perform basic self-care activities. The
stipend is set

to expand in October to include families of veterans who served between the
Vietnam War and

the Afghanistan War, prompting the department work to ensure that existing
program

participants are being treated equitably.

VA officials announced last fall that they expected around 6,700 families would be
dropped

from the program under the changes, but that no families would see any financial
payouts

decreased or ended before October. The idea was to ensure that individuals
would have time to

prepare for the financial impact of losing the stipends, which can total more than
\$3,000 a

month. But advocates objecting to the changes have nonetheless called them too
restrictive and

unforgiving, aimed more at culling families from the program than balancing
veterans' medical

and emotional needs. McDonough said that in coming weeks, Deputy Secretary
Donald Remy

will head up a review on the work so far "to make sure that we're learning
everything we can

from and that we're making best use of investments Congress has made in this
program."

On the criticism the department has received, McDonough said he is unsure if it represents

widespread communication problems with staff and participants, or simply a small minority

unhappy with the personal impact on their families. The secretary said officials do not have

authority under the law to include veterans with non-service injuries (individuals must have a

VA disability rating of 70 percent or more to qualify) but do have more flexibility in how they

evaluate whether full-time caregiver services are needed to improve a veteran's quality of life.

He expects Remy's review to take several weeks, and look both at changes to the program

and how they are being communicated to the families involved. "[Caregivers] will be a bigger

part of the backbone as our aging veterans demonstrate that they, like the rest of the country,

want to age in place," he said. "And so we want to get this right." [Source: MilitaryTimes | Leo

Shane III | February 16. 2022 ++]

VA CAFC Program

Veterans Can Request Appeal of Caregiver Program Denials

In a 2021 class-action lawsuit of *Beaudette v. McDonough*, brought by the National Veterans' Legal Services Program, or NVLSP, the United States Court of Appeals for Veterans Claims, or CAVC, opened the door for individuals denied access to the Department of Veterans Affairs' Program of Comprehensive Assistance for Family Caregivers, or CAFC, to appeal their denials to the Board of Veterans' Appeals. Previously, the VA stated this program was not appealable to the judiciary. However, in *Beaudette*, the court ruled the judicial review is now available for program denials. Those veterans who were denied in the past should have received notification from the VA stating they may now seek an appeal. The CAFC program (https://www.caregiver.va.gov/support/support_benefits.asp) was established by Congress in 2010 to provide financial assistance to caregivers of combat veterans who were seriously injured. Since the inception of the program, the VA took the position that Congress intended to isolate determinations from review by a board and the judiciary. The VA has taken the position that a medical determination is not appealable through the judiciary. The court concluded that Congress spoke clearly in mandating board review of all decisions that affect the granting of benefits by the VA secretary. It was also proposed during the case that the

VA revoked approximately 20,000 recipients while withholding judicial review of the CAFC

program. The court directed the VA to send notice to all previous applicants who were

previously denied that the law had changed along with the explanation of the procedure to

obtain review of the previous decision.

Veterans are eligible for this program if they meet certain requirements. A few of the big-

ticket requirements are a serious injury, needing at least six months of continuous in-person

personal care services based on an inability to perform an activity of daily living or need of

supervision, the services provided by the caregiver will not be simultaneously provided by

another, and receiving care at home. The activities associated with daily living include dressing

or undressing oneself, bathing, grooming, adjusting to any special prosthetic or orthopedic

appliance, toileting, feeding oneself, and mobility. The veteran will also undergo, or have

undergone, a compensation and pension exam, a home visit, and caregiver training (for the

designated caregiver). It is also important to note that there is no need to connect the personal

care service needed and qualifying serious injury.

The family caregiver must be over 18 years of age, someone who lives with the veteran full

time, assessed to be able to complete the caregiver education and training by the VA, and complete the caregiver training. There may also be up to two secondary family caregivers who serve as backup support for the primary caregiver when needed. The primary and secondary caregiver may also be eligible to receive mental health counseling and reimbursement when traveling with the veteran in need. Only the primary caregiver may receive a monthly stipend, access to health care benefits through the VA, and at least 30 days per year of respite care for the veteran.

To apply for this program, the veteran and caregiver should fill out the VA Form 10-10CG, while veterans seeking a further review of a previous decision must fill out the VA Form 10-305. Regardless of where a veteran is in their journey to receiving these benefits, knowing the required forms and procedure is the best way to expedite this sometimes-difficult process.

[Source: MilitaryTimes | Chad H. Lennon | February 14, 2022 ++]

VA Disability Ratings

Update 06: Sleep Apnea, Mental Health, & Tinnitus Proposed Changes

The Schedule of Disability Ratings in the Code of Federal Regulations is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. The percentage ratings represent as far as can practicably be determined the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations. Generally, the degrees of disability specified are considered adequate to compensate for considerable loss of working time from exacerbations or illnesses proportionate to the severity of the several grades of disability. For the application of this schedule, accurate and fully descriptive medical examinations are required, with emphasis upon the limitation of activity imposed by the disabling condition. Over a period of many years, a veteran's disability claim may require reratings in accordance with changes in laws, medical knowledge and his or her physical or mental condition. It is thus essential, both in the examination and in the evaluation of disability, that each disability be viewed in relation to its history.

The Department of Veterans Affairs is proposing changes to the Schedule specifically

pertaining to the respiratory, auditory and mental disorders body systems. The proposed updates to the rating schedule for these conditions will enable VA to incorporate modern medical data and terminology to provide Veterans with more accurate and consistent decisions. Veterans who currently receive compensation for a service-connected condition in these body systems will not have their disability rating impacted when the VA Schedule for Rating Disabilities is updated.

Updating the rating schedule allows Veterans to receive decisions based on the most current medical knowledge relating to their condition.

By incorporating modern medical data in the assessment of disabilities and how they impact

earning capacity, Veterans will receive evaluations which more accurately compensate them for

their service-connected disabilities. Proposed updates include:

- ❑ Modernizing the evaluative rating criteria for sleep apnea, using developments in medical knowledge to evaluate it based on its responsiveness to treatment, bringing the rating criteria for sleep apnea more closely in line with the stated purpose of the rating schedule.
- ❑ Evaluating tinnitus (ringing in the ears) as a symptom of the underlying disease which causes it, rather than as a stand-alone disability.

□ Evaluating mental health conditions based on a more robust and holistic approach that assesses how impactful the disability is to cognition, interpersonal relationships, task completion, life activities and self-care. Additionally, the proposed evaluation criteria include a 10% minimum evaluation for having one or more service-connected mental health conditions and will no longer require “total occupational and social impairment” to attain a 100% evaluation.

No change to a Veteran’s current rating would occur due to these proposed changes. If the proposed changes are finalized, Veterans who currently receive compensation for a service-connected condition can apply for increased compensation, but no reductions shall be made unless an improvement in the Veteran’s disability is shown to have occurred. The public has 60 days to provide comments to VA regarding the two proposed updates via the Federal Register notices located at <https://www.regulations.gov/document/VA-2022-VBA-0009-0001> and

<https://www.regulations.gov/document/VA-2022-VBA-0010-0001>.

VA must receive comments on or before April 18, 2022. Comments may be submitted

through www.Regulations.gov. Comments received will be available at www.Regulations.gov

for public viewing, inspection or copies. [Source: DVA Director, Northeast District
| Thomas J.

Murphy | February 15, 2022 ++]

VA Hospice Care

Update 06: Family Perceptions of Care Revealed in Survey

According to a VA study, families report greater satisfaction with end-of-life care
for Veterans

dually enrolled in VA's Home-Based Primary Care (HBPC) Program and
community-based

hospice than those whose loved ones did not receive hospice care. Researchers at
the Corporal

Michael J. Crescenz VAMC in Philadelphia analyzed survey data from family
members of

deceased Veterans who were enrolled in VA's HBPC program. Seven VA
regional networks

(Veteran Integrated Service Networks or VISNs) participated in data collection
between October

2013 and November 2019. The final sample included close to 3,970 Veterans who
were enrolled

in VA's HBPC program at the time of their death.

When asked about the overall quality of care HBPC-enrolled Veterans received
during the

last 30 days of life, 53% of family members gave an overall rating of “excellent,” using the Bereaved Family Survey (BFS). The global score was eight points higher—56% vs. 47%—for

HBPC-enrolled Veterans who also received community-based hospice care. Survey responses

were higher on 12 of 14 secondary outcomes for Veterans who received hospice care. Dr. Ann

Kutney-Lee, the senior author for the HBPC study, said, “Nearly two-thirds of Veterans in our

sample received hospice in the last 90 days of life. As a comparison, about 50% of patients on

Medicare receive hospice,” she notes. “I think this speaks to how well the HBPC program does

in identifying patients for hospice and connecting them with end-of-life services.”

Home-Based Primary Care

On average, U.S. citizens live well into their seventh decade, despite a decline in longevity

during the first year of the COVID-19 pandemic. Advances in medicine mean fewer people are

dying from cancer, respiratory diseases, or other serious illnesses. However, with extended life

spans, the need for robust geriatric care increases. For Veterans enrolled in VA health care, the

agency offers a range of geriatric services—from VA-run nursing homes to hospital-based

services to home-based primary care. The HBPC program supports older Veterans with serious

illness or disabilities who wish to remain at home—giving those who qualify access to a range of

health services delivered by VA providers in the home.

“Our Home-based Primary Care program is really a cornerstone of many of our geriatric,

community-based programs at VA. We provide primary care with an interdisciplinary team to

support the most-frail Veterans in our system. We are able to do it in a way that helps to support

a Veteran’s choice to age in place, at home,” says Darlene Davis, who manages VA’s HBPC

program. All Veterans who are enrolled in VA health care—including those enrolled in

HBPC—have access to hospice care when desired and deemed appropriate. Hospice is indicated

for seriously ill people who are expected to live less than six months, and provides patients and

family members a range of supportive services to enhance their remaining quality of life.

“The HBPC team works with the Veteran and caregivers to let them know what resources are

available. It is absolutely the Veteran and caregiver’s choice to bring in hospice or not. We

encourage the HBPC program to support that collaboration and bring in additional services when

requested,” says Dawn Gilbert, director of operations for the Veteran Experience Center.

Bereaved Family Survey (BFS)

This is sent to the families of every Veteran who dies in an inpatient VA health care setting, including VA medical centers and nursing homes, according to Gilbert. The BFS has been in use in VA since 2008. For the HBPC pilot program, the Veteran Experience Center originally recruited three VISNs to administer the survey to families of Veterans who were enrolled in HBPC at the time of their death. Eventually, that number expanded to seven VISNs. The survey asks a series of questions designed to evaluate the quality of VA's end-of-life care. For the HBPC pilot study, the survey was modified slightly to reflect care provided in the home during the last month of life, either by VA providers or VA-funded community care. To arrive at a global rating of care, the BFS asks: "Overall, how would you rate the care that [s/he] received in the last month of [his/her] life?" Families of deceased Veterans who were in

the HBPC program were asked to rate 14 secondary outcomes, and those scores were compared

to HBPC-enrolled Veterans who also received hospice care. Select BFS scores for HBPC-

enrolled Veterans who received hospice care vs. no hospice were:

- ☐ Providers are always kind, caring, and respectful—87.7% vs. 84.7%
- ☐ Received adequate management of PTSD symptoms—84.4% vs. 84.7%

☐ Received spiritual support prior to death—61.6% vs. 54.8 %

☐ Were informed about survivor benefits—39 % vs. 35.2%

☐ Received adequate pain management—29.9% vs. 38.7%

Overall, family members of HBPC-enrolled Veterans who received hospice care reported

better care and support than those whose loved ones were not enrolled in hospice care, with the

exception of pain management. The researchers suggested that a lower pain-management score

for HBPC-enrolled Veterans who received hospice care could reflect a greater level of symptom

severity in that group. Very often, people who seek out hospice care are experiencing a greater

intensity of symptoms related to their disease, like intractable pain.

“Hospice is a team approach to care that promotes quality of life and manages pain and other

symptoms that can emerge at the end of life, as well as providing psychological, emotional,

spiritual, and social support to Veterans and their families. Hospice is designed for patients who

are in the end stages of their illnesses’ trajectory,” says Kutney-Lee.

Veterans Experience Center (VEC)

This is a quality-improvement program that strives to improve the care provided for seriously ill

Veterans within the VA health care system. The center maintains a robust database containing

Veterans’ clinical and demographic characteristics, process measures, and BFS outcomes.

Researchers may access VEC data, with approval, for use in health services research.

The VEC team has analyzed thousands of comments made by family members who have completed the BFS, according to Gilbert. Using this data, the center develops Brief Practice

Guides for VA leadership, clinicians, and staff that feature topics developed from the BFS. The

practice guides cover several domains of care: communications domain, emotional-spiritual domain, and VA benefits domain, among others. “Any of the teams within VA, like primary care, can access the practice guides and create quality improvement initiatives around them.

Essentially, they are the voice of our Veterans and their families,” says Gilbert.

-o-o-O-o-o-

Veterans or their families wanting to know more about VA’s Geriatrics and Extended Care

Program can go to https://www.va.gov/geriatrics/pages/Home_Based_Primary_Care.asp to learn more about what it is, their eligibility, services offered, and how to decide on whether or not to

avail themselves of the benefit. [Source: VA Research Communications | Erica Sprey |

February 11, 2022 ++]

VA Fraud, Waste & Abuse

Reported 15 thru 28 FEB 2022

Texas– According to a multiagency investigation, the founders of several lab companies, including Unified Laboratory Services, Spectrum Diagnostic Laboratory, and Reliable Labs LLC, allegedly paid kickbacks to induce medical professionals to order medically unnecessary lab tests, which they then billed to Medicare and other federal healthcare programs. The medical professionals accepted the bribes and ordered millions of dollars' worth of tests. Meanwhile, Unified, Spectrum, and Reliable disguised the kickbacks as legitimate business transactions, including as medical advisor agreement payments, salary offsets, lease payments, and marketing commissions. As a result of these kickbacks, the laboratories were able to submit more than \$300 million in billing to federal government healthcare programs. Between 2015 and 2018, one doctor received more than \$400,000 in kickbacks for ordering more than \$4 million worth of lab tests, while another doctor received more than \$300,000 in kickbacks for ordering more than \$12

million worth of lab tests. Ten individuals, including the two doctors, have been indicted in

connection with this scheme. They are:

☐ Jeffrey Paul Madison, 56, founder of Unified Laboratory Services and Spectrum Diagnostic Laboratory

☐ Mark Christopher Boggess, 49, chief operating officer for Spectrum and Unified

☐ Biby Ancy Kurian, 49, co-founder of Reliable Labs, LLC

☐ Abraham Phillips, 50, co-founder of Reliable Labs, LLC

☐ Dr. Jose Roel Maldonado, 48, family medicine doctor based in Laredo

☐ Dr. Eduardo Carlos Canova, 44, internal medicine specialist based in Laredo

☐ Keith Allen Wichinski, 50, board-certified nurse practitioner based in San Antonio

☐ David Michael Lizcano, 56,]owner of DCLH, a marketing firm engaged by Unified,

Spectrum, and Reliable

☐ Laura Ortiz, 58, sister of David Lizcano and employee at his marketing firm

☐ Juan David Rojas, 34, owner of Rojas & Associates, another marketing firm engaged by

Unified, Spectrum, and Reliable

☐ If convicted, they face up to 55 years or more in federal prison. The investigation was

conducted by the VA OIG, FBI, the US Department of Health and Human Services' Office of Investigations, and the Defense Criminal Investigative Service.

[Source: DOJ Northern District of Texas | U.S. Attorney's Office | February 10, 2022 ++]

-o-o-O-o-o-

Kingwood, Texas – Jerry May Keepers, 68, pleaded guilty for writing and referring compounded drug prescriptions in return for illegal kickback payments. Keepers admitted that

30

OK Compounding—a pharmacy controlled by two other defendants—solicited him to write prescriptions for his patients that would be filled by the pharmacy. On January 22, 2014, Keepers knowingly received \$25,000 from representatives of OK Compounding, a payment he accepted to refer prescriptions for expensive compounded drugs. OK Compounding filled the medications and filed claims with several federal healthcare programs, including TRICARE, Medicare, CHAMPVA, and the Federal Employees Compensation Act Program. If his plea agreement is accepted, Keepers will serve 36 months of supervised probation and pay no more than \$1.5 million in restitution. The investigation was conducted by the VA OIG, the Department of Labor OIG, IRS Criminal Investigation, US Postal Service OIG, FBI, the Department of Health and Human Services OIG, and Defense Criminal Investigative Service.

[Source: DVA OIG | Michael J. Missal IG | February 22, 2022 ++]

-o-o-O-o-o

Evans City, PA -- According to a VA OIG investigation, from March 2017 to March 2018,

Robert Bruce Ralston, who was the appointed fiduciary for a disabled veteran, caused 44

unauthorized withdrawals by check from the disabled veteran's beneficiary account. The

unauthorized checks totaled more than \$34,000, which Ralston allegedly transferred to himself

to pay phone bills, medical bills, and mortgage payments. Ralston was indicted by a federal

grand jury on a charge of misappropriation by a fiduciary. [Source: DVA OIG | Michael J.

Missal IG | February 23, 2022 ++]

Burn Pit Toxic Exposure

Update 93: Band-Aid Bill S.3542 Passes Senate

The Senate on 16 FEB quickly and quietly approved a bipartisan bill intended to extend

Department of Veterans Affairs health care to more veterans suffering from conditions related to

toxic exposure. The bill was a pared-down version of legislation that had been introduced in both

the House and Senate, legislation that would have dramatically expanded benefits for toxic

exposure victims but was deemed too pricey by some critics due to projected costs of more than

\$200 billion. The scaled-down bill was approved by unanimous consent, meaning no one

objected when Senate Veterans Affairs Committee Chairman Jon Tester (D-MT) asked on the

Senate floor for the bill to pass.

But even though no one objected Wednesday, the bill has garnered criticism from some

Democratic lawmakers and advocates who say it does not go far enough to help veterans now

suffering from fatal diseases after breathing in toxins during their time in the military. The bill,

which was negotiated by Tester and Senate Veterans Affairs Committee ranking member Jerry

Moran (R-KS), and introduced just two weeks ago, would create a one-year enrollment period

for VA medical care for post-9/11 combat veterans who served after 1998 and never enrolled. It

would also extend the enrollment period for all formerly deployed post-9/11 combat vets from

five years to 10.

The bill would also mandate that the VA screen patients for potential exposure to toxic

substances during their military services. "Unanimous passage of our Health Care for Burn Pit

Veterans Act sends a clear message to toxic-exposed veterans across the country that we are

committed to moving the needle on addressing toxic exposures in a comprehensive and

bipartisan way," Tester said in a press release after the bill passed.

"Our bill is a necessary step in

connecting an entire generation of veterans with the VA care they need and cannot wait for any

longer."

Supporters of the bill say it could extend health coverage to at least 1 million of the 3.5

million veterans estimated to have been exposed to burn pits and other types of pollution while

deployed. The measure's estimated cost is \$1 billion. The bill has been endorsed by several large

veterans organizations, including the American Legion, Veterans of Foreign Wars, Disabled

American Veterans, Wounded Warrior Project, and Iraq and Afghanistan Veterans of America.

But it has also been panned by other advocates who say it falls short because it does not include

disability compensation or a list of illnesses presumed to be related to exposure eligible for

expedited benefits.

"You are putting a band aid on a open sucking chest wound with your bull---
- legislation,"

activist John Feal tweeted to Tester and Moran earlier this month. "These men and woman need

better, deserve better, earned better and you failed them! I will dedicate my life to ensure you fail

again!" Tester last year introduced a more comprehensive bill called the Comprehensive and

Overdue Support for Troops, or COST, of War Act. That bill was projected to cost about \$225

billion.

House Democrats have been pushing a much broader toxic exposure bill called the Honoring

Our PACT Act that would designate 23 diseases as presumed to be linked to burn pits and other

airborne hazards. In addition to post-9/11 veterans, the House bill also would extend coverage to

Vietnam veterans suffering hypertension and veterans exposed to radiation during nuclear waste

cleanup. Republicans have rejected the House bill as too costly. Its price tag is estimated at \$282

billion. The House has been expected to vote on the Honoring Our PACT Act after House

Speaker Nancy Pelosi, D-Calif., identified it as one of her short-term priorities in a Jan. 21 letter

to colleagues, but no vote has been scheduled yet.

Tester and Moran have said their bill is meant to be the first step in a three-pronged approach

to help toxic-exposed veterans. The senators envision the next steps to be establishing a new process for the VA to determine future presumptive conditions and providing overdue benefits to ill veterans. After their S.3543 bill passed, Tester and Moran called on their House colleagues to follow their lead on it. "This kind of swift action is a testament to what can be accomplished when we all row in the same direction, and I encourage my House colleagues to join us in getting this bill across the finish line to quickly deliver relief where it's most needed," Tester said in his statement. [Source: Military.com | Rebecca Kheel | February 16, 2022 ++]

Vet Deaths

Update 02: More Post-911 Deaths in the Past 20 Years than Anticipated
Post-9/11 veterans are dying at higher rates than Americans overall, particularly through accidents, suicide and homicide, new research has found. The numbers are even higher for veterans who have suffered a traumatic brain injury. Veterans who have served since Sept. 11, 2001, are dying via suicide at twice the rate of Americans overall, with homicide claiming retired service members at one-and-a-half times the rate of the general population. They also

had slightly higher rates of accidental deaths, according to a study published Friday in JAMA

Network Open.

The death rates were significantly higher for those with a history of traumatic brain injury:

Veterans who experienced a mild traumatic brain injury died at nearly twice the general rate for accidents from 2002 to 2018 and three times the rate by suicide, while those with moderate to

severe brain injuries were five times as likely to die by suicide and faced a threefold risk of

being murdered or dying in an accident. The study is the first to look at "excess deaths" among

veterans who have served since Sept. 11, 2001, examining the number of deaths over and above

what normally would have been expected during the 17-year study period.

The researchers, led by Jeffrey Howard, an associate professor of public health at the

University of Texas at San Antonio, reviewed records of more than 2.5 million post-9/11

veterans to catalog their long-term health outcomes with a focus on those with a history of a

brain injury. They found an estimated 3,858 excess deaths among post-9/11 veterans. Compared

with the general population, more of those deaths were attributed to accidents and homicides.

Those veterans also died at much higher rates of suicide, cancer and cardiovascular disease

when compared with civilians the same age, gender and ethnic and racial makeup.

The particularly elevated rates for those who suffered a mild, moderate or severe traumatic

brain injury while serving were striking, the researchers said. "We already knew that suicide

was high among this group, but we didn't necessarily know these other causes of death,"

Howard said during an interview with Military.com about the research. "The risks are higher

across all of these different causes of death, especially for the individuals who were exposed to

TBI," Howard said. The research found that the excess deaths were concentrated among

younger veterans, ages 18 to 44, and those who have suffered a TBI, with suicide and accidental

deaths accounting for the bulk of the deaths.

While the study didn't explain why veterans may be more vulnerable to accidental deaths and

homicide, Howard said prior research shows that younger veterans who are newly separated

from the military are susceptible toward engaging in risky behaviors like substance abuse,

speeding, or placing themselves in dangerous situations. They also may suffer from impulse

control, anger or post-traumatic stress, increasing their risk of being placed in dangerous

situations. "What this indicates is that there is a multidimensional set of risk factors that are not

necessarily medical that need to be addressed in this population, especially for those with TBI,"

Howard said.

The research also showed higher-than-expected deaths from cardiovascular disease and

cancer among post-9/11 veterans. Howard said the deaths from heart disease, especially among

those with brain injuries, are not surprising given that earlier research indicates that combat

injuries place veterans at risk for hypertension, coronary artery disease, diabetes and other

chronic illnesses. "There are several possible mechanisms in these associations, including

accelerated cellular aging, chronic inflammation, behavioral factors and neurological and

cognitive decline," the study stated. The authors also noted that environmental exposures such

as burn pits and other chemicals "may help explain the higher cancer mortality rates" in the

population.

The research follows numerous other studies focused on post-9/11 veterans, including those

with traumatic brain injury, to assess the effects of their military service on their lives, health,

productivity and futures. Howard said much of the research shows "essentially, when you get

these serious injuries, it effectively changes your physiology and accelerates the aging process,

which leads not only to cardiovascular disease but even some other chronic diseases." But, he

added, it's not all bad news for veterans. Calling his study "an awareness-generating article," he

said he hopes it places attention on the deaths among veterans that are preventable, such as

accidents, suicide and homicide, through non-medical interventions.

"It shouldn't be just all doom and gloom, "Oh, my gosh, I have a TBI, I'm destined to have

one of these bad outcomes. I don't think that's the message," Howard said. The takeaway is that

having these exposures puts individuals at greater risk for a variety of outcomes, so, what we

need to be focused on -- as a whole, not only within the military, within the VA, but as a society

in general -- is supporting individuals who served our country and doing everything we can to

help them transition from military service to civilian life," Howard said.

[Source: Military.com |

Patricia Kime | February 11, 2022++]

Manker v. Del Toro Lawsuit

Some Marines/Sailors Bad Paper's Discharges to Get 2nd Look

U.S. Marine Corps Corporal Tyson Manker

The Navy must review thousands of general and other-than-honorable discharges awarded to

sailors and Marines over the past decade for behavioral problems that may have stemmed from

a military-related mental health condition or sexual assault. U.S. District Court Judge Charles

Haight approved a settlement 14 FEB in a class-action suit known as Manker v. Del Toro,

which alleged that the Navy and Marine Corps wrongly discharged members for behavior that

may have been related to trauma or an injury they endured while serving.

The lawsuit applied to veterans who served during the Iraq and Afghanistan Era—defined as

the period between October 7, 2001, and the present—who:

☐ Were discharged from the Navy, Navy Reserves, Marine Corps, or Marine Corps Reserve with less-than-Honorable statuses, including General and Other-than-Honorable

discharges but excluding Bad Conduct or Dishonorable discharges;

☐ Have not received upgrades of their discharge statuses to Honorable from the NDRB;

and

☐ Have diagnoses of PTSD, TBI, or other related mental health conditions, or records

documenting one or more symptoms of PTSD, TBI, or other related mental health

conditions at the time of discharge, attributable to their military service under the
Hagel

Memo standards of liberal or special consideration.”

Under the settlement, the Navy will be required to review and reconsider all
discharge

upgrade requests made from March 2, 2012, to Feb. 15, 2022, that were partially
or fully

denied. The review of these cases will be automatic; service members will not
need to request

one. But the settlement also gives those who were discharged and denied an
upgrade from Oct.

7, 2001, through March 1, 2012, the opportunity to reapply for a change in their
status with the

Naval Discharge Review Board. The suit stemmed from the case of former Marine
Cpl. Tyson

Manker, who was dismissed from the service with an other-than-honorable
discharge after he

was caught using marijuana.

Manker told The New York Times that he turned to the drug after being exposed
to a series

of traumatic experiences in Iraq in 2003. Manker applied for an upgrade in 2016
but was

denied, as have roughly 85% of requests filed to the Naval Discharge Review
Board by sailors

and Marines. A general discharge under honorable conditions precludes a veteran
from

accessing their GI Bill benefits. An other-than-honorable discharge, also known as a "bad paper discharge," prevents veterans from receiving medical care, disability compensation and education benefits through the GI Bill at the Department of Veterans Affairs. These discharges also can affect a veteran's long-term earning power, since many employers will not hire anyone with less than a good conduct discharge.

Monday's ruling, in the U.S. District Court of Connecticut, follows Haight's ruling in April 2021 that required the Army to review its other-than-honorable discharges dating back to April 17, 2011. The Army already had initiated the review of an estimated 3,500 discharges, but the settlement in that case, Kennedy v. McCarthy, also required the service to notify soldiers given bad paper discharges from Oct. 7, 2001, to April 16, 2011, that they could apply for an upgrade or appeal a previous decision. More than 51,400 discharges under other-than-honorable conditions were issued for active-duty personnel from fiscal 2010 through 2020, according to the Defense Manpower Data Center.

Under the Manker settlement, the Navy will allow veterans to appear before the Naval

Discharge Review Board by video teleconference -- a change from the requirement that they

travel to Washington, D.C., for their hearings. The service also will be required to increase

training for board members. Navy and Marine Corps veterans, including members of the reserve

component, who were discharged under general or other-than-honorable conditions and who

also have a diagnosis of -- or symptoms of -- post traumatic stress disorder, a traumatic brain

injury, mental health conditions or were victims of military sexual trauma may be eligible for

the review. Status upgrades will be decided on a case-by-case basis and are not guaranteed,

noted Manker's legal team, which included the Veterans Legal Services Clinic at Yale Law

School and Jenner & Block LLP in a press release.

In granting approval of the settlement, Haight called it "an impressive example of the manner

in which a class action can be made the vehicle for doing substantial justice." Brandon Baum,

with the Veterans Legal Services Clinic, could not provide an exact number of veterans who

may be affected by the ruling but said in an email that it could be in the "tens of thousands."

Garry Monk, executive director of the clinic, said the settlement "helps bring accountability and

justice for thousands of veterans suffering every day from the invisible wounds of war." "It is a

recognition of their service, their value, and their dignity, and we look forward to the impact it

will have on the lives of so many service members," Monk said in a press release. More

information is available at the Manker Settlement website
<https://www.mankersettlement.com>.

[Source: Military.com | Patricia Kime | February 16, 2022 ++]

Veteran State Benefits

New Mexico

The state of New Mexico provides a number of services and benefits to its veterans. To obtain information on many, but not all these refer to the attachment to this Bulletin titled, “State Veteran’s Benefits – NM” for an overview of those in the below areas. They are available to veterans who are residents of the state. For a more detailed explanation of each of the below service categories plus the state’s current position on veteran issues refer to MOAA’s www.moaa.org/content/state-report-card/statereportcard and New Mexico’s Department of Veteran Services <https://www.nj.gov/military>:

☐ Housing

☐ Financial Assistance

☐ Employment

☐ Education

☐ Recreation

☐ Driver and Vehicle Licensing

☐ Burial

☐ Taxation

☐ Women Vet Program

☐ Homeless Vet Assistance

☐ Other

[Source: <https://www.military.com/benefits/veteran-state-benefits/new-mexico-state-veterans->

[benefits.html](https://www.military.com/benefits/veteran-state-benefits/new-mexico-state-veterans-benefits.html) | February 2022 ++]

Military Separation Pay

Update 02: H.R.6543 | Restore Veterans' Compensation Act

The Restore Veterans' Compensation Act, would eliminate the recoupment of separation pay,

special separation benefits, and voluntary separation incentive payments from members of the

Armed Forces who subsequently receive VA disability compensation.

Under current law, veterans are unfairly required to pay back separation pay from the

Department of Defense (DOD) if they later become eligible for VA disability benefits.

Separation payments are made to eligible active and reserve service members who have completed at least six, but fewer than 20, years of active service immediately before being involuntarily discharged or denied continuation of service for which they volunteered, short of retirement eligibility. The lump-sum separation payment is not based on or due to disabilities incurred in service.

If enacted, H.R. 6543 would eliminate this unjust offset of separation pay and VA disability compensation. These two benefits are completely unrelated as separation pay compensates service members for their time served while VA disability compensation is based on wounds, injuries and illnesses directly related to active military service. DAV supports this legislation, as it affords justice for veterans and are asking readers to take action and ensure that service-disabled veterans retain their separation pay without VA disability offsets. Towards this effort they have provided the following editable letter which can be copied and forwarded to your legislators requesting they support it and cosponsor it. .

o-o-O-o-o-

Subj: Please Support H.R. 6543, Restore Veterans Compensation Act

Dear Rep. _____,

As your constituent, I urge you to support of an important bill that will affect the quality of life of

injured and ill veterans, their dependents and survivors.

Representative Ruben Gallego (AZ), Representative Bilirakis (FL) and Representative

DeSaulnier (CA) introduced H.R. 6543, the Restore Veterans' Compensation Act, legislation that

would eliminate the recoupment of separation pay, special separation benefits, and voluntary

separation incentive payments from members of the Armed Forces who subsequently receive VA

disability compensation.

Under current law, veterans are unfairly required to pay back separation pay from the

Department of Defense (DOD) if they later become eligible for VA disability benefits. Separation

payments are made to eligible active and reserve service members who have completed at least

six, but fewer than 20, years of active service immediately before being involuntarily discharged

or denied continuation of service for which they volunteered, short of retirement eligibility. The

lump-sum separation payment is not based on or due to disabilities incurred in service.

If enacted, this bill would eliminate this unjust offset of separation pay and VA disability

compensation. These two benefits are completely unrelated as separation pay
compensates

service members for their time served while VA disability compensation is based
on wounds,

injuries and illnesses directly related to active military service.

I urge you to support H.R. 6543—the Restore Veterans’ Compensation Act and
become a co-

sponsor. Please advise me of your intentions with respect to this bill.

Sincerely,

Your Name

Your Address

[Source: Disabled American Veterans | Andrew Marshall | February 15, 2022 ++]

Suicide Prevention Legislation

Update 01: H.R.6273/ S.3397 | VA Zero Suicide Demonstration Project Act
Representative Susie Lee (NV) and Senator Jacky Rosen (NV) have introduced
companion bills

H.R. 6273 and S. 3397, the VA Zero Suicide Demonstration Project Act. This
legislation
aims to address the epidemic of suicides among veterans post-deployment. VA
has developed
an array of suicide prevention services, but thus far has not been able to make
significant

progress ending this tragedy. This legislation would require VA to establish a Zero Suicide Initiative pilot program and develop the curriculum of the Zero Suicide Institute of the Education Development Center to improve safety and suicide prevention services for veterans in collaboration with other federal agencies, veterans' organizations, educators, experts in suicide prevention and other stakeholders.

VA would be required to select five demonstration sites within VHA, determining those that represent different regions, sizes of medical centers, and including at least one rural location.

Each of the selected sites would be required to send five to 10 staff leaders to attend the 2-day intensive training program, who would then be responsible for implementing changes, conducting training and collecting data on outcomes. VA would be required to report the results of the project to Congress and could recommend to extend the demonstration project for another two years.

"It's simply unacceptable that veterans are twice more likely to die by suicide than those who never served, and it should be a national priority to get the veteran suicide rate to as close

to zero as possible,” said National Commander Andy Marshall. “DAV proudly supports this important bipartisan legislation, and we’re hopeful that the Zero Suicide Initiative framework will be a powerful tool in reducing these entirely preventable tragedies.” DAV supports this legislation which calls upon VA to improve mental health and suicide prevention programs.

Towards this effort they have prepared the following editable email to assist readers in asking their Senators and Representative in Congress to cosponsor this important legislation.

o-o-O-o-o-

Subj: Please Support the VA Zero Suicide Demonstration Project Act of 2021

Dear Rep/Sen. _____,

As your constituent, I urge you to cosponsor H.R.6273/S. 3397, the VA Zero Suicide

Demonstration Project Act of 2021. This bill aims to address the epidemic of suicides among

veterans post-deployment. VA has developed an array of suicide prevention services, but thus far

has not been able to make significant progress ending this tragedy.

This legislation would require VA to establish a Zero Suicide Initiative pilot program and

develop the curriculum of the Zero Suicide Institute of the Education Development Center to

improve safety and suicide prevention services for veterans in collaboration with other federal agencies, veterans' organizations, educators, experts in suicide prevention and other stakeholders.

VA would be required to select five demonstration sites within VHA determining those that represent different regions, sizes of medical centers, and including at least one rural location.

Each of the selected sites would be required to send five to 10 staff leaders to attend the 2-day intensive training program, who would then be responsible for implementing changes, conducting training and collecting data on outcomes. VA would be required to report the results of the project to Congress and could recommend to extend the demonstration project for another two years.

Please let me know your intentions of cosponsoring this important bill.

Thank you for your support of our nation's service-disabled veterans.

Sincerely,

Your Name

Your Address

[Source: Disabled American Veterans | Andrew Marshall | February 17, 2022 ++]

VA Survivor Benefits

Update 01: S.89/H.R.746 | Ensuring Survivor Benefits during Covid-19 Act

On 28 JAN 2021 the Ensuring survivor Benefits during Covid-19 Act of 2021 was introduced

in the Senate by Sen. Sinema, Kyrsten [D-AZ] which they passed on 2 JUL 2021.

This bill

requires the Department of Veterans Affairs (VA) to obtain a medical opinion that determines

whether a service-connected disability was the principal or contributory cause of death for a

veteran who died from COVID-19. Specifically, it would require the VA to obtain this

determination before notifying a claimant for survivor benefits of the final decision regarding

such benefits in any case where;

43

☐ A dependency and indemnity compensation claim is filed in relation to a veteran with one

or more service-connected disabilities who dies,

☐ The death certificate for the veteran identifies covid-19 as the principal or contributory

cause of death,

☐ The death certificate does not clearly identify any of the service-connected disabilities as

the principal or contributory cause of death,

- ☐ The veteran's service-connected disability includes a condition more likely to cause severe illness from covid-19,
- ☐ The claimant is not entitled to certain dependency and indemnity compensation benefits, and
- ☐ The evidence to support the claim does not result in a preliminary finding in favor of the claimant.

The VA must provide information to veterans, their dependents, and veterans service organizations about applying for dependency and indemnity compensation when a veteran dies from COVID-19. Such information must be available through the VA's website and via other outreach mechanisms.

S.89 was forwarded to and received by the house on 26 JUL 2021 where it has been held at the desk with no further action. Currently, H.R.746 introduced in House on 3 FEB 2021 by Rep. Davidson, Warren [R-OH-8], which basically is the same bill, has been referred to the Subcommittee on Disability Assistance and Memorial Affairs by the House Committee on Veterans' Affairs. This bill currently has only 21 cosponsors. If this legislation is ultimately passed it could help thousands of veteran family members gain access to VA benefits. [Source:

VFW Post 9892 | Commander's Report | February 8, 2022 ++]

Congressional Resources

Member's Contact Info & Vet Bill Status

If in doubt as to your legislator's online contact info or who they are, the below websites

provide ALL legislator's names with contact info to facilitate the copying and forwarding of

suggested letters to them, asking them questions, or seeking their assistance:

?

<https://www.congress.gov/search?q=%7B%22source%22%3A%5B%22members%22%22%3A%5B%22117%22%5D%7D> – House

?

<https://www.congress.gov/search?q=%7B%22source%22%3A%5B%22members%22%22%3A%5B%22117%22%5D%2C%22chamber%22%3A%22Senate%22%7D> – Senate

To check status on any veteran related legislation go to

<https://www.congress.gov/bill/117th-congress> for any House or Senate bill introduced in the

117th Congress. Bills are listed in reverse numerical order for House and then Senate. Bills

are normally initially assigned to a congressional committee to consider and amend before sending them on to the House or Senate as a whole. To read the text of bills that are to be considered on the House floor in the upcoming week refer to <https://docs.house.gov/floor>.

Note that anyone can sign up and use MOAA's Legislative Action Center at <https://moaa.quorum.us/issueareas>. You do not have to be a member.

Military Draft

Update 09: Males 18 through 25 Are Still Required to Register

The Selective Service System wants you to know that the requirement to register for the draft did not go away with the end of the Vietnam War. Under the law, virtually all male U.S. citizens, and male aliens living in the U.S., who are ages 18 through 25, are required to register with Selective Service. While there is no draft currently in effect, men who are not classified as unfit for military service, disabled men, clergymen, and men who believe themselves to be conscientiously opposed to war must also register.

Penalties for Failure to Register for the Draft

Men who do not register could be prosecuted and, if convicted, fined up to \$250,000 and/or

serve up to five years in prison.¹ In addition, men who fail to register with
Selective Service

before turning age 26, even if not prosecuted, will become ineligible for:

☐ Student Financial Aid - including Pell Grants, College Work Study, Guaranteed
Student/Plus Loans, and National Direct Student Loans.

☐ U.S. Citizenship - if the man first arrived in the U.S. before his 26th birthday.

☐ Federal Job Training - The Job Training Partnership Act (JTPA) offers programs
that

can train young men for jobs in auto mechanics and other skills. This program is
only

open to those men who register with Selective Service.

☐ Federal Jobs - men born after December 31, 1959, must be registered to be
eligible for

jobs in the Executive Branch of the Federal government and the U.S. Postal
Service.

In addition, several states have added additional penalties for those who fail to
register. Refer

to <https://www.sss.gov/register/state-commonwealth-legislation>. You may have
read or been

told that there is no need to register because so few people are prosecuted for
failing to register.

The goal of the Selective Service System is registration, not prosecution. Even
though those

who fail to register may not be prosecuted they will be denied student financial
assistance,

federal job training, and most federal employment unless they can provide
convincing evidence

to the agency providing the benefit they are seeking, that their failure to register was not knowing and willful.

Who Does NOT Have to Register for the Draft?

Men who are not required to register with Selective Service include; nonimmigrant aliens in the U.S. on a student, visitor, tourist, or diplomatic visas; men on active duty in the U.S. Armed Forces; and cadets and midshipmen in the Service Academies and certain other U.S. military colleges. All other men must register upon reaching age 18 (or before age 26, if entering and taking up residence in the U.S. when already older than 18).

What About Women and the Draft?

While women officers and enlisted personnel serve with distinction in the U.S. Armed Forces, women have never been subject to Selective Service registration or a military draft in America.

On January 1, 2016, the Department of Defense removed all gender-based restrictions on

military service, thus allowing women to serve in combat roles. Despite this change, Selective

serviced continued to register only men, ages 18 through 25.

However, on February 22, 2019, Senior Judge Gray Miller of the U.S. District Court in

Houston, Texas, ruled that the practice of requiring only men to register for the military draft was

unconstitutional. Finding that the male-only provision of the Selective Service Act violated the

equal protection provisions in the Constitution's 14th Amendment, Judge Miller stated that while

discriminatory treatment of women in the military may have been justified in the past, it longer

was. "If there ever was a time to discuss 'the place of women in the Armed Services,' that time

has passed," he wrote, citing the Supreme Court's earlier decision in the case of *Rostker v.*

Goldberg. In the 1981 case, the Court ruled that requiring only men to register for the draft did

not violate the Constitution since, at that time, only men were eligible to serve in combat.

The government is likely to appeal Judge Miller's ruling to the Fifth Circuit Court of Appeals

in New Orleans. However, if Miller's ruling is upheld, one of three things might happen:

☐ Women would have to register for the draft under the same rules as men;

☐ Selective Service and the draft would be eliminated; or

☐ Registration for Selective service would become voluntary for men and women.

Congress Weighs Requiring Women to Register for the Draft

On September 23, 2021, the U.S. House of Representatives passed the \$768 billion 2022

National Defense Authorization Act. The essential annual appropriations bill included an

amendment by Pennsylvania Democrat Chrissy Houlahan and Florida Republican
Michael Waltz

that would require women to register for the draft. However, the final version of
this year's

annual National Defense [sic] Authorization Act (NDAA) approved by Congress on
14 DEC

2021 makes no change to the provisions of the Military Selective Service Act
(MSSA) which

authorize the president to order men, but not women, to register with the
Selective Service

System (SSS) for a possible military draft.

While some proponents of adding women to the draft are seeking gender
equality, others cite

the benefits of millions more prospective draftees in the case of global warfare.

Some opponents

of the move are simply opposed to the draft in general—regardless of gender.

Other opponents

believe women need to be protected from the potential dangers of military
service. Psychologists

call this benevolent sexism—the idea that women need to be protected by men—
and consider it

a factor adding to problem of gender bias. The ACLU has criticized the sexism of a
male-only

draft, calling the current system, “one of the last examples of overt sex
discrimination written

into our federal law.” A March 2020 study by the National Commission on
Military, National

and Public Service recommended registering women for the draft, stating, “The
next time

America must turn to a draft, it will need to include everyone who is capable and qualified. It would be harmful to the Nation's security to leave out the skills and talents of half of the U.S. population."

What is the Draft and How Does it Work?

The "draft" is the actual process of calling men between ages 18–26 to be inducted to serve in the

U.S. military. The draft is typically used only in the event of war or extreme national emergency

as determined by the Congress and the president.

Should the President and the Congress decide a draft was needed, a classification program

would begin. Registrants would be examined to determine suitability for military service, and

they would also have ample time to claim exemptions, deferments, or postponements. To be

inducted, men would have to meet the physical, mental, and administrative standards established

by the military services. Local Boards would meet in every community to determine exemptions

and deferments for clergymen, ministerial students, and men who file claims for reclassification

as conscientious objectors. Men have not actually been drafted into service since the end of the

Vietnam War.

How Do You Register?

The easiest and fastest way to register with Selective Service is to register online at [sss.gov](https://www.sss.gov) or

complete the form at [https://www.sss.gov/wp-content/uploads/2021/10/Form-1-Registration-](https://www.sss.gov/wp-content/uploads/2021/10/Form-1-Registration-Fillable.pdf)

[Fillable.pdf](https://www.sss.gov/wp-content/uploads/2021/10/Form-1-Registration-Fillable.pdf) . You can also register by mail using a Selective Service "mail-back" registration

form available at any U.S. Post Office. A man can fill it out, sign (leaving the space for your

Social Security Number blank), affix postage, and mail it to Selective Service, without the

involvement of the postal clerk. Men living overseas may register at any U.S. Embassy or

consular office. Many high school students can register at school. More than half the high

schools in the United States have a staff member or teacher appointed as a Selective Service

Registrar. These individuals help register male high school students.

[Source: ThoughtCo. | Robert Longley | January 02, 2022 ++]

Unmanned Surface Vessels

Update 01: Could Deploy Alongside Strike Groups As Soon As 2027

The chief of naval operations wants to deploy minimally manned or unmanned surface vessels

with a strike group in the next five or six years, with an eye toward scaled-up unmanned systems operations around the globe in the 2030s. And he hopes to start working toward that goal without a proper budget in place. Adm. Mike Gilday told reporters in a Feb. 16 call that he wants the U.S. Navy to experiment, fail fast as needed, and learn a lot of lessons on unmanned technology and concepts of operations.

His new unmanned task force spent about 14 weeks conducting seven different spirals — rounds of experimentation — on various aspects of unmanned systems, including payload integration on larger unmanned vessels and the reliability of components like engineering plants and flight controls. “These spirals, taking a look at specific technologies from specific vendors, gave us insights on what technologies or lines of emphasis we should continue to pursue, which ones we should absolutely accelerate now, and which ones we should pivot away from because they just weren’t performing at a level or we didn’t get what we expected out of them,” Gilday told Defense News during the roundtable.

Additionally, he said, some of those same technologies are undergoing testing in International

Maritime Exercise 2022 in the Middle East, which ran Jan. 31-Feb. 17 and is the largest-ever exercise focused on unmanned systems and artificial intelligence. “That effort is intended to not only help us push these spirals along so that we can actually see capabilities in a real-world environment, but also it informs our concept of operations and how we’re going to employ them either alone or in conjunction with other unmanned or manned assets,” Gilday said, adding that exercises like IMX and the ongoing work of the unmanned task force were meant to help field

unmanned systems within the five-year Future Years Defense Program.

But the FYDP is murky, at best, from a budget standpoint. The government is operating under a continuing resolution, with the potential for a full-year CR still looming — which would see the Navy stuck with fiscal 2021 spending items for another year, instead of moving onto the planned FY22 projects and funding levels. This is happening as the Biden administration is late in releasing its FY23 budget request to Congress but is already starting to craft the FY24 request despite the uncertainty.

Asked if the fiscal situation means all of today’s lessons learned on unmanned technology must wait until FY24 to start shaping decisions, Gilday told Defense News that the Navy is

finding ways to influence a path forward on unmanned systems now. “We’re moving now.

We’re using [research and development] money now. We are leveraging NavalX through [the

assistant secretary of the Navy for research, development and acquisition] to leverage our

touchpoints into industry, especially small companies,” he said. Using IMX and its host, the new

Task Force 59 unmanned experimentation unit under U.S. 5th Fleet, as an example, Gilday said

the at-sea work is “not only giving us insights into new technologies but also helping mature our

concept of operations in terms of how we think about using them.”

The concept of employment could greatly affect what system and how many the Navy buys,

Gilday said, making it important to do this work even as the service takes a slow and deliberate

approach in selecting unmanned systems, such as those for the medium and large unmanned

surface vessel programs. For example, he said, a long-endurance, small UAV — like a drone

with the endurance to fly for several thousand miles carrying payloads for intelligence,

surveillance and reconnaissance — could make the Navy less dependent on the medium

unmanned surface vessel as a forward ISR node. The Navy could, in that situation, buy fewer

MUSVs and buy a large number of expendable small UAVs that could provide a more persistent

and a more distributed ISR capability.

“I think about how we’re going to fight, and we have been maturing distributed maritime operations along with the Marine Corps’ [expeditionary advanced base operations concept and its littoral operations in a contested environment concept], kind of nested in there for the last five or six years. And we feel that we have a very good understanding of how conceptually we’re going to fight in the future. That’s now informing what we’re going to fight with, over what we believe to be a very large area coming at an aggressor across many different vectors,” the CNO

said, noting that unmanned systems could help provide both the high-volume capacity and the high-end capability to operate this way in the coming years.

Later in the call, Gilday added that he wants to do the underlying experimentation within the five-year FYDP. Just outside that time frame, in about 2027 or 2028, he hopes to see early solutions deployed with a carrier strike group or an amphibious ready group. “They may not necessarily be completely unmanned, they may be minimally manned, but I want be in the position where we can crawl, walk, run, get those platforms out there after we’ve proven in a

land-based test facility that they're reliable, get them out there with the fleet,
actually deploy
with them, to put us in a position where we can scale in the 2030s" to use
unmanned systems in
larger quantities and "make distributed maritime operations come alive in a way
that would be
highly effective if we actually had to fight [Source: DefenseNews | Megan Eckstein
| February
17, 2022 ++]

Army BMI Test

Update 03: New Ways to Measure Body Fat that Could Kill the Tape Test
The Army is wrapping up research on how best to measure a soldier's body
fat -- but the
service's controversial tape test might not be dead yet. The Army is in the
midst of totally
revamping health and fitness for its soldiers with its new fitness test possibly
becoming official
in the spring. This week, researchers measured the body fat of more than 600
volunteer soldiers
at Fort Lee, Virginia, with sophisticated and expensive scanning tools that could
replace the old
tape measurements. The scanners had been used back in October at Fort Bragg,
North Carolina,
when 1,400 paratroopers were measured.

The Three Dimensional Body Scan uses infrared lasers to collect over 2 million data points in less than two minutes. Cost

to the Army: \$10,000 - \$15,000.

Since 1983, a tape measure was used to gauge whether a soldier was in compliance with weight standards, analyzing their stomach and neck. That 200-year-old method of measuring someone's body mass index, or BMI, as a means to track obesity has largely been panned for its inaccuracies. The Army's goal as part of its scanning research is to measure the body fat of 3,000 soldiers with a representative sample of ethnicities, ages and genders, along with a diversity of military occupations such as infantry and mechanics, with three different machines ranging in size and expense.

That data will be used to analyze whether the force needs to revamp how it measures a soldier's weight, which could mean adopting one of the body scanning tools, or changing how a tape measure is used to measure body fat. The study follows complaints from troops that the tape test is outdated, sometimes unfairly categorizing muscular soldiers, particularly women, as

overweight. "We're an evolving Army; we're due to relook at this again," Brig. Gen. John Kline,

commander for the Army's Center for Initial Military Training, told Military.com in an

interview Thursday. "We're acknowledging the sentiment on social media and across the U.S. in

general."

Efforts to fine-tune body fat measurements come as the Army Combat Fitness Test, or

ACFT, is on the verge of becoming the service's official graded fitness test in April. However,

that test still faces huge hurdles, including logistical problems administering the test; skepticism

from the rank and file, along with Congress; and comments made by Secretary of the Army

Christine Wormuth, who expressed concerns during her confirmation hearing that the test might

hurt the recruitment and retention of women into the force. Military.com obtained early Army

data showing half of the service's women couldn't pass the test, and very few could perform

well.

"This will be a really good data pool. What we're looking at is how one's body mass

correlates with their ability to perform on the ACFT. That's an area I'm very interested in,"

Kline added. So far, some 2,000 soldiers have been measured across Fort Bragg and Fort Lee.

Yet the service is lacking data from the National Guard and active-duty troops from certain age ranges and racial groups. Army officials are considering a third study that is expected to focus on the Guard. Yet, it could be difficult for researchers to coordinate with Guard units, whose members are usually on duty for only one weekend a month. Right now, a massive gap in the data comes from a lack of participation from women between the ages of 17 and 25. Some researchers interviewed by Military.com think that is mostly due to it being uncomfortable for young women to have their body fat measured in public.

The machines the Army is using in lieu of a measuring tape are far more accurate, and some soldiers interviewed said their body fat results were much higher -- sometimes the difference between slightly overweight and obese. "There are certainly some hurt feelings here," one Army staff sergeant, who said their body fat on the tape test was 19% but the machine measurements showed them at 26%, told Military.com. "This has been an eye-opener for me." The Army is

also missing all age groups of Asian and Pacific Islander soldiers; American Indian and Alaskan

Native soldiers; and troops over 50 years old, because of a small pool of volunteers from those

groups. Because of the expense of shipping all the body scanning equipment, Army officials are

considering finding troops in these demographics and flying them out to a research site.

The machines used to scan soldiers' bodies would be a massive cost to the force if they were

fielded to units, and logistics of access for Guard and Reserve units could quickly get

complicated. Researchers say the three types of scanners aren't in competition, and the Army

may still stick with the tape test as it takes the cost and practicality of the gear into account and

whether the added accuracy is worth the bang for the buck. The tools include a scale for soldiers

to stand on, similar to equipment seen at some civilian gyms. Troops can get data on their body

fat and muscle mass in two minutes. That tool costs around \$15,000, according to Army

documents provided to Military.com. The other is a 3D body scanner, which requires soldiers to

mostly undress and step into a private space to be scanned. That tool also costs about \$15,000 to

\$20,000 per unit and takes two minutes to complete a scan.

The most expensive machine, ranging between \$50,000 and \$100,000 has soldiers lie down

for a scan. It also takes the longest, about 12 minutes per soldier. That tool, researchers say, is a

health industry standard -- mostly used by athletic teams. It's also more accurate than the other

two options. However, the high price and large size of the machine is being taken into account.

Both the body composition study and ACFT are part of the Army's push toward holistic health, motivated by the needs for a fit force ready for close combat and to reduce injuries that can be costly for both the Departments of Defense and Veterans Affairs. It's part of a wider campaign to combat a national obesity crisis that some have pointed to as a national security concern.

"It's more than body fat; it's about health and appearance," Michael McGurk, director of research and analysis at the Center for Initial Military Training, told Military.com. "When you

increase body fat, you can increase risk for heart disease, diabetes, musculoskeletal injuries and joint pain. That has a cost to the Army. There has traditionally been an emphasis on appearance as well, presenting a neat and soldierly appearance -- which may have changed over time, which is why we're looking at this." But struggling with weight and body fat measurements sometimes leads to unhealthy eating habits. According to the Centers for Disease Control and Prevention, 42.5% of American adults are obese -- seriously curtailing who is eligible to serve in the military.

"I have to work overnight," a junior soldier told Military.com. "It's hard because all that's

available around here is gas station food and McDonald's. Usually before a weigh-in, I'd stop

eating a lot for a month or so." [Source: Military.com | Steve Beynon | February 11, 2022 ++]

Military Fraud & Abuse

Update 12: Marine Reservist Accused in Fake Vaccine Card Scam

A Marine Corps reservist who was charged in last year's riot at the U.S. Capitol also schemed

with a nurse to steal, forge and sell hundreds of fake coronavirus vaccination cards and destroy

vaccine doses to fake inoculations, federal authorities said 17 FEB. Cpl. Jia Liu, 26, and nurse

Steven Rodriguez, 27, were awaiting a court appearance that day on charges of conspiring to

commit forgery and to defraud the federal government. "By deliberately distributing fraudulent

COVID-19 vaccination cards to the unvaccinated, the defendants put military and other

communities at risk of contracting a virus that has already claimed nearly 1 million lives in this

country," Brooklyn U.S. Attorney Breon Peace said in a statement.

Liu's lawyer, Benjamin Yaster, declined to comment. It wasn't immediately clear whether

Rodriguez had an attorney who could speak to the allegations. The charges in the vaccination

card case carry the potential for up to 10 years in prison for Liu, of Queens, and Rodriguez, of

suburban Long Beach. According to an indictment, Rodriguez, who worked at a clinic on Long

Island, pilfered blank COVID-19 vaccination cards. The two men allegedly offered customers

the choice of buying cards blank or fraudulently filled out, with a premium-priced option: a fake

vaccination record in the New York state and city databases that are used to issue vaccine passes.

A buyer who sprung for the add-on would go to the clinic, where Rodriguez would dispose of

a dose of vaccine, forge a card and make a phony entry into the databases, the indictment said.

Covering their tracks by referring to “gift cards,” “Cardi Bs,” “Christmas cards” and “Pokemon

cards,” Liu and Rodriguez conducted the scam through encrypted messaging apps and social

media and instructed buyers to mask online payments as “consultancy” or “Korean BBQ,” the

indictment said. “I need to make an appointment for you with my buddy who will destroy a vial,

scan your ID and give you a Band-Aid,” Liu told one contact in a message last May, the

indictment said.

The scheme ultimately involved over 300 ill-gotten vaccination cards and over 70 fake

database entries, according to prosecutors. It said some of the fake cards went to
Liu's fellow

Marine reservists, following a Pentagon order in August that all members of the
military be

vaccinated. The Marine Corps "is aware of the situation, and we are fully
cooperating with

federal authorities," Lieutenant Colonel Craig W. Thomas said in a statement. He
said the

Marines had already taken steps toward administratively separating Liu before
Thursday's arrest.

Administrative separation is a military term that's akin to firing in the civilian
world.

Liu was charged this past fall with climbing through a broken window into the
Capitol during

the Jan. 6, 2021, insurrection that delayed Congress' certification of President Joe
Biden's

electoral victory. Security cameras recorded Liu entering the building, according
to a criminal

complaint. In that case, he has pleaded not guilty to misdemeanor charges
including entering a

restricted building and disorderly conduct. [Source: The Associated Press |
Jennifer Peltz, |

February 17, 2022 ++]

USCG Seizures

Update 02: USCGC James Offloads \$1B worth of Cocaine/Marijuana

The Coast Guard cutter James on 17 FEB offloaded more than 30 metric tons of cocaine and

marijuana reportedly worth over \$1 billion that was seized at sea during a months-long

deployment off the coast of South America. The haul of illegal narcotics brought home by the

USCG is one of the biggest in recent memory, a reflection of increasingly sophisticated U.S.

arsenal that includes powerful drones and special infrared cameras that can detect heat from

small cocaine-laden vessels. But it also highlights a recent surge in narcotics coming from

Colombia, a close U.S. ally and the world's top producer of cocaine.

The Biden administration's top anti-narcotics officials traveled to South Florida to welcome

back the vessel's crew and tout the Coast Guard's role interdicting drugs before they reach

American streets. "We are hitting the drug traffickers where it hits them most: their

pocketbooks," said Dr. Rahul Gupta, head of the White House's Office of National Drug Control

Policy. Gupta said the Biden administration is seeking to increase the U.S. government's budget

to build up the nation's addiction treatment infrastructure and reduce the supply of synthetic

opioids like fentanyl and other drugs.

But the record busts of late by the Coast Guard, federal law enforcement and partner nations

also underscores how little the flow of cocaine coming from Latin America has eased since

President Richard Nixon declared war on drugs a half century ago. Coca cultivation in Colombia

in 2020 soared to 245000 hectares (945 square miles), enough to produce 1,010 metric tons of

cocaine, according to the White House's latest report on harvesting trends in the Andean region.

As recently as 2014, potential production was less than half that amount.

Production in Peru and

Bolivia has also steadily risen.

Admiral Karl Schultz, the Coast Guard commander, said those numbers would be even

higher, and the destabilizing impact on the region from transnational criminal organizations even

worse, if not for the U.S. interdiction efforts. "Does it matter? It absolutely matters because it

kind of keeps a lid on things," he said. He was echoed by Ambassador Todd Robinson, who

leads the State Department's bureau of International Narcotics and Law Enforcement Affairs.

"It's not just always about seizures," said Robinson, who previously served as the U.S.' top

diplomat in Guatemala and Venezuela, two major transit zones for Colombian cocaine. "It's also

about building our partners' capacity." [Source: Forbes | Loren Thompson
(Opinion) | February
4, 2021 ++]

USCG Seizures

Update 03: Struggling with 'Costal Awareness Gap' as Smuggling Rises

Coast Guard Cutter Bertholf (WMSL-750) crewmembers inspect a low-profile
semi-submersible in

international waters of the Eastern Pacific Ocean

Grappling with a rise in maritime smuggling in recent years off Southern
California, Coast

Guard Sector San Diego officials have reached out to the tech industry for ideas
and products

that will close gaps in and expand maritime domain awareness. "We've faced a
major increase in

smuggling," Capt. Tim Barelli, commander of Sector San Diego, told an audience
on the first

day of WEST, a three-day defense industry conference hosted by USNI and Armed
Forces

Communications and Electronics Association. Incidents of smuggling have
doubled, year over

year, in the past three years, “and I’m doing that with the same amount of people, same amount of helicopters and same amount of small boats. So that is my biggest challenge.”

Barelli said he is hoping that advances in technologies, to include intelligence, surveillance and reconnaissance systems that can continually collect and generate information and intelligence, will close what he calls “a coastal awareness gap.” “It’s a term we’ve coined at Sector San Diego to mean that there is a challenge to fully understand and see the maritime domain and have that awareness of what’s going on” offshore and then to be able to address it,

he said. That gap isn’t about not having enough people or helicopters or patrol boats.

“I want to optimize my existing resources better,” said Barelli, a naval aviator and helicopter pilot by training. Existing networks of sensors help provide that picture of what’s happening offshore, and the Department of Defense – to include the San Diego-based U.S. 3rd Fleet and its ships and aircraft – “is a key partner in this awareness of closing the coastal awareness gap,” he said. “What I need is the ability to use ISR, the ability to use the latest technology, to see what’s going on offshore” and optimize the capabilities of Coast Guard crews and their boats and aircraft to “get a better picture of what’s going on offshore,” he added. Then, “I can see those

sources of maritime disorder and address it.”

Last year, Sector San Diego developed the Southern California (SoCal) Maritime Domain

Awareness Innovation Cell that’s something of an “umbrella” for demonstrations of existing

technologies and ideas. “We partner (and) try to fuse together industry, academia and other DoD

and federal partners to use an existing technology that’s out there and incorporate it into

operations that I can control at the sector level,” he said. While he has no acquisition authorities,

Barelli said his message to companies is: “If you want to test out your technology, I have a place

where we can incorporate your technology into an existing operation to really determine if it’s

useful or it’s not.”

The MDA initiative earned the sector an award from the National Maritime Intelligence

Office for the effort “to coalesce tech industry, sensor operations, the national defense industrial

complex and academia into this entity at the local level,” Barelli said. “We are trying to make

change at the local level that is having national implications – and it’s working.”

Promising, new

tech can’t come soon enough for the San Diego sector, which stretches 80 miles north from the

U.S.-Mexico border and 200 miles to the west. The sea corridors busy with commercial shipping,

military training and fishing and recreational vessels also see an increasing amount of smugglers

moving illicit drugs, contraband and people into the U.S.

“There is a threat – a persistent threat – of illicit activity going on from south to north,” Barelli

said. Three cartels are battling over control in Tijuana, a heavily populated area just across the

land border that’s grappling with record-high murder rates. Greater enforcement along the U.S.

land border has prompted cartels to use the open ocean to ferry drugs, including

methamphetamine, heroin, fentanyl and cocaine, contraband and smuggle people. Coast Guard

units have encountered mini-submarines used to move drugs, pangas overloaded with people,

drugs or both and recreational boats carrying illicit cargoes that blend in among other traffic on

San Diego waters.

Often, those smuggling attempts end deadly. Last year, a panga carrying 33 people capsized

in the waters near the entrance to San Diego Bay. Three people died in the incident. The boat

captain was arrested and prosecuted. “Every smuggling event that is going offshore is a safety-

of-life issue,” Barelli said, and not only a law enforcement at sea issue. Smugglers often pack the

vessels, “one person per foot” of length, and the vessel often is not equipped to handle the weight

and lacks any protection from the elements and weather out at sea. Barelli showed the audience photos of smuggling vessels interdicted by the Coast Guard or found often empty ashore. He recounted one case last year where a crew member on a chartered fishing boat 90 miles off the coast noticed a light moving in the distance. The radar showed no vessels nearby. The boat's lights soon shone on a panga, "broken down and adrift, 90 miles from shore," with 20 or so people aboard. "This is what keeps me awake at night," he said. [Source:

USNI News | Gidget Fuentes | February 17, 2022 ++]

Executive Order 9066

What Led to U.S. Japanese Internment Camps in WWII

On February 19, 1942 U .S. Pres. Franklin D. Roosevelt, issued Executive Order 9066 which granted the secretary of war and his commanders the power "to prescribe military areas in such places and of such extent as he or the appropriate Military Commander may determine, from which any or all persons may be excluded." While no specific group or location was mentioned in the order, it was quickly applied to virtually the entire Japanese American population on the

West Coast.

A store owner's response to anti-Japanese sentiment in the wake of the Pearl Harbor attack, Oakland, California and Japanese American children being relocated to internment camps, 1942

In the days after the Pearl Harbor attack by the Japanese on December 7, 1941, suspicion fell

on Japanese American communities in the western United States. The U.S. Department of the

Treasury froze the assets of all citizens and resident aliens who were born in Japan, and the

Department of Justice arrested some 1,500 religious and community leaders as potentially

dangerous enemy aliens. Because many of the largest populations of Japanese Americans were

in close proximity to vital war assets along the Pacific coast, U.S. military commanders

petitioned Secretary of War Henry Stimson to intervene. The result was Roosevelt's Executive

Order 9066.

Within a week the Nisei (U.S.-born sons and daughters of Japanese immigrants) of southern

California's Terminal Island had been ordered to vacate their homes, leaving behind all but

what they could carry. On March 2, 1942, Gen. John DeWitt, the army's administrator for the western United States, issued Proclamation No. 1, which established Military Area No. 1 (the western halves of California, Oregon, and Washington, as well as southern Arizona) and Military Area No. 2 (the remaining areas of those four states). DeWitt issued a series of subsequent proclamations that clarified that all persons of Japanese descent would be removed from the entire state of California and the remainder of Military Area No. 1. Roosevelt signed Executive Order 9102 on March 18, 1942, creating the War Relocation Authority, a civilian agency tasked with speeding the process along. A few days later the first wave of "evacuees" arrived at Manzanar War Relocation Center, a collection of tar-paper barracks in the California desert, and most spent the next three years there. Ultimately, the number of internment camps expanded to 10, and more than 110,000 Japanese Americans spent the remainder of the war in them. In December 1944 the U.S. Supreme Court ruled in *Ex parte Mitsuye Endo* that it was beyond the power of the War Relocation Authority "to detain citizens against whom no charges of disloyalty or subversiveness have been made for a period longer than that necessary to separate the loyal from the disloyal."

In 1948 Pres. Harry S. Truman signed the Evacuation Claims Act, which gave internees the opportunity to submit claims for property lost as a result of relocation. Pres. Gerald Ford formally rescinded Executive Order 9066 on February 16, 1976. In 1988 Congress passed the Civil Liberties Act, which stated that a “grave injustice” had been done to Japanese American citizens and resident aliens during World War II. It also established a fund that paid some \$1.6 billion in reparations to formerly interned Japanese Americans or their heirs. [Source:

www.britannica.com | Michael Ray | February 2022 ++]

Heart Disease

Update 09: Vets Are At a Higher Risk than Civilian Counterparts

February is American Heart Month and VA is raising awareness regarding heart health by encouraging veterans to take a proactive approach with healthy living options. According to the National Institutes of Health, veterans are at a higher risk of heart attack or heart diseases than their civilian counterparts. Additionally, the American Heart Association reports that individuals

with PTSD or TBI are significantly at a higher risk of heart attack even at a young age. What can you do to protect yourself and lower your risk of heart disease? Stay compliant with your physician's direction regarding your medication regimen, smoking cessation, exercise, heart-healthy diet, stress reduction, and rest.

Cardiovascular disease, also known as "heart disease", is the leading cause of death in the United States. Every day, 2,200 people die from heart diseases — that's nearly 800,000 Americans each year, or 1 in every 3 deaths. This disease prevents people from working, enjoying family activities, and maintaining their quality of life. Heart disease is actually a group of diseases that affect your heart or blood vessels, including heart failure, stroke, and high blood pressure. The most common type of heart disease in the United States is coronary heart disease (also called coronary artery disease), which occurs when a substance called plaque builds up in the arteries that supply blood to the heart. Coronary heart disease can cause heart attack, angina, heart failure, and irregular heartbeat.

Most risk factors for heart disease and stroke — like high blood pressure, high cholesterol, smoking, and obesity — are preventable and controllable. Controlling these risk factors could

reduce risk of heart attack or stroke by more than 80%. By exercising for as little as 30 minutes

each day you can reduce your risk of heart disease. A first step you can make to improve your

heart health is to start walking. Walking with a friend makes the time pass quicker and increases

chances that both of you will do it every day. What else can you do? You can play a role in

reducing this disease with prevention. By knowing the risks and taking steps to reduce them we

can bring our loved ones and ourselves closer to living heart-healthy lives!

[Source:

<https://www.va.gov/QUALITYOFCARE/education/heart-awareness-month.asp> |
February 2022

++]

Covid-19 vs. Flu vs. RSV

Symptoms to Look For

Are you or a loved one not feeling well? Feverish? Starting to cough? It's hard to know what it

is. Is it COVID-19? The seasonal flu? Or is it respiratory syncytial virus, also known as RSV?

All three have similar symptoms, with fever being the most common. If you want to know for

sure, you can check with your health care provider. These viruses could become severe in a

short span of time, so starting on the right treatment can be important. Below is a
rundown of

virus symptoms and potential risks.

COVID-19 Symptoms

People with COVID-19 report a wide range of symptoms that may appear two to
14 days after

exposure to the virus. Symptoms are likely to include fever, cough, fatigue,
muscle aches,

headache, sore throat, and possibly a temporary loss of smell and taste. The CDC
has published

a full list of potential COVID-19 symptoms at
[https://www.cdc.gov/coronavirus/2019-
ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

“COVID-19 infection usually starts in our head. It later affects our lungs and
the rest of our

body,” said Dr. David Hrnir, medical director, Central Vaccine Safety Hub,
Defense Health

Agency-Immunization Healthcare Division. Preliminary research has shown that
the Omicron

variant does not spread into the lungs as aggressively as the Delta variant, which
was dominant

in the United States until Omicron emerged. People who have received COVID-19
vaccines can

still experience COVID-19 infections that may have symptoms similar to the
common cold or

flu. Patients might need testing to help confirm a diagnosis. To help you evaluate
your

symptoms, the CDC has a self-tracker tool at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/coronavirus-self-checker.html> that asks demographic questions and whether you have “life-threatening symptoms that may require urgent care.”

Influenza Symptoms

Influenza - better known as the flu - is also circulating. The CDC warns that the flu usually

comes on suddenly, and can be more dangerous than a common cold. The flu virus can cause

mild to severe illness, and at times can lead to death, even during mild flu seasons. Flu activity

was unusually low last winter in the United States and globally, resulting in an estimated 22,000

U.S. deaths. That compares to 52,000 U.S. deaths during the 2018-2019 flu season, the last year

for full reporting.

People who have the flu typically have some or all of the symptoms that the CDC lists at

<https://www.cdc.gov/flu/symptoms/index.html> that include fever, cough, sore throat, and

fatigue. Some people may have vomiting and diarrhea, although this is more common in

children than adults. The simultaneous surge of flu and COVID-19 cases nationwide is another

important reason to get a flu vaccine to protect you. It is possible to get both the flu and

COVID-19 at the same time, which would increase the risk of severe illness.
“Decreasing the
impact of influenza with your annual flu vaccine lessens the risk of having a co-
infection of
several viruses with all the unique symptoms from each viral infection impacting
you at the
same time,” HrnCir said.

Vaccination for the flu is available at military medical treatment facilities, clinics,
and at
commercial pharmacies and doctors’ offices. People who are at a higher risk
of flu
complications include children, those over 65, and those with compromised
immune systems.

There are certain therapeutics that may help these risk groups. CDC has an
influenza web page
at <https://www.cdc.gov/flu/season/index.html> that provides information on
current trends in the
disease.

Is It RSV?

A third threat this winter is the respiratory syncytial virus, also known as RSV,
which is a
mostly seasonal contagious respiratory virus. It most frequently afflicts premature
infants, and
children under two years old with chronic heart or lung disease. RSV can affect
adults as well,
especially those 65 older and those with compromised immune systems. Fever is
one of RSV’s

primary symptoms, along with runny nose, cough and a decrease in appetite.

However, more

serious symptoms like difficult or rapid breathing may require hospitalization.

Watch out for

these symptoms and seek medical care immediately.

Mild RSV typically resolves on its own. There is no vaccine to prevent RSV or specific

medication to treat this virus. Recommended home treatments for children who show signs of

RSV include fever reduction with over-the-counter medication; conservative nasal suctioning;

and offering plenty of fluids to stay hydrated. Otherwise healthy adults who get infected with

RSV usually have mild or no symptoms. Symptoms are typically consistent with an upper

respiratory tract infection. The disease usually lasts less than five days, according to the CDC.

During the winter cold and flu season, make sure you review the CDC's public health care

precautions to take good care of yourself and your loved ones. For more on RSV refer to:

?

[https://www.army.mil/article/91020/awareness_prevention_key_to_stopping_spread_of](https://www.army.mil/article/91020/awareness_prevention_key_to_stopping_spread_of_rsv)

[_rsv](https://www.army.mil/article/91020/awareness_prevention_key_to_stopping_spread_of_rsv)

? <https://www.cdc.gov/rsv/high-risk/infants-young-children.html>

? [https://jamanetwork.com/journals/jama/article-](https://jamanetwork.com/journals/jama/article-abstract/2787757?guestAccessKey=968dc621-e4b1-4921-8117-09d64ea28f48)

[abstract/2787757?guestAccessKey=968dc621-e4b1-4921-8117-09d64ea28f48](https://jamanetwork.com/journals/jama/article-abstract/2787757?guestAccessKey=968dc621-e4b1-4921-8117-09d64ea28f48)

[Source: Cheapism | Rachel Schneider | February 03, 2022 ++]

Covid-19 Testing

Update 14: Military Families' At-Home COVID Tests Should Be Covered, Too

Lawmakers are urging Defense Secretary Lloyd Austin to require Tricare to cover up to eight at-home COVID-19 tests per month. In a Feb. 17 letter to Austin, lawmakers noted that

“millions of Tricare beneficiaries have been left out” of policies recently announced by the administration to require private insurers to cover the cost of eight over-the-counter COVID-19 tests per person per month, and to allow Medicare recipients to get up to eight tests per month at no cost. Tricare beneficiaries have no other option but to pay out-of-pocket for at-home tests, they said. As of late Feb. 18, there hadn't been any changes to the Tricare policy, said Peter

Graves, spokesman for the Defense Health Agency, but there may be an announcement soon.

Military families with youngsters in child care are among those being burdened by these costs, said Nicole Russell, government relations deputy director for the National Military

Family Association. "You're constantly getting your child tested," she said. Tricare only covers tests that are ordered by a Tricare-authorized provider for a medically necessary purpose. But often, if a child is asymptomatic, pediatricians won't see the child to order a COVID-19 test because they are busy seeing sick patients, she said.

The costs of these tests adds up, said one Air Force Reserve major, who spoke on condition of anonymity. She's spent about \$300 on at-home COVID tests for herself, her husband and their 1-year-old daughter. Over the course of a few weeks earlier this year, they used at least 10 home tests, including some of the free tests through the government website, and they've also kept some on hand at their home in Alexandria, Virginia. The most expensive single at-home test was about \$30, she said.

The major and her husband, who is also an Air Force reservist, both work in civilian jobs and both have tested positive for COVID. Although their baby hasn't gotten COVID, she's been quarantined because she was exposed. There were also instances at the day care when other children may have been exposed. "Testing is really the key to being able to put her back in day care," said the major, who's been vaccinated and boosted. While the day care generally requires

testing from a doctor, it's been difficult to get appointments, she said, and the day care allows

the at-home tests.

"We're very cautious," she said, adding they test to protect themselves and others. "I

understand the economics of insurance and the expense. But it's in the public interest to make

the tests more accessible to everyone. Luckily I had tests on hand because I care about society

and my daughter. But we also have the means to buy those tests. Not everyone can. "We should

be doing everything we can to encourage people to take extra steps to make sure they're not

infecting others and spreading this virus unknowingly. I had nearly no symptoms at all. "The

general public good is served by ensuring that people have access to those tests. That includes

financial access. Tricare is supporting military families who, in theory, should be physically

ready for anything," she said.

The lawmakers noted that President Biden has directed private insurers to cover the cost of

eight over-the-counter COVID-19 tests per person per month. In addition, the Department of

Health and Human Services has announced it will require the Centers for Medicare and

Medicaid Services to allow Medicare recipients to get up to eight tests per month at no cost.

“Providing access to COVID testing is a key component to ending this pandemic, and it is unfair that military service members and their families are unable to access these tests at no out-of-pocket cost as their civilian counterparts are,” said Rep. Elaine Luria (D-VA) in an announcement of the letter sent to Austin. She and Rep. Debbie Dingell (D-MI) led the effort, and the letter was signed by an additional 43 lawmakers. [Source: MilitaryTimes | Karen Jowers | February 22, 2022 ++]

Opioids

Update 01: Tackling an Epidemic

The U.S. Centers for Disease Control and Prevention recently announced that drug overdose deaths topped 100,000 for the first time in a one-year stretch. For the period of April 2020 to April 2021, CDC data showed a nearly 29% increase from the previous year. Experts believe the precipitous rise was driven by abuse of the synthetic opioid fentanyl, as well as the COVID-

19 pandemic, which has left many drug users feeling isolated and unable to get treatment or

other support. Fentanyl is believed to be much more potent than heroin and morphine.

This unsettling news comes as addiction to opioids is already at epidemic levels.

Opioids are

a class of drugs that include pain relievers available by prescription. They also carry the risk of

overdose and are often misused because of the euphoric feeling they induce.

Addiction and

overdoses occur among people using prescription opioids (natural and semi-synthetic opioids

and methadone), street drugs such as heroin, and synthetic opioids such as fentanyl. All opioids

have the ability to relieve pain and create a euphoric feeling.

The opioid crisis has especially permeated North America. Over the past quarter-century, it

has cost the United States and Canada more than 600,000 lives, which exceeds their fatalities

from World War I and II combined. Exacerbated by COVID-19, last year marked the worst year

on record in both countries in opioid deaths. The United States saw a 33% spike in fatal

overdoses from 2019 to nearly 70,000. In Canada, fatal opioid overdoses skyrocketed 62% from

2019 to more than 6,200.

In response to the soaring opioid addictions and deaths in the United States and Canada over

the past 25 years, Stanford University and the British journal The Lancet collaborated to form a commission. The commission combined Stanford scholars with other leading experts in the U.S. and Canada, with the goal of better understanding the opioid crisis and proposing solutions to stop its spread domestically and internationally. In February 2022, the commission issued a paper highlighted by its findings on the opioid epidemic and made seven categories of recommendations aimed at defusing the crisis. The paper appeared in The Lancet.

Dr. Keith Humphreys, a professor of psychiatry in the Department of Psychiatry and Behavioral Sciences at Stanford University and a former White House drug policy advisor, chaired the commission. He's also a career research scientist with the VA Palo Alto Health Care

System in California. The key conclusions of the commission were:

1) The profit motives of actors inside and outside of the health care system will repeatedly generate harmful over-provision of addictive pharmaceuticals unless regulatory systems are fundamentally reformed.

2) Opioids are both a benefit and a risk to health, function, and well-being. Opioids' dual nature should be taken into account in drug regulation, prescribing, and opioid stewardship.

3) Integrated, evidence-based, enduring systems for the care of substance use disorders

should be built and supported financially on a permanent basis.

4) Policies are available that maximize the benefit and minimize the adverse effects of

criminal justice system involvement with people who are addicted to opioids.

5) Fostering healthier environments (e.g., through programs for safe disposal of opioid

pills, substance use prevention, and childhood enrichment) may yield long-term declines

in the incidence of addiction.

6) Innovation – in biomedical research on pain relievers and medications for opioid use

disorder treatment, supply control strategy, and delivery of substance use disorder

treatment – is urgently needed in response to the opioid crisis.

7) Developed nations should prevent their opioid manufacturers from promoting overprescribing in other countries. Developed nations should also provide generic morphine to low-income nations to ensure adequate pain and palliative care.

To read the entire paper refer to <https://opioids.stanford.edu>. [Source: VA Research

Communications | Mike Richman | February 3, 2022 ++]

Hospital Charges

Update 09: Price Transparency Noncompliance Notices

A survey of 1,000 hospitals found that only 14.3 percent are compliant with the price

transparency rule, according to a February Patient Rights Advocate report. The CMS final price

transparency rule aims to make hospital pricing information readily available to patients to

compare costs and make more informed healthcare decisions. To aid with this, hospitals in the

U.S. are required to post both a machine-readable file with the negotiated rates for all items and

services and display the prices of 300 shoppable services in a consumer-friendly format.

As of 18 FEB CMS has sent about 342 warning notices to hospitals that have been found

noncompliant with price transparency regulations since the rule went into effect Jan. 1,

2021 CMS has the authority to request a corrective action plan if it finds that a hospital is not

compliant with one or more of the requirements of the price transparency rule. The agency can

also issue a civil monetary penalty if the hospital does not respond to its request. CMS has sent

124 requests for a corrective action plan to hospitals that have received warning notices and not

made any corrections. Seventy-seven hospitals have had their cases closed after they've

addressed citations, according to CMS.

“To date, each hospital that has come under compliance review has resolved its deficiencies, or is in the process of doing so,” CMS said. “Therefore, it has not been necessary for CMS to issue any penalties.” Under the final price transparency rule, CMS will publicly name the hospitals that have received monetary penalties on its website. Those that have only received notices will not be named, CMS said. “Releasing this information prematurely could identify hospitals that have already taken corrective actions and come into compliance after issuance of a warning notice, given the relationship in timing of our reviews and the hospitals being at various stages addressing compliance requests,” CMS said.

No monetary penalties have been issued to date. However, under the rule hospitals with 30 beds or fewer should pay up to \$300 per day of noncompliance, but hospitals with more than 30 beds should pay \$10 per bed each day. The maximum penalty would be capped at \$5,500 per day. A full year of noncompliance with the regulation would result in a maximum penalty of \$2 million per hospital. [Source: Becker’s Hospital CFO Report | Marissa Plescia | February 18, 2022 ++]

Hospital Charges

Update 10: Medical Bill Horror Stories

Hospitals and doctors' offices are notorious for confusing costs, with fees that can soar as a

result of unexpected or inexplicable charges, insurance loopholes, and consultation fees. It's the

kind of thing that bewilders citizens of most other countries, where single-payer health care

prevents what The New York Times wrote about in an August exposé: "Hospitals are charging

patients wildly different amounts for the same basic services," available at <https://www.nytimes.com/interactive/2021/08/22/upshot/hospital-prices.html> and major health

insurers often negotiate "surprisingly unfavorable rates for their customers. In many cases,

insured patients are getting prices that are higher than they would if they pretended to have no

coverage at all."

The following horror stories, from Kaiser Health News unless otherwise identified, will

remind you that the next time you get a \$1,000 bill from your doctor, at least your statement

doesn't have another zero at the end — or two.

Dr. No Show

Doctors are known for high prices, but be warned that fees can rack up even when they aren't there. One Missouri mom took her toddler to the emergency room after he burned his hand on the kitchen stove, but they left after waiting more than an hour for a surgeon who never appeared. They were still charged \$1,012, or \$859 once insurance negotiated. The hospital eventually forgave the fee. Or consider MarketWatch's story of the Georgia woman who rushed to the emergency room in July with a head injury, checked in, and ... nothing. After waiting for seven hours, she left without a doctor seeing her or a practitioner even checking her vitals, yet got a bill for \$688 a few months later. She's still negotiating the charges with the hospital. Refer to:

🔗 <https://khn.org/news/article/the-doctor-didnt-show-up-but-the-hospital-er-still-charged-1012>

🔗 <https://www.marketwatch.com/story/woman-gets-688-35-er-bill-for-spending-7-hours-in-the-waiting-room-without-being-treated-11635794483>

Car Crash Injury

Car insurance personal injury protection policies can get you only so far, as one New Jersey

man learned when he was billed \$700,000 for surgery to repair damaged vertebrae in August

2020. Though he bought the maximum available coverage, which was for only up to \$250,000.

After negotiating with his car insurance company, he's still on the hook for nearly \$90,000.

Refer to <https://khn.org/news/article/after-accident-patient-crashes-into-700000-bill-for-spine-surgery>

Giving Birth to a \$46,000-a-Month Payment Plan

Babies can be expensive, but one Florida family may have set a record. After an early arrival in

November 2020, their son spent two months in the NICU getting life-saving care, resulting in

the family getting an insurance-adjusted bill of \$550,124. The proposed installment payment

plan was \$45,843 a month for 12 months — for some, an annual salary every 30 days. A year

later, the family was still trying to cut through the red tape. Refer to <https://khn.org/news/article/nicu-bill-installment-plan-thatll-be-45843-a-month-for-12-months-please>.

Birthday Precedent

After first-time parents welcomed their daughter in Kansas, the bill for her birth in February

2019 was no bundle of joy. They were charged \$270,951, including more than \$207,000 for a

NICU stay, after insurance providers enforced a little-known rule of starting by charging the

parent whose birthday comes first in the calendar year, even if they have the worse insurance.

After a year and a half of battling, the bill was forgiven, NPR says. Refer to <https://www.npr.org/sections/health-shots/2021/01/27/961196647/birthday-rule-blindsides-first-time-parents-with-a-mammoth-medical-bill>.

Cycling Injury

As an Olympic cycling hopeful was racing toward his dreams in Pennsylvania in June 2019, he flew over his handlebars and crashed hard, resulting in a fractured collarbone, five broken ribs, a partially collapsed lung, and a broken scapula. His injuries hurt his budget even worse with the arrival of bills for more than \$200,000 from various hospitals, surgical centers, and physicians. Why? Because some of the procedures were deemed elective. “I needed this surgery and no one else could do it,” he said. He’s still battling the bills two years later.

Refer to <https://khn.org/news/article/olympic-dream-dashed-after-bike-crash-and-nightmare-medical-bill-over-200k>.

Going Out of Network? Lesion Learned

After emergency room doctors diagnosed a Colorado man as at-risk for a brain aneurysm in April, they sent him to a different hospital to see a specialist. The medical move meant he was

hit with a \$109,586 bill for getting care at an out-of-network hospital. “They’re claiming I

voluntarily went to an out-of-network hospital, which is not true,” he said. After an ABC-TV

news team reached out, the hospital stated it had coded the charge wrong; he was left with a

\$2,700 statement. Refer to

<https://www.thedenverchannel.com/news/investigations/colorado-man-questions-more-than-100-000-surprise-hospital-bill-after-potential-brain-aneurysm>.

Private Ambulance Flight

After a woman broke her spine in a car crash, the nearest small-town doc gave her husband the

option to drive or fly to the nearest urban trauma center. The husband opted to fly instead or

take a four-hour ambulance ride, Vice reports, and received a \$60,000 bill — a sum on par with

a luxurious private flight. The bill ballooned to \$75,000 when the hospital charged interest

during an appeal. The couple filed bankruptcy after the hospital denied their fourth appeal.

Refer to: <https://www.vice.com/en/article/xgq5jw/surprise-medical-bill-stories-and-private->

[health-care-insurance](#)

Trauma Alert Fee

A car collision sent a California man to the emergency room for shoulder and back pain, but he

was released in less than three hours with no lasting injuries. Still, his minor aches
earned him a

major bill of more than \$44,000, including a nearly \$9,000 “trauma alert” fee for
when the

hospital’s surgeons were summoned to consult. His bill is part of an ongoing 2017
legal case,

CNN says. Refer to: www.cnn.com/2021/07/16/health/hospital-trauma-center-fees/index.html

Strep Test

Throat swabs for lab work are commonplace, but the sticker price one New York
woman paid

for one wasn’t. She was charged more than \$28,000 for an out-of-network strep
test in October

2019, and was still left paying around \$3,000 after insurance paid its portion.

Refer to

[https://khn.org/news/medical-bill-of-the-month-head-cold-throat-swab-dna-](https://khn.org/news/medical-bill-of-the-month-head-cold-throat-swab-dna-tests-insurer-)
[tests-insurer-](https://khn.org/news/medical-bill-of-the-month-head-cold-throat-swab-dna-tests-insurer-)

[coughed-up-25k](https://khn.org/news/medical-bill-of-the-month-head-cold-throat-swab-dna-tests-insurer-coughed-up-25k)

Appendix Surgery

When a North Carolina man showed up at the emergency room closest to his
home with an

appendix ready to burst, he didn’t check whether it was out of his insurance
network. Spoiler

alert: It was. After life-saving surgery, he was stuck with a \$28,000 bill. He’s still
trying to

negotiate a lower fee. Refer to [https://khn.org/news/appendicitis-is-painful-add-](https://khn.org/news/appendicitis-is-painful-add-a-41212-)
[a-41212-](https://khn.org/news/appendicitis-is-painful-add-a-41212-)

surgery-bill-to-the-misery.

[Source: Cheapism | Ashley Biggers | February 25, 2022 ++]

Ambulance Charges

Surprise Billing Law Provides No Out-of-Network Protection

An estimated three million privately insured patients are transported by ground ambulances to

emergency rooms annually. Nearly two-thirds of ground ambulance rides are provided by local

government agencies, such as municipal fire departments or rescue squads.

Ambulance services

also may be provided by hospitals, or by private nonhospital ambulance companies. Due to the

nature of emergency services, patients often do not choose their ambulance provider.

Emergency medical dispatchers select the closest or most appropriate ambulance, depending on

the caller's location and the nature of the medical emergency. As a result, patients who receive

ambulance services are likely to receive them from providers who do not contract with their

health plan, which can result in out-of-network bills.

Currently, no federal law protects consumers against "surprise" bills from out-of-network

ground ambulance providers. The federal No Surprises Act, signed into law in December 2020

as part of the Consolidated Appropriations Act of 2021, includes provisions to protect

consumers from surprise bills, including air ambulance bills. These protections, however, do not

apply to ground ambulance services. Instead, Congress required further study of such services,

and instructed the Secretary of Health and Human Services, the Secretary of Labor and the

Secretary of the Treasury to establish a committee that will review the options for improving

cost transparency for ground ambulance services, in order to increase consumer awareness

about insurance coverage for such services and protect patients from surprise bills.

The cost of an ambulance ride has soared over the past five years, according to a report from

FAIR Health. Some state and local governments regulate ground ambulance surprise billing

practices; however, such laws may not apply to all health plans or ambulance providers in an

area. Because of the substantial policy interest in ground ambulance services, FAIR Health

drew on its vast database of private healthcare claims to illuminate multiple aspects of such

services across the nation. Among the findings:

☐ Throughout the period 2016-2020, advanced life support (ALS) services, which provide

a higher level of care than basic life support (BLS) services, accounted for a larger percentage of emergency ground ambulance claim lines than BLS services. For

example, in 2020, 51.5 percent of emergency ground ambulance claim lines were associated with ALS compared to 48.5 percent associated with BLS.

▣ From 2017 to 2020, average charges and allowed amounts increased for both ALS and BLS emergency ground ambulance transport.

o ALS emergency ground ambulance services increased from an average charge of \$1,042 in 2017 to \$1,277 in 2020—a 22.6% increase. The average allowed amount for the same services rose 56% from \$486 to \$758 during the same period.

o The average charge for BLS emergency ground ambulance services increased 17.5% from \$800 in 2017 to \$940 in 2020. The average allowed amount for the same services rose 39.9% from \$373 to \$522 during the same period.

▣ Individuals 65 years and older were consistently the largest age group associated with emergency ground ambulance services, though their share of the distribution decreased from 37.7% in 2016 to 34% in 2020.

▣ In the period 2016-2020, females accounted for a larger share of emergency ground ambulance claim lines than males in all but two age groups; males had more claim lines in the 0-18 and 51-64 age groups.

☐ In the period 2016-2020, the top three reasons patients overall were transported via emergency ground ambulance were (from most to least common) general signs and symptoms, general signs and symptoms involving circulatory and respiratory system, and signs and symptoms involving cognition.

☐ Among patients aged 19-35, mental health conditions were the most common diagnosis associated with emergency ground ambulance in the period 2016-2020.

☐ In 2020, COVID-19 entered the rankings of diagnoses associated with ALS emergency ground ambulance transport at 15th place, and entered the rankings for BLS emergency ground ambulance transport at 10th place

Medicare, however, kept its payments in check: Its average reimbursement for advanced life support ambulance rides increased by just 5%, from \$441 to \$463. Costs for ground ambulance care are on the rise and, with few balance billing protections that means patients could still be hit with some big surprises if they wind up needing a ride in an ambulance.

[Source: Axios |

Tina Reed | February 22, 2022 ++]

Bowel Health

Ways to Improve It

Did you know that the health of your gut can have a significant impact on your overall health? A

recent study found that many people have an unhealthy gut due to excess alcohol, food allergies, and stress. However, many factors improve gut health, such as drinking plenty of water and eating probiotic-rich foods. The following will go over some tips for getting better gut health!

Drink Plenty of Water

Did you know that approximately 75% of your immune system is in your gut?

Drinking plenty of water is an easy way to help the health and functioning of the bacteria living in your gut.

Drinking large amounts of water can also reduce constipation and kill off harmful parasites

living in our digestive tract. To ensure these bacteria stay happy and healthy, drink at least eight

glasses a day.

Eat More Fiber

Our food supply has been stripped of many of the nutrients it once contained, so be sure to get

enough fiber in your diet! Fiber is an indigestible type of carbohydrate that helps with bowel

health, reduces your blood sugar, and can even help you lose weight because it fills you up.

Based on a 2000 calorie per day diet, men and women should get 25 and 38 grams of fiber per

day, respectively. Some types of food high in dietary fiber include legumes such as black beans, lentils, chickpeas, soybeans; fruits such as raspberries, pears, prunes; vegetables such as artichokes, corn, broccoli, and sweet potatoes; and whole grains such as barley, brown rice, oats, quinoa, and wheat berries.

Eat Probiotic-Rich Foods

Probiotics are live microorganisms thought to be beneficial to human health. Eating foods rich in probiotics such as yogurt, kimchi, sauerkraut, miso soup, kombucha tea, tempeh, and some cheeses have numerous benefits such as reducing allergy symptoms and improving digestion.

Fermented foods such as sauerkraut and kimchi contain large amounts of lactobacillus, a type of microorganism that significantly improves gut health. These probiotic-rich foods also help us absorb nutrients more efficiently and prevent harmful bacteria and parasites damage.

Reduce Stress

Stress can significantly impact the organisms that reside in our digestive tract. A study showed that stressed mice had substantially less Lactobacillus and Bifidobacteria living in their gut compared to mice that were not under stress. These two types of bacteria are important for

promoting a healthy environment within the gut, so being under stress can decrease their

presence! Stress can result in leaky gut syndrome, gastroenteritis, constipation, irritable bowel

syndrome (IBS), inflammatory bowel disease (IBD), and obesity. To reduce your stress levels,

practice mindfulness meditation or yoga and make time to do things you enjoy, such as taking a

stroll through nature or listening to music.

Eat More Prebiotics

Prebiotics are supplements (often found in powder form) that contain non-digestible fiber that

promotes the growth of healthy bacteria in your gut. One type of prebiotic is resistant starch

which you can find in some types of legumes, whole grains, green bananas, plantains, underripe

cooked potatoes, and cooked long-grain rice. Soaking these foods in water before cooking them

helps release the resistant starch.

Sleep More

Getting at least 7-8 hours of sleep every night reduces stress, improves mood, and boosts your

immune system. It also helps you maintain a healthy weight and makes it easier to have a good

appetite. To achieve these benefits, avoid screen time before going to bed and do not drink

anything with caffeine before going to bed since both of these things can interfere with a good night's rest.

Conclusion

Keeping your gut healthy is one of the best things you can do for your body because it ensures proper control over inflammation, immunity, and metabolism. Improve your gut health by drinking plenty of water, eating prebiotic-rich foods, reducing sugar intake, getting enough sleep, minimizing stress, avoiding taking antibiotics when unnecessary, and eating more fiber.

[Source: Ziggy Social | February 14, 2022 ++]

Cervical Cancer

Update 07: Why Have A Screening?

Cervical cancer starts in a woman's cervix and can spread to other parts of the body. The cervix is the lower part of the uterus that connects to the opening of the vagina. Early on, cervical changes don't cause symptoms. Often, the only way to know you have cervical changes is to do cervical cancer screening. Screening tests are done to detect possible cancer in people who don't

have any signs of cancer. A Pap test or testing for human papillomavirus (HPV) can find these problems early, when they are easier to treat. Pap tests can also detect some infections of the cervix and vagina.

Cross section of female pelvis showing hands taking cervical sample for pap test. A speculum is used to

open the vagina so cells can be taken from the cervix.

What is a Pap test?

A Pap test is a procedure that helps find changes in the cervix that may lead to cancer. For this test, a small sample of cells is taken from the cervix with a swab. This is done in your health care provider's office. The cells are then looked at in a lab to see if there are any abnormal cells.

A Pap test is a safe procedure. It takes just a few minutes and causes little or no discomfort.

The HPV connection

HPV is a family of viruses that spread through skin contact. Certain types are almost always spread through sexual contact. Some HPV types cause genital warts (condyloma). But not all types of HPV cause visible symptoms. Certain types cause cell changes (dysplasia) in the cervix

that could eventually lead to cancer. In fact, HPV infection is the most important risk factor for cervical cancer. Health care providers can now test for HPV. Testing for HPV is often done with the Pap test. It's important to have cervical cancer screenings as recommended by your health care provider. This helps make sure that any abnormal cells will be found and treated before they become cancerous. Women in same sex relationships should also be screened for HPV.

Testing Accuracy

As with any lab test, cervical cancer screening results are not always accurate. Sometimes, the results show abnormal cells when the cells are normal. This is called a false-positive result.

Cervical cancer screening also may not detect abnormal cells when they are present. This is called a false-negative result. Many factors can cause false results:

- ☐ The sample may contain too few cells.
- ☐ There may not be enough abnormal cells to study.
- ☐ An infection or blood may hide abnormal cells.
- ☐ Douching or vaginal medications may wash away or dilute abnormal cells.

To help prevent false-negative or false-positive results, you should avoid douching, sexual intercourse, and using vaginal medications or hygiene products for 2 days before your test. And

while you can have cervical cancer screening when you have your menstrual period, it is best to schedule screening at another time. Your period can affect the accuracy of the results.

Who should have a Pap test or HPV test?

Ask your health care provider when to start cervical cancer screening, what types you should

have, and how often to have them. Follow these guidelines from the U.S. Preventive Services

Task Force for cervical cancer screening:

☐ A first Pap test at age 21. And then every 3 years until age 29, HPV testing is not recommended during this time, though it may be done to follow-up on an abnormal Pap test.

☐ Starting at age 30, screening in average risk women can be done through a Pap test done with an HPV test (co-testing) every 5 years. This should be done until age 65. Another option for women in this 30 to 65 age group is to have just the Pap test done every 3 years or screen every 5 years with high-risk HPV testing alone.

☐ You may need a different screening schedule if you are at high risk for cervical cancer.

Risk factors include having HIV, a weak immune system, being on long-term steroids, or exposure to the medicine DES while your mother was pregnant with you. Talk with your health care provider about the best schedule for you.

- ❑ If you're over age 65 and have had regular screenings for the last 10 years with no abnormal results in the last 20 years, the U.S. Preventive Services Task Force doesn't recommend screening unless you are at high risk for cervical cancer.
- ❑ If you had a hysterectomy that included removing your cervix, you can stop screening unless the hysterectomy was done to treat cervical cancer or pre-cancer. If you still have your cervix after the hysterectomy, you should continue screening according to the above guidelines.
- ❑ Routine testing does not need to be done each year. However, if your test is abnormal, your health care provider will let you know how often to be tested.
- ❑ Women who have been vaccinated for HPV should still follow these guidelines.
- ❑ If you have had cervical cancer, talk with your health care provider about the follow-up plan that's best for you.

Feeling anxiety during visits with your health care provider is not uncommon. This is especially true if you have a history of trauma. Tell your health care provider if you are anxious about your visit. Work together to find ways to reduce your anxiety. Talk with your mental health team about issues that bother you. If you don't have a mental health provider, talk with

your primary health care provider about your concerns. Ask for an appointment to speak with a

mental health provider. To learn more, read about cervical cancer screening by the American

College of Obstetricians and Gynecologists at <https://www.acog.org/womens-health/faqs/cervical-cancer-screening>. [Source: Veterans Health Library | January 25, 2022 ++]

Lactose Intolerance

Digestive Problem with Dairy Products

Many people have digestive problems such as stomach ache, bloating, "gas" and diarrhea after eating or drinking dairy milk or other products that contain lactose. People who have difficulty digesting dairy products may only tolerate small amounts of lactose (a sugar found in milk and other dairy products). This is called lactose intolerance. But a sensitive reaction to dairy products might actually be due to a different problem. It is important to get the diagnosis right before deciding to make major changes to your diet, especially in children, teenagers and people who need more calcium.

Lactose intolerance is not an allergy. This is an important difference. People who have a

milk allergy react to even tiny amounts of milk or other dairy products. Lactose-intolerant

people, on the other hand, can eat and drink certain amounts of lactose without developing

symptoms. It takes at least half an hour for symptoms to occur after the person has eaten or

drunk something containing lactose. The symptoms are at their worst after around 1.5 to 2

hours, but they can last longer. Lactose intolerance causes symptoms such as:

- ☐ A bloated belly
- ☐ Feeling full
- ☐ Pain in the lower belly
- ☐ "Gas"
- ☐ Diarrhea
- ☐ Nausea, vomiting
- ☐ Sometimes constipation too

Causes

Lactose intolerance is usually passed on to children in their parents' genes. In these cases, it's

referred to as "primary lactose intolerance." Babies' digestive systems are designed to survive

only on breast milk. In order to digest milk, they make an enzyme called lactase. Lactase breaks

down the kind of sugar found in milk (lactose) in the bowel so that the body can process it

further. When a child is weaned off breast milk, their digestive system gradually adapts to

digest and process other foods. Their body then produces less lactase. When this happens, some

people don't have enough lactase to break down the lactose in their food.

As a result, they don't

tolerate lactose-containing foods and drinks as well as other people do.

If an adult consumes more lactose than their body can break down with the available lactase,

some lactose is left over in the bowel. It passes on into the large intestine, where it is digested

by intestinal bacteria (through fermentation). As a result, more gas and other byproducts are

produced in the bowel, and that causes the problems.

Lactose intolerance can also develop due to other health problems, including a chronic

inflammation (like in Crohn's disease) or injury to the lining of the intestine.

This is known as

acquired or secondary lactose intolerance. It happens when the small intestine starts producing

too little lactase because the lining of the intestine has been damaged.

Lactose intolerance is very rare in children under the age of five. It typically develops in

teenagers or adults. Although lactose intolerance is very common all over the world, there are

significant differences between regions and populations. About 5 to 15% of people from Europe

are lactose-intolerant. It is least common in Northern Europe. In contrast, it is estimated that

between 65% and more than 90% of adults in Africa and East Asia are affected.

These regional

differences are probably linked to how long the local milk industry has existed. In

many

European countries, dairy products have featured heavily in the national diet for a long time.

People who tolerated them well had a better chance of surviving.

Normal Lactose Digestion Lactose-Intolerant Person's Digestion

Diagnosis

If you think you might be lactose-intolerant, you can speak to your family doctor about it. They

will then usually refer you to a gastroenterologist for a test. The following tests can be used:

☐ Hydrogen breath test: This involves measuring the amount of hydrogen in your breath

before and after drinking a lactose solution. People with lactose intolerance generally

have more hydrogen in their breath afterwards.

☐ Lactose tolerance test: This test involves measuring your blood sugar levels before and

several times after drinking a lactose solution. It shows whether your body is able to

break down and absorb the lactose.

☐ Elimination diet: This involves avoiding lactose-containing foods and drinks for a while

and then consuming a certain amount of lactose afterwards to see how your body reacts.

But lactose intolerance can't be diagnosed based only on the readings measured in tests. It is

only possible to say with certainty whether you're lactose-intolerant if typical symptoms occur

during the test(s). You don't have to do all of these tests. In many places the standard test is the

breath test.

Treatment

Before starting the treatment, it's important to find out whether your lactose intolerance is

genetic or acquired. If it's acquired, the symptoms are caused by a different disease. If that

disease is treated and the lining of the bowel recovers, the symptoms will disappear too. People

with genetic lactose intolerance can lead a symptom-free life if they make some changes to their

diet. Research findings show that the best known way to reduce the symptoms is to eat and

drink small amounts of lactose and to only ever drink dairy milk together with other foods.

There is no treatment that can "cure" lactose intolerance.

To prevent the symptoms, some people take tablets or capsules containing commercially

made lactase. The aim is to help break down the lactose in the bowel, allowing people to

tolerate more lactose. But no good-quality studies have proven that they can relieve the typical symptoms. It is also not clear whether prebiotic or probiotic products can help.

What can lactose-intolerant people eat?

Dairy products aren't essential for a balanced diet, but you do need to make sure you get enough

calcium. Good sources of calcium include green vegetables such as spinach and kale, and

calcium-rich mineral water. Aged cheeses such as parmesan or mature gouda also contain a lot

of calcium and hardly any lactose. Lactose-intolerant people tend to tolerate them well. You

don't usually need to cut lactose-containing foods out of your diet completely. The following

amounts are normally well tolerated – especially if consumed together with a meal or other

foods:

☐ Up to 12 g of lactose at once (for example, 250 ml of milk)

☐ Up to 24 g of lactose over the course of the day (for example, 500 ml of milk)

[Source: <https://www.informedhealth.org/lactose-intolerance.html> | February 2022 ++]

Human Body Facts

Update 04: Ten More You Most Likely Do Not Know

The human body is one of the strangest and most fascinating machines out there.

There is so

much that we don't know, and a plethora of facts that will surely give you a much

better

understanding of what our bodies are capable of. From being able to prevent
cavities through

kissing to human hair being virtually indestructible, read on to find out the
weirdest facts about

the human body.

Women's Brains Shrink during Pregnancy

When women are pregnant, amongst the many changes that their bodies
experience is the fact

that the brain shrinks a little bit. It can take up to six months after childbirth for
the brain to

return to the size it was before the person was pregnant. Though the change is
not that big, it can

be observable. When the baby is out though, these changes start reversing right
away.

The Eye's Cornea Doesn't Have Its Own Blood Supply

Apparently, the little cornea in the eye is the only part of the human body that
doesn't receive

any blood. And why is that, you ask? Because the outer parts of the eye need to
be transparent to

let the light shine through them and enable vision, and blood isn't exactly
see-through. The

cornea isn't connected to any blood vessels. It receives its nutrients from tears, nerve fibers, and a

transparent inner-eye fluid called aqueous humour.

The First Thing That Develops In A Human Embryo Is The Anus

There are so many things that we could think about as being the first organs to be developed in a

human embryo, it could be the brain, the heart, something... but the anus? Yet, it's true folks.

Before anything else is developed, a little anus can be seen in a human embryo, and the second

thing to be developed is the mouth, go figure!

The Human Embryo Develops Fingerprints After Three Months

One of the most interesting things a pregnant person can do is follow the different stages of

development of an embryo. Towards the 17th week of pregnancy, an embryo's fingerprints are

basically set in stone. From that point on, those fingerprints will never change again until the

person is dead, and every single fingerprint out there is completely unique to one person.

A Quarter of Your Body's Bones Are Located in Your Feet

Each person's feet and ankles have a whopping total of 26 bones, can you believe it?! Within

those small parts of our bodies, there are some 33 joints, and more than 100 tendons, ligaments,

and muscles. It is one of the most complex areas of one's skeletal system, and if we think about

it, maybe that's why they are so prone to be easily injured.

Astronauts Could Grow About Two Inches Taller While In Space

Since astronauts don't have gravity weighing them down on their bodies all the time while in

space, their bodies can apparently stretch out much more than they would on Earth. Most

astronauts actually come back from space a little bit taller than they were before.

Those who stay

in space for about a year can gain up to two inches.

A Body's Small Intestine Is Approximately 20 Feet Long

It's not the first length that would come to our minds when we hear of "the small intestine", but

apparently that's its length! Additionally, the large intestine in the human body can be about five

feet long. If both of the intestines were combined together, they would make a rope that is as

long as a huge three-story building

If You Find Yourself Starving, Your Brain May Start Eating Itself

There are many things that happen to our bodies when we're starving, and one of those happens

in the brain. Once the brain realizes that the body is completely starving, it may begin eating

itself to survive. This could be caused not only by starvation but by a person engaging in extreme

dieting too. The scientific term for this occurrence is called autophagy.

Your Brain Could Survive For About Five To Ten Minutes without Oxygen

We all know that the brain is one of the most powerful organs in our bodies, but did you know

that it can actually survive with zero oxygen for about five to ten minutes?

Simply put, you will pass out after a minute or two without oxygen, but your brain will continue

functioning for quite a bit after that. Even after your heart stops, the brain can last for six more

minutes.

If You Have Two Organs of the Same, Only One of Them Is Required To Live

It may take some time to understand this one, but it's simpler than it sounds. For instance, if you

happen to lose one of your lungs, you may still be able to have a completely normal life with just

one of them. What you won't be able to do though, is to exercise the same way a person with

two lungs is able to, and the same goes for the kidneys.

[Source: The Fun Post | Brenda Miller | November 2021 ++]

* Finances *

Social Security Taxes

Update 05: When Will You Stop Paying So Much

If you receive Social Security, there's a better than 50% chance that a portion of your Social

Security benefits could be taxable. In 2020, the Congressional Research Service reported that

the average amount of federal income taxes owed on Social Security benefits was about 6.6% of

Social Security benefits. While the tax varies by income, households affected were expected to

pay, on average, an estimated \$3,211.

Unlike other federal income taxes, the revenues received from taxation of Social Security

benefits are credited to the Social Security and Medicare Trust Funds. And even more unlike

other federal income taxes, Congress hasn't adjusted the income thresholds that subject Social

Security benefits to taxation in 37 years. The lack of adjustment has led to both a growing

number of Social Security recipients who pay the tax, and a growing amount of their benefit that

is subject to taxation. In 1984 when the tax on benefits became law, fewer than 10% of

beneficiaries paid federal income taxes on their benefits. Today the Social Security

Administration projects that as many as 56% of households receiving Social Security benefits

will pay taxes on a portion of their benefits in coming years.

Up to 85% of Social Security benefits can be included in taxable income of recipients whose

"provisional" income exceeds the income limits. Provisional income is determined by adding

the adjusted gross income, plus otherwise tax-exempt income, plus 50% of Social Security

benefits. (AGI + tax exempt income + 50% of Social Security benefits = provisional income).

Social Security benefits are taxable for single filers with provisional incomes of more than

\$25,000 and married couples filing jointly with provisional incomes of more than \$32,000. Had

these income thresholds been adjusted for inflation since 1984, the \$25,000 level would today be

about \$68,400, and the \$32,000 level would be \$87,550.

Social Security Trustees have estimated that the Social Security Trust Fund will receive \$34.5

billion in revenues from the taxation of Social Security benefits in 2021 and that will jump to

more than \$45 billion for 2022. That big jump is primarily due to the rising number of new

retirees and does not factor in the impacts of the 5.9% cost-of-living adjustment received in

2022. Considering the impact that your 5.9% cost-of-living adjustment (COLA) may have on

your tax situation for 2022. You might prefer to pay taxes throughout the year to avoid a big bill

at tax time or worse, an underpayment penalty.

You can request money be withheld from your Social Security benefit by filing Form W-4V

with the Social Security Administration, requesting to have 7%, 10%, 12% or 22% of your

monthly benefit withheld for taxes. You can also have taxes withheld from other income, such as IRA withdrawals or a pension. Finally, you may opt to send quarterly estimated tax payments to the IRS with Form 1040-ES. The Senior citizen League (TSCL) is working for passage of Social Security legislation that would adjust these income thresholds to enable more middle income retired and disabled Americans to keep more of their benefits. Responsible legislation would need to ensure that revenues lost to the Social Security and Medicare Trust Funds due to adjusting the income thresholds are replaced from other sources of revenue. [Source: TSCL | February 15, 2022++]

Medicare Premiums | 2022

Part B \$259 Annual Premium Increase for New Alzheimer's Drug

Aduhelm, the pricey new Alzheimer's drug is credited with adding about half of the \$21.60 per month Medicare Part B cost increase this year. It's \$56,000-per-patient price tag is responsible for half of the biggest Part B increase (dollar-wise) in the history of the program. The 14.5%

Part B increase set off a contentious uproar from beneficiaries and advocates, including The Senior Citizens League (TSC), because Part B costs continue to grow so much faster than the cost-of-living adjustment, which erodes the buying power of Social Security benefits over time.

TSC thinks it's a stretch to justify a premium increase that high, especially in light of the fact that Medicare had not issued a coverage determination for Aduhelm prior to the premium announcement. Even worse, only a month after the Part B premium increase was announced in November, Aduhelm manufacturer Biogen cut the price of its drug by about half, to \$28,200 after facing slower than expected sales with complaints that the high cost was not worth the benefits. Meanwhile, all Medicare beneficiaries are still paying about \$11.50 more per month for Part B premiums based on the higher price tag.

Legislation, stalled in the Senate, that would reduce prescription drug costs won't help with the problem. Although the Build Back Better Act would cap Medicare beneficiaries' out-of-pocket spending for Part D drugs at \$2,000 per year, that provision would not help with the cost of Aduhelm. The drug is administered intravenously in a doctor's office and would be billed under Medicare Part B, instead of Part D. The estimated 20% co-insurance at the new lower

price would be \$5,640 a year.

Aduhelm, however, is highly controversial in other ways as well. Although Medicare typically covers drugs approved by the U.S. Food and Drug Administration (FDA), Aduhelm was approved despite objections from the FDA's own scientific advisory panel, because clinical trials did not demonstrate the drug to be effective. In addition, side effects, which include brain swelling and bleeding, require close monitoring, and potentially, expensive magnetic resonance imaging (MRI) scans. The costs of these services due to side effects haven't been estimated and would drive up Part B costs even further.

TSCl strongly feels that the portion of the Part B premium increase attributable to Aduhelm should be reduced. TSCl favors rolling back the Medicare Part B premium in 2022 from \$170.10 per month to roughly \$158.50, the amount that the Medicare Trustees estimated the

Part B premium would increase without the cost of Aduhelm. This would protect beneficiaries from unjustified Part B premium costs and would allow Medicare to make a determination based on the true merits of the drug. Given the high cost of the drug and the serious side

effects, it remains to be seen whether physicians will be enthusiastic about prescribing

Aduhelm. [Source: TSCL | February 15, 2022++]

Social Security Benefits

Update 08: What if COLAs Were Tied to Medicare Part B Premium Increases

Have you ever wondered how much higher your Social Security benefits would be if your

benefits were tied to the percentage of increase in Medicare Part B premiums, instead of the

consumer price index. If the annual Social Security cost-of-living adjustment (COLA) were

tied to the percentage of increase in Medicare Part B premiums, benefits over the past decade

would be 42 percent higher in 2022! Our COLA is shortchanging us and failing the very people

it's supposed to protect.

Medicare Part B premiums are the fastest-growing cost that most older Americans face in

retirement, but those costs aren't fairly accounted for by the method used to adjust Social

Security benefits for inflation. This is a major source of erosion in the buying power of Social

Security benefits. If the Social Security COLA equaled the percentage increase in Medicare Part

B, from 2013 to 2022, a benefit of \$1,155 would be about \$593 per month higher in 2022 (that would be \$7,116 more in 2022.). Had the COLA equaled the increase in Part B premiums, retirees with an average benefit of \$1,115 per month in 2012 would have pocketed an extra \$32,608 from 2013 through 2022!

As high as the 2022 Part B premium increase is, Medicare premiums routinely have increased about three times faster than COLAs over the past decade. From 2013 to 2022, the COLA increased benefits by 18.8 percentage points while Medicare premiums grew by 57.2 percentage points as illustrated in the following chart.

Medicare Premiums Increased Three Times Faster Than COLAs Over Past Decade

The Social Security COLA is provided to protect the buying power of Social Security benefits, but the COLA doesn't account for Part B premiums. The annual inflation adjustment is based on the price changes of goods and services used by working adults younger than age 62 and doesn't include price changes experienced by retired and disabled Americans over that age who receive Medicare.

Social Security benefits have lost 32 percent of their buying power over the past 21 years,

and that loss has deepened as inflation has continued to rise in 2022. The Senior Citizens

League (TSCL) continues to work for passage of a one-time \$1,400 stimulus check for Social

Security recipients and has collected 100,000 signatures from its online petition. For details or

to sign petitions regarding a number of SSA related issues, visit [https://seniorsleague.org/sign-a-](https://seniorsleague.org/sign-a-petition)

petition. [Source: TSCL | Mary Johnson | February 15, 2022 ++]

Social Security Benefits

Update 09: What Happens to Them When You Die

Social Security benefits are not a savings account that you leave behind to your heirs. Social

Security is designed more like life insurance, or an annuity that provides survivor benefits for a

spouse and certain other dependents based on your account if you pass away. Social Security

survivor benefits are based on the amount of your benefit check when you pass and provide

valuable inflation-adjusted income to your spouse and other dependents who receive benefits. If

your spouse lives considerably longer than you do, these benefits could be worth even more than

what you might have saved and left in your estate.

That said, Social Security has some miserly rules when beneficiaries pass away. Your

spouse, or other estate administrators if your spouse passes before you, must return the Social

Security benefit that you received for the month of death, and any received thereafter. Your

family is not allowed to keep Social Security retirement checks received for the month a person

dies, even when the death was on the last day of the month.

It's important to understand that Social Security benefits are not based on the money you and

your employer paid in, but calculated on your earnings. When planning for retirement, it's

important to understand how early retirement can reduce your benefit by as much as 30%,

depending on when you were born. If you wait to claim benefits at your full retirement age you

will receive 100% of the benefits that you're entitled to. Claim earlier, and you permanently

lock in reduced benefits. Full retirement age, also called "normal retirement age," was 65 for

many years. In 1983, Congress passed a law to gradually raise the age because people are living

longer and are generally healthier in older age. It raised the full retirement age beginning with

people born in 1938 or later. The retirement age gradually increases by a few months for every

birth year, until it reaches 67 for people born in 1960 and later.

The opposite is true when you delay starting benefits past full retirement age. You can maximize what you receive by working a little longer, allowing your benefit to grow 8% for each year you delay retirement until age 70 due to delayed retirement credits. To determine these credits refer to <https://www.ssa.gov/benefits/retirement/planner/delayret.html>.

Who receives survivor benefits?

Certain family members may be eligible to receive monthly benefits, including:

- ☐ A widow or widower age 60 or older (age 50 or older if disabled).
- ☐ A surviving divorced spouse, under certain circumstances.
- ☐ A widow or widower at any age who is caring for the deceased's child who is under age 16 or disabled and receiving child's benefits.

An unmarried child of the deceased who is one of the following:

- ☐ Younger than age 18 (or up to age 19 if he or she is a full-time student in an elementary or secondary school).
 - ☐ Age 18 or older with a disability that began before age 22.
- Under certain circumstances, the following family members may be eligible:
- ☐ A stepchild, grandchild, step grandchild, or adopted child.
 - ☐ Parents, age 62 or older, who were dependent on the deceased for at least half of their support.

Go to <https://www.ssa.gov/pubs/EN-05-10008.pdf> to learn more about Social Security

benefits in SSA Publication No. 05-10008 “How Social Security Can Help You When
a Family

Member Dies”. [Source: TSCL | February 15, 2022 ++]

Surprise Medical Bills

Update 04: New Federal Protections Take Effect

It’s a new year, and that means your doctor’s office, hospital, and outpatient
services
departments have a fresh batch of forms for you to sign. It’s more important than
ever to read
those forms before signing! You don’t want to inadvertently agree to significantly
higher costs
because you signed away your rights to new federal protections against surprise
medical bills.

Email received by The Senior Citizens League (TSCL) indicate that too many of you
have
received surprise bills in the past and, as a result, some of you are carrying debt
that you haven’t
been able to pay off.

While the new law against surprise medical bills has taken effect, it’s effectiveness
in
reducing costs will rely on the patient’s vigilance and understanding of the new
rights,
according to the details of new brief from the Kaiser Family Foundation. Surprise
medical bills

refer to bills from out-of-network doctors, hospitals, or other providers that you did not choose (such as a radiologist that you never saw when getting a scan.) Studies have found that these surprise bills happen a lot — in almost one-out-of-every 5 visits to the emergency room. They can also arise during in-network hospitalizations for non-emergency care when using one or more out-of-network providers.

While surprise medical bills potentially could happen to anyone, they are particularly a problem for those of you enrolled in Medicare Advantage plans. This is especially so for those who are enrolled in a Medicare Health Maintenance Organization (HMO) which contracts with a specific network of healthcare providers. The new law:

- ☐ Requires private health plans to cover out-of-network claims and apply what you would otherwise owe for in-network cost-sharing (deductibles, co-pays or co-insurance)
- ☐ Prohibits doctors, hospitals, and other covered providers from billing patients more than in-network cost sharing amount.

But there are exceptions if patients give written consent to out-of-network services, by signing forms waiving their rights to the new protections. Ironically the form is entitled “Surprise Billing Protection Form.” Beware! While providers are not allowed to ask patients to

waive their rights for emergency services or for certain other non-emergency services, providers

can refuse care if consent is denied.

The new protections apply to emergency services provided in hospital, and freestanding

emergency departments. It applies to air ambulance transportation but not ground ambulances

which are a major source of surprise bills. It applies to services provided in a hospital following

an emergency visit, known as “post stabilization care.” Finally, it also covers non-emergency

services provided by out-of-network providers who provide services at in-network hospitals and

other facilities. This could include, for example, an anesthesiologist, or another provider who

might not be employed directly by your network hospital, but instead bills independently, and

may not be part of your health plan.

Due to the way the regulations are written, TSCl believes that oversight and enforcement

will rely on complaints from patients. But in order to complain, patients will need to understand

that they should not be overbilled for emergency services or by out-of-network providers who

provide services for in-network hospitals. Based on our experience, most of the public doesn't

know all that much about the ins and outs of their healthcare coverage, how
billing should work,
or their rights to federal protections.

This is especially true for Medicare recipients. How Medicare beneficiaries and
their

families will be educated about the new rights is yet to be determined. If you
believe you have

received a surprise bill you should appeal to your insurer or contract a consumer
protection

agency. You can also call a new hotline run by the federal government at 1-800-
985-3059. For

more on surprise billing visit <https://www.kff.org/search/?s=surprise+bill>.

[Source: TSCL | Rick

Delaney | February 15, 2022 ++]

Cola Watch 2022

Index Increases at Highest Rate in 40 Years

The latest figures tracking consumer prices – numbers that determine the annual
cost-of-living

adjustment (COLA) for military retirees, disabled veterans, and many others –
show an increase

not seen in decades. The last time these rates were recorded, legislation designed
to right the

federal budget nearly cost military retirees their COLA. Time will tell whether history repeats itself, and whether MOAA will again need to join with other advocacy groups to combat such proposals.

Facts and Figures

Each year's COLA increase comes from the average increase of the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for July, August, and September of the previous year. The 2022 figure of 5.9% came from an average CPI-W of 268.421 for those months in 2021 compared with 253.412 in 2020, for example. The Social Security Administration breaks down the math. MOAA tracks the monthly release of CPI-W figures on its COLA Watch page. The January 2022 figures, which came out last week, offer more than just a jump on the COLA Watch chart – they represent the largest year-over-year increase for CPI-W to begin a calendar year since 1983.

While the January figures don't factor directly into the COLA calculation, each month's release provides a trend line toward those critical summer months. And the 8.23% increase from January 2021 to January 2022 stands out among recent data; no January number has been more

than 5% above the previous January number since 1991. When COLA figures similarly skyrocketed in the early 1980s, Congress took action – and not in a good way for beneficiaries.

☐ First, a budget reconciliation act in 1982 delayed the effective date of the COLA by a month for each of the next three years – from a March payout in 1982 to a June payout in 1986.

☐ Then, the 1983 omnibus specifically targeted “military and entitlement spending” as part of efforts to reduce the federal budget.

☐ The Balanced Budget and Emergency Deficit Control Act of 1985 (better known as the Gramm-Rudman-Hollings Act) stopped COLA entirely for some beneficiaries, offering exemptions to veterans compensation but not military retirees.

☐ The COLA set to take effect Dec. 1, 1985, was suspended, and no adjustment was made until the following December.

The short version: As costs rose and benefits increased, legislators attempted to weaken the purchasing power of military retirement pay significantly in the name of budget reform. And if

rumblings of benefit cuts are any indication, military members past and present could be in the

fiscal crosshairs yet again.

MOAA and other veteran organizations stood up to protect these benefits when they came

under threat decades ago. The Retired Officers Association (TROA, which became MOAA in

2003), co-led the formation of The Military Coalition as part of its work to turn back this

legislation. That coalition now represents about 5.5 million members of the uniformed services

community, and its members stand ready to protect what's been earned through service and

sacrifice.

While legislators or think-tank reports may see a cut to your COLA as a way to make the

math work, the Coalition recognizes it could make a significant difference in the daily lives of

so many military retirees and their families. As fewer legislators bring uniformed service to the

Hill, the Military Coalition partners will continue to ensure these lawmakers understand the

impact of such actions. While the current figures may reflect those from the early 1980s, they

will be working to avoid a similar, damaging legislative cycle. You can keep track of these

efforts and others at <https://www.moaa.org/content/publications-and-media/news-articles/news->

[listing/?](https://www.moaa.org/content/publications-and-media/news-articles/news-listing/?)

The January 2022 CPI is 276.296, 2.9 percent above the FY 2022 COLA baseline.

The

Consumer Price Index for February 2022 is scheduled to be released March 10.
The CPI

baseline for FY 2022 is 268.421.

The calculation is made by comparing the average CPI from July through
September of the

current fiscal year to the average for the same months of the year prior.

Remember, active duty

pay raises are calculated differently. This information is calculated from the non-
seasonally

adjusted Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-
W).

Calculation for monthly COLA change: $(\text{Monthly CPI} - \text{Yearly baseline CPI}) / \text{Yearly baseline}$

CPI. Learn more about CPI on the BLS web page at <https://www.bls.gov/cpi>.

[Source: MOAA

Newsletter | February 17, 2022 ++]

SSI & SSDI

Benefit Eligibility for Veterans

SSA pays disability benefits through two programs: the Social Security Disability
Insurance

(SSDI) program and the Supplemental Security Income (SSI) program. The
Supplemental

Security Income (SSI) is a federal program funded by U.S. Treasury general funds.
The U.S.

Social Security Administration (SSA) administers the program, but SSI is not paid
for by Social

Security taxes. SSI provides financial help to disabled adults and children who
have limited

income and resources. It provides cash to meet basic needs for food, clothing, and
shelter.

Generally, the more income you have, the less your SSI benefit will be. If your
countable income

is over the allowable limit, you cannot receive SSI benefits. However, some of
your income may

not count as income for the SSI program.

Social Security's Disability Insurance (SSDI) Benefits are federally funded and
administered

by the U.S. Social Security Administration (SSA). Social Security pays disability
benefits to you

and certain members of your family if you have worked long enough and have a
medical

condition that prevents you from working for at least 12 months or is expected to
end in death.

To be eligible for disability benefits, you must:

☐ Be unable to work because you have a medical condition that is expected to last
at least

one year or result in death.

☐ Not have a partial or short-term disability.

☐ Meet SSA's definition of a disability.

☐ Be younger than your full retirement age.

In general, to get disability benefits, you must meet two different earnings tests:

A recent

work test, based on your age at the time you became disabled and a duration of work test to show

that you worked long enough under Social Security. Certain blind workers have to meet only the

duration of work test. If you qualify for disability benefits, certain members of your family may

be eligible to receive benefits based on your work record. Check out SSA's Benefit Eligibility

Screening Tool (BEST) at <https://ssabest.benefits.gov/benefit-finder> to find out if you may be

eligible for Social Security's benefit programs.

To find out more about how Social Security decides if you are disabled, visit SSA's

Publications Page, select "Disability" under "Topics," and review Social Security Publication

Number 05-10029 at <https://www.ssa.gov/pubs/EN-05-10029.pdf>. Also if you qualify you'll get

Medicare coverage automatically after you've received disability benefits for two years. You can

find more information about the Medicare program, in Medicare (Publication No. 05-10043).

Veterans who receive a 100% Permanent and Total (P&T) rating from the VA often wonder if

this means they automatically qualify for Social Security disability insurance (SSDI).

Unfortunately, it does not. However, veterans who have a 100% P&T rating, and qualify for

SSDI may benefit from having their claim expedited. Before attempting to submit a claim it is

recommended to ascertain if you might be eligible. This can be done by completing the BEST

questionnaire

What VA 100% P&T Means

The U.S. Department of Veterans Affairs (VA) provides ratings for veterans who have service

connected injuries. The ratings range from 10% to 100%, the higher percentage one has the

worse their conditions, generally. A VA disability compensation rating of 100% P&T means

that your injuries are:

☐ Permanent: The medical evidence provided shows that your condition will not improve

and continue for the rest of your life.

☐ Total: You have received a 100% rating from the VA and this rating reflects the severity

of your condition.

Typically, it is easier for a veteran to receive a 100% total rating, as this is reflected in the

percentage. It can be more challenging for the VA to find that your condition is severe enough to

be considered permanent. Veterans who are rated at 100% P&T do not have to worry about their

rating ever being revoked or reconsidered. Those with a 100% P&T rating may also wonder if

they can qualify for other disability compensation, such as SSDI. However, the differences

between the VA and Social Security may prevent this from happening.

What SSA Disability Means

Much like the VA, Social Security also offers their own disability program. Despite both the VA

and the SSA being federal programs, their qualification process for disability compensation is

different. The SSA does not have a rating system, they either find that someone is disabled, or

they are not. Social Security's definition of disability is: the inability to do any substantial

gainful activity (SGA) by reason of any medically determinable physical or mental impairment

which can be expected to result in death or which has lasted or can be expected to last for a

continuous period of not less than 12 months.

In simple terms this means that your disability prevents you from working above a certain

limit. For 2022, the SSA determined that anyone working and earning above \$1,350 per month

surpasses this limit. It is important to note that the \$1,350 only applies to "earned" income. Any

monthly benefits earned monthly through VA disability compensation do not count towards the

\$1,350 as it is not considered earned income. Also, the SSA must be able to determine, with medical evidence that your condition is severe enough to last for at least 12 months, or result in death.

There are other factors that can impact your eligibility for SSDI benefits that are not listed in their disability definition. In addition to earning less than \$1,350 per month and having medical proof that your condition is severe enough to last for at least a year, you must also have work credits. To receive SSDI benefits, you must have also worked five out of the last ten years.

During those five years you must have paid into Social Security through federal payroll tax. If you do not have sufficient work credits you will be denied, even if you meet their definition of disabled. In total there is a five step qualification process that the SSA uses to determine if you are eligible to receive benefits. While this may seem like a long and tedious process, for some veterans with a 100% P&T rating who may qualify for SSDI, there are some benefits.

Veterans that have a 100% P&T rating from the VA and qualify for SSDI may be eligible for expedited processing of their claim. In 2014 the SSA announced that veterans who are 100% P&T can have their SSDI claim expedited. When the SSA says they will expedite a claim it

means that it is considered a high priority. A regular SSDI claim can take anywhere from three to

five months to receive a decision. An expedited claim can take as little as ten days, depending on

the workload the SSA has. An expedited case does not guarantee that your claim will be

approved, but it does greatly reduce the time you spend waiting for a response.

To apply for SSI

or SSDI the applications can be located at:

🔗 SSI Application <https://www.dshs.wa.gov/sites/default/files/Title%2016%20-%20SSA%208001%20%2809.2019%29.pdf>

🔗 <https://www.ssa.gov/forms/ssa-16-bk.pdf> SSDI Application

[Source: <https://www.vetsdisabilityguide.com> & www.ssa.gov | February 2022 ++]

Imposter Scams

Update 03: Hit Delete on These Phony Texts Posing As Your Work's CEO

You may be used to getting text messages and emails from your boss, which is why a recent

texting scam is so effective. Scammers find out where you work and pose as the CEO or other

executive. Be on guard and don't share money or information – be it your own or your

company's.

How this scam works

☒ You receive a text from a number you don't recognize, claiming to be from your boss.

The sender knows your name, where you work, and your boss's name. It seems so real!

The text message might read something like this: "Hi Chris, I'm tied up in a conference

call right now but let me know if you get this text. Thanks [your boss' name]."

☒ If you reply that you received the text, you'll be asked to do a quick task. This could be

purchasing gift cards for a client or wiring funds to another business. In some cases, the

scammer may ask you to send personal information to someone, often giving you a

plausible reason to carry out the request.

☒ No matter how believable the reason sounds, always double check before taking any

action. Once you send the money, gift cards, or information, it will be in the hands of a

con artist.

How to avoid impostor scams:

☒ Don't trust unsolicited messages from unfamiliar numbers. If your boss regularly communicates with you via text message, save their number in your contact list.

Don't

respond to potential impersonators reaching out from a different number.

☒ Be wary of unusual requests. If your boss has never asked you to buy gift cards, even if

the request comes from a number you've saved, think twice. Scammers can potentially

clone phone numbers and might have hijacked your boss' number to target employees.

❑ Double check with your boss personally. If a request comes from a strange number or

just doesn't sound right, call or email your boss first, using their real contact information, rather than replying to the message. It's better to double check than to rush

into a scam. Plus, your boss will want to know if they are being impersonated, so they

can warn their other employees.

❑ If you suspect a scam, don't reply. If you're fairly certain you've been contacted by a

scammer, don't reply to the text message. Replying lets scammers know they have an

active phone number and could leave you vulnerable to future attacks. Instead, block the

number and delete the message.

For more information

Stay safe by reading the BBB's tips on how to spot fake text messages and how to avoid

impostor scams. Also, read BBB's report about the rise of business email compromise scams. If

you've spotted a scam (whether or not you've lost money), report it to at <https://www.bbb.org/scamtracker>. Your report can help others avoid falling victim to

scams. Learn how to spot a scam at www.bbb.org/all/spot-a-scam. [Source:
Better Business

Bureau | January 14, 2021++]

Auction Scams

Looking for a Used Car? Avoid Fake Auctions

Auctions can be a good way to buy an expensive item at a significant discount.

However,

scammers know the promise of a “good deal” is an excellent way to lure unsuspecting victims.

Even if an auction appears legitimate, potential bidders should be wary. BBB Scam Tracker has

received several reports of fake auctions phishing for consumers’ personal information and

money.

How this scam works

☐ You see an ad for a website auctioning cars, motorhomes, boats and other big ticket

items. You visit the website, and everything seems legitimate. The site might even claim

to be affiliated with the government. You register to bid, which may include sending the

auctioneer a copy of your driver’s license, along with other sensitive personal information.

❓ After you register, you place a bid on an item. To your surprise, you win the item for a price that seems almost too good to be true. The auctioneer gives you instructions on how to transfer the money. Once you've paid, the auctioneer will likely disappear and become impossible to contact. The item you won is never delivered. Unfortunately, you just gave money and personal information to a scammer!

❓ One consumer reported the following experience to BBB Scam Tracker: "I ended up bidding on a 2019 Nissan Titan pickup with 17,000 miles. Much to my surprise, I got a notice that I won. The next day, they sent to invoice so I could bank transfer the funds. What they sent looked like a person in GA and not a business in Oklahoma, so I called... I kept asking questions, and he at last said that they were going to cancel the sale and I said fine."

How to avoid auction scams:

❓ If an auction claims to be a "government" auction, reach out to the branch of government hosting the event to make sure it's legitimate. If you're looking at an auction ran by a private company, also do some research ahead of time.

❓ Get to know the terms and conditions of the auction. Find out whether there are entry fees, winning bidder fees, taxes, or shipping costs you'll be responsible for paying. Winning an auction may not be as simple as paying the price you offered. Plus, scammers may try to hustle you out of "entry fees" or "pre-bid deposits" without even having any real items in their auction.

❓ Don't give in to bidder's excitement. Don't make impulse buys when participating in auctions. Scammers will be counting on you to get wrapped up in the excitement and could even prod you into a fake bidding war to get more money out of you.

❓ Be careful with your personal information. Be sure you trust a website, company, or auctioneer before you divulge your personal information. Once your information is in the hands of a scammer, you won't be able to get it back.

❓ Read the full list of auction tips on [BBB.org](https://www.bbb.org).

For more information

See the [BBB Tip: Smart shopping online](https://www.bbb.org) for more ways to safely make online purchases. Review the information at [BBB.org/AvoidScams](https://www.bbb.org/AvoidScams) regularly to stay alert to common scam tactics. If you've spotted a scam (whether or not you've lost money), report it to [BBB Scam Tracker](https://www.bbb.org/ScamTracker). Your report can help others avoid falling victim to scams. Learn how to spot a scam

at [BBB.org/SpotAScam](https://www.bbb.org/SpotAScam). [Source: BBB Scam Alerts | February 26, 2022 ++]

Grocery Shopping Mistakes

Update 01: Ten More You Don't Want to Make

A trip to the grocery store can be stealthy in its ability to separate you from more of your hard-earned money than necessary — a particularly painful reality to confront with food costs expected to rise another 5% in the first half of 2022, according to the Wall Street Journal. Even if you're a loyal shopper who loves your local chain, there are pricey slip-ups to avoid, from falling for slick merchandising to overpaying for name brands. There are also items you shouldn't even consider buying at the grocery store. Here are mistakes to watch out for next time you cruise the supermarket aisles.

Forgetting About Fuel Perks

Speaking of fuel-perk programs, Kroger is far from the only store that helps you save on gasoline. And you can pump up your discounts using some simple tips and tricks. Some stores run promotions when they'll double, triple, or even quadruple the points you get, either for

everyday spending or purchases of certain items. Kroger automatically doubles points on gift-card purchases, so you may as well rack up those at-the-pump discounts if you need to buy gift cards anyway.

Dragging the Kids Along

Parents know the unique pain of shopping with small children: They're bored, they're whiny, and they're begging you to buy the expensive fruit snacks because there's a cartoon character on the front. "Don't take your children if you can help it," Potter Kenyon agrees. "You'll end up with Little Debbie snacks and the cereal you never buy otherwise." Thankfully, today's expanded curbside pickup options mean you can still buy your groceries without even having to get your toddler out of their car seat. For instance, you can shop online with Kroger and pick up your groceries for around \$5. Walmart rolled out a similar program that's free — yep, free — as long as your order totals \$35. Just plan ahead, as some stores may not always have same-day pickup times available.

Getting the Biggest Cart

No one likes to run out of room, but if you know you're not at the store for a big trip, opt for a basket, or at least one of the store's smaller carts. Unfortunately, it turns out shoppers don't like

pushing around empty carts — and marketing experts say a cart that's double the size can lead

shoppers, on average, to buy 40% more than they may actually need.

Rebuying What You've Already Got

“Food is among the top three biggest household expenses ... yet Americans waste 25% of their

groceries,” Woroch says. She recommends always checking the pantry, refrigerator, and freezer

before any trip to the store, then using sites such as SuperCook that let you build recipes based

on what you already have. “Meanwhile, planning meals for the week and searching for those that

use overlapping ingredients will also reduce your waste,” she adds.

Assuming the Store Brand Doesn't Taste as Good

We all know that store brands are cheaper than their name-brand counterparts.

But some of them

taste just as good, too. Cheapism tracked down more than 50 items that aced expert taste tests or

earn reviewers' raves. Remember, the product that's slapped with a store-brand label may even be

made by the same manufacturers who churn out the biggest name brands out there. But you'll

pay less because advertising and marketing costs are much lower with store brands.

Overpaying for Toiletries, Beauty Items, and Household Goods

These are the aisles where it's especially easy to spend more than you need to — and that's even

if you have coupons, Potter Kenyon says. "Never pay full price for any health and beauty items

that you typically see coupons for in the newspaper. Clip those coupons, and wait for a sale. ...

When I can't find a good sale before a coupon expires, I'll head to the dollar store and stock up

on toothbrushes and toothpaste. Another place where it might make more sense to buy these

items: Big-box stores such as Walmart or Target, which were significantly cheaper than Kroger

or pharmacies including CVS in a Cheapism price survey.

Forgetting to Exploit Yearly Sale Cycles

Sure, your store will put out a weekly circular that you should use as a buying guide. But also

think about the bigger picture by stocking up on nonperishable items during the times of year

they're likely to be cheapest. For instance, cereal often goes on sale in late summer and into fall

to coincide with the beginning of the school year. In October and November, you can often find

great deals on baking staples such as chocolate chips, nuts, cake mix, or canned pumpkin as

people gear up to make holiday sweets.

Not Carving Out Freezer Space for Staple Items

Sure, anything you're buying in the frozen-food aisles needs room in the freezer, and you might

toss in some beef, poultry, or fish you found on sale. But you can also freeze
bakery items,

produce, and refrigerated items that you manage to nab at a deep discount.
Cherries, peaches, or

other kinds of fruit with short peak seasons are obvious candidates, but
don't forget that you can

freeze mundane items such as bread, cheese, butter, and nuts.

Forgetting About Cash-Back Apps and Rewards Credit Cards

Using cash-back apps or rewards credit cards to grocery shop means you can still
save without

ever clipping a coupon. Apps such as Ibotta or Checkout 51 allow you to earn cash
back on your

grocery trips when you provide proof of purchase for certain items, which can be
as easy as

scanning barcodes, photographing your receipt, or linking the app to your store
loyalty card. And

then there are credit cards that let shoppers earn enough points or cash back at
the supermarket

that they should pay for at least one or more of your big grocery trips each year,
according to The

Points Guy.

Not Double-Checking Your Receipt

Customers shouldn't have to police the clerk at checkout, but there's a
good reason to stay

vigilant — consumers might be out anywhere from \$1 billion to \$2.5 billion
annually because of

improperly scanned items, according to a report on ABC News some years back.
Be especially

watchful that sale items ring up as they should, and watch for items that were accidentally scanned more than once, meaning you get charged double. One more reason not to toss your receipt: It may include valuable coupons or special offers on the bottom or the back.

[Source: Cheapism | Sandra Latham | December 27, 2021 ++]

Notes of Interest

FEB 15 thru 28, 2022

🔗 RP TRICARE Enrollment. To check your TRICARE 2022 enrollment status call the Manila Tricare Office 2-8687-0909 24/7 or Maine 02-8687-8656. If you are satisfied with

your current plan, no action is necessary and your coverage will continue for 2022.

Remember, you must have Medicare B paid monthly from your SS monthly allotment.

🔗 Spruce Beer. Check out https://youtu.be/RgLC_DRd2cg to see how this 18 th century non-

alcoholic health drink used by our Revolutionary War Army to prevent or treat scurvy is

made.

🔗 Boot Blousing. For an easy way to do it go to <https://www.militarytimes.com/off->

[duty/military-culture/2022/02/17/expert-level-hacks-for-blousing-your-boots](https://www.militarytimes.com/off-duty/military-culture/2022/02/17/expert-level-hacks-for-blousing-your-boots) .

🔗 SS Charlemagne Unit. To see the story of the WWII French Unit that fought in the Battle

of Berlin against the allies go to <https://youtu.be/UJpWB5hi3hQ>.

🔗 CVS Lunch Break. CVS is rolling out uninterrupted lunch breaks for pharmacists to

address the burnout crisis the profession faces. Beginning Feb. 28, most CVS pharmacies

will close for a lunch break from 1:30-2 p.m., according to a Feb. 11 Drug Store News

report.

🔗 Deodorants. Two brands of aerosol deodorant spray have been recalled because of the

cancer-causing chemical benzene. Brut Classic & Sure Regular/Unscented. This comes on

the heels of other benzene-related recalls. In November, Procter & Gamble recalled several

Old Spice and Secret aerosol sprays. A month later, the company also recalled aerosol dry

shampoos and conditioners from brands including Pantene, Aussie, and Herbal Essences.

🔗 Burger King. Burger King's signature sandwich is no longer a whopper of a deal. The

chain is raising prices across the board to combat inflation and rising food costs, including

removing the Whopper from its discount deals, like the 2 for \$5 promotion.

🔗 Amazon Prime. Annual subscriptions will go from \$119 to \$139, while monthly

subscriptions will go from \$13 to \$15. New members will be the first to feel the pain

starting Feb. 18; existing members will pay more starting March 25.

Netflix. Standard plans will now cost \$15.49 a month, up from \$13.99. Prices last rose in

2020 and have almost doubled since 2013.

Tombstones. Supply-chain woes reach far beyond grocery shelves. Sadly, shortages of

granite, saws, stencils, and workers have collided with increased demand for headstones,

leading to excruciatingly long waits for memorials by grieving families.

[Source: Various | February 28, 2022 ++]

Afghan Evacuees

Afghan Adjustment Act Needed to Prevent Future Deportation from U.S.

With some Afghans evacuated during the massive Kabul airlift facing the risk of losing their

legal status in the U.S. in six months, veterans groups are pushing Congress to find a way to let

those rescued stay permanently. More than 36,000 Afghans brought to the United States

currently lack a direct pathway to secure permanent legal residency, according to a late January

Department of Homeland Security report to Congress released publicly by Lutheran

Immigration and Refugee Service (<https://www.iirs.org>), a not-for-profit organization helping
resettle Afghan refugees.

Without a pathway to become legal permanent residents, Afghans could be
forced to return

to the danger they escaped from just months ago, veterans and refugee
advocates warned 14

FEB. "If you've ever said that you stand with the troops, then you must
stand with us on this

issue," said Shawn VanDiver, a Navy veteran who founded the Afghan Evac
coalition of

veterans helping with Afghanistan evacuations and resettlements. "Make
no mistake, we are

going to show up. We'd like to show up in solidarity with you for standing
with us, but we will

show up in your town halls. We will make sure that voters know where you stood
on the one

thing that unites veterans across this country like no other," VanDiver
added.

The comments came at a news conference outside the U.S. Capitol building in
which several

veterans joined with refugee advocacy groups to call for an Afghan Adjustment
Act. Many of

the more than 76,000 Afghans brought to the United States in the immediate
aftermath of the

conquest of their country by the Taliban were former interpreters for the U.S.
military who hold

or have applied for what's known as Special Immigrant Visas, or SIVs. But
thousands of others

were admitted to the United States under what's known as humanitarian parole, which allows refugees to temporarily enter the United States during an emergency. Parole does not provide a pathway to apply for legal permanent resident status, with some given one year and others two years of legal protection to stay in the U.S., a clock that started last summer for the Afghan refugees.

The group without a pathway for permanent residency includes family members of both U.S.

citizens and SIV holders, as well as Afghans who could be eligible for SIVs but haven't been

identified yet or would be eligible for another refugee status if they had applied before coming

to the United States. The bill the veterans' groups are promoting would provide a pathway for

Afghan refugees in the United States to apply for legal permanent resident status. Congress

passed similar legislation in the 1960s for Cubans fleeing the Castro regime; in the 1970s for

Vietnamese and other South Asian refugees after the fall of Saigon; and for Iraqis after both

Operation Desert Storm and Operation Iraqi Freedom.

But efforts to do the same for Afghan refugees have stalled, even as lawmakers in both

parties blast the chaotic U.S. military evacuations from Kabul over the summer and call on the Biden administration to do more to rescue vulnerable Afghans still stuck in Afghanistan. No lawmaker in either party has introduced an Afghan Adjustment Act yet. Proponents of an Afghan Adjustment Act have had "hundreds" of meetings with lawmakers in both parties and, while there is bipartisan support for the idea, Republicans have some outstanding questions, said Chris Purdy, director of Veterans for American Ideals. Officials in the Biden administration have also expressed support for the concept in private meetings, VanDiver said. With Afghans' humanitarian parole set to expire in one to two years, veterans and refugee advocates on Monday described a ticking time bomb Congress must act to avert. "There is another calamity coming," said Matt Zeller, a senior adviser at the Iraq and Afghanistan Veterans of America. "Once again, it's going to be America's veterans who are going to be burdened with taking care of these people, who will suffer yet another moral injury. We have already failed these people once. We cannot fail them again." [Source: Military.com | Rebecca Kheel | February 14, 2022 ++]

Iran Nuclear Threat

Update 04: Nuclear Deal Near | Prisoners Swap with U.S. Also Likely

Talks on restoring a deal to curb Iran's nuclear program and ease sanctions are near conclusion, a

Russian envoy said on 22 FEB, and sources close to the negotiations said a prisoner swap

between Iran and the United States is expected soon. "Apparently the negotiations on restoration

of #JCPOA are about to cross the finish line," Mikhail Ulyanov said on Twitter, using the 2015

agreement's full name, the Joint Comprehensive Plan of Action.

Reuters reported last week that a U.S.-Iranian deal was taking shape in Vienna after months

of talks between Tehran and major powers to revive the nuclear deal pact, abandoned in 2018 by

then-U.S. President Donald Trump, who also reimposed extensive sanctions on Iran. A draft

text of the agreement alluded only vaguely to other issues, diplomats said, adding that what was

meant by that was unfreezing billions of dollars in Iranian funds in South Korean banks, and the

release of Western prisoners held in Iran.

On 19 FEB, Iranian Foreign Minister Hossein Amirabdollahian said the Islamic Republic was

ready for an immediate prisoner exchange with the United States. "Iran has always and

repeatedly expressed its readiness to exchange prisoners. Months ago we were ready to do it but

the Americans ruined the deal," a senior Iranian official in Tehran told Reuters, without elaborating.

"Now I believe some of them will be released, maybe five or six of them. But those talks about

prisoners are not linked to the nuclear agreement, rather associated with it. This is a humanitarian measure by Iran."

U.S. negotiator Robert Malley has suggested that securing the nuclear pact is unlikely unless

Tehran frees four U.S. citizens, including Iranian-American father and son Baquer and Siamak

Namazi, that Washington says Tehran is holding hostage. "Six years ago the Iranian government

arrested Baquer Namazi and they still refuse to let him leave the country," Malley tweeted on 22

FEB. "The Iranian government can and must release the Namazis, Emad Shargi, Morad Tahbaz,

and other unjustly held U.S. and foreign nationals."

Iran, which does not recognize dual nationality, denies taking prisoners to gain diplomatic

leverage. However, in recent years, the elite Revolutionary Guards have arrested dozens of dual

nationals and foreigners, mostly on espionage and security-related charges. Britain has been

seeking the release of British-Iranians Anousheh Ashouri, jailed on espionage charges, and

Nazanin Zaghari-Ratcliffe, a project manager with the Thomson Reuters Foundation who was

convicted of plotting to overthrow the clerical establishment. Tehran has sought the release of

over a dozen Iranians in the United States, including seven Iranian-American dual nationals, two

Iranians with permanent U.S. residency and four Iranian citizens with no legal status in the

United States. Most were jailed for violating U.S. sanctions against Iran.

Iranian President Ebrahim Raisi delivers a speech during the Shanghai Cooperation Organization (SCO)

summit in Dushanbe, Tajikistan September 17, 2021.

In the latest comments on the final phase of 10 months of nuclear negotiations, the talks’

coordinator, Enrique Mora, tweeted that ‘key issues need to be fixed’ but the end was near.

Several Iranian officials, who spoke to Reuters on condition of anonymity, said some minor

technical issues were being discussed in Vienna and that a deal was expected before the end of

the week, though adding that ‘nothing is agreed until everything is agreed’.

Separately, hardline Iranian President Ebrahim Raisi told gas exporter countries on 22 FEB to avoid any "cruel" sanctions imposed by the United States on Tehran. "The members of this forum should not recognize those sanctions...(because) in today's world we see that the sanctions are not going to be effective," Raisi told a gas exporters conference in Doha. The 2015 deal between Iran and world powers limited Tehran's enrichment of uranium to make it harder for it to develop material for nuclear weapons, in return for a lifting of international sanctions against Tehran. Since 2019, following the U.S. withdrawal from the deal, Tehran has gone well beyond its limits, rebuilding stockpiles of enriched uranium, refining it to higher fissile purity and installing advanced centrifuges to speed up output.

[Source:

Reuters | Parisa Hafezi & Francois Murphy | February 22, 2022 ++]

Electric Cars

Update 02: Charging Stations

Regardless of whether or not you want one, unless you are a senior you can expect that sooner or later you will have to have an electric vehicle (EV) to replace your gas guzzler. There are a

number of things you should know in advance of getting one to help you make the decision

when to do so. If gas prices continue to rise that may be sooner than you think. A few questions

you may have on their use are answered below:

What they do? An EV charging station supplies power to an electric car's battery. EV's use

rechargeable lithium-ion batteries, much like a cellphone. They convert AC electricity from the

home's electric service panel into DC power for the battery.

Are they safe? Home charging stations certified by Underwriter's Laboratory (UL) and

Intertek (ETL) undergo rigorous testing and are entirely safe when installed by a professional

electrician. No electricity flows through the station's cord until it's connected to the vehicle.

Can I Plug My Electric Car Into A Regular Outlet? An electric car can be plugged into a

regular 120-volt outlet. A Level 1 EV charger should have a dedicated outlet and circuit on the

home's electric service panel. However, installing a Level 2 station with 240-volt outlet charges

4 to 6 times faster.

Who Installs EV Charging Stations? Licensed electricians install electric car charging

stations by making any necessary upgrades to the home's electrical service panel and wiring.

Tesla and Chevrolet certify electricians who are specially trained to install their Level 2 charging stations.

How Long Do Electric Car Batteries Last? EV batteries last 10 to 20 years on average before they need to be replaced. Most manufacturers provide a five to eight-year warranty on the battery. Charging EV batteries over and over affects the amount of charge the battery can hold over time.

How Long Does It Take? An EV takes 8 to 40 hours to charge the battery to full with a Level 1 charger and 4 to 10 hours with a Level 2 charging station. The charging time for Level 3 DC

Fast Chargers is 30 to 60 minutes, but are only available commercially.

Should You Charge Your EV Every Night? An EV battery does not need to be charged every night, or even to fully charged. Charging your EV a few nights a week is common with regular driving habits of 30 to 50 miles per day. Smart charging stations can delay charging until the middle of the night to get lower off-peak utility rates.

Can I Leave My EV Plugged In Overnight? You can leave an EV plugged in overnight without risking any damage to the battery. Electric vehicles have a built-in monitoring system

that automatically slows the charge rate as the battery gets closer to full, eliminating any risk of overcharging.

Is Fast Charging Bad for Electric Cars? Occasional fast charging is not bad for electric cars, but frequent fast charging reduces the EV battery's lifespan. Fast Charging should be reserved for emergencies or longer trips. Charging at home or Level 2 public charging stations extends the battery's lifespan by two to three years. EV batteries last 10 to 20 years on average before they need to be replaced. Most manufacturers provide a five to eight-year warranty on the battery. Charging EV batteries over and over affects the amount of charge the battery can hold over time.

Can I Install My Own EV Charging Point? Installing a Level 2 EV charging point requires running wire from a dedicated 240-volt circuit to a new 50-amp outlet. It is always safest to hire a professional electrician to install the charging station.

What Do They Cost?

☐ Level 1 (120V) EV charger costs \$80 to \$180, but is typically replaced free with the vehicle's warranty. EVs come with a Level 1 charger that uses a standard 120-volt outlet.

Level 1 trickle chargers only deliver 2 to 5 miles per hour of charging and takes 8 to 25

hours to fill an EV battery. Installation and labor can be up to \$150.

☐ Level 2 (240V) charging station costs \$350 to \$900 on average. The average cost to install a Level 2 charger is \$400 to \$1,700. Level 2 EV chargers fully charge an EV battery in 4 to 10 hours and include app monitoring, thermal regulation, and programmable scheduling.

☐ A Level 3 charging stations costs \$10,000 to \$40,000. The average cost to install a Level 3 DC Fast charging station is \$4,000 to \$50,000. Level 3 charging stations are reserved for public and commercial networks and charge an EV battery to full in 30 to 60 minutes

What Are The Things I Should Consider In Selecting A Charger? An EV charging station

is a type of Electric Vehicle Supply Equipment (EVSE) that comes in many styles and options.

Before buying a charging station, consider the following:

☐ Portability – Hardwired Level 2 charging stations are permanently fixed to the wall,

while plug-in units are portable.

☐ Wi-Fi Enabled – Wi-Fi enabled units have app monitoring and scheduling, and are

eligible for rebates from utility providers by sharing charger data.

☐ Outlet Location & Cord Length – Longer cables allow maneuvering around the vehicle

or charging the car while parked in the driveway.

☒ Indoor vs. Outdoor Rating – EV charging stations are rated NEMA 3, 4, or 6 to indicate

their weather and water resistance. NEMA 3 chargers are suitable for indoor garage use.

NEMA 4 or 6 chargers have higher weatherproofing for indoor and outdoor use.

☒ Future-Proofing – Plan for future vehicle purchases by installing at least a 50-amp, 240-

volt circuit for faster charging.

☒ Dual Charging & Powersharing – Homes with two electric vehicles need a dual

charging station or two separate stations. Models with a powershare feature automatically balance the electricity load from two chargers on one circuit.

☒ Maintenance & Warranty – EV charging stations include a limited 1 to 3-year parts and

labor warranty, depending on the brand and model. Modifications performed by unauthorized service providers will void the charger's warranty.

What Can I Expect To Pay An Electrician For Installation? Average costs run:

☒ Labor Charges for Electrician \$40 – \$100 per hour

☒ 50-Amp Outlet & 240-Volt Circuit \$300 – \$800

☒ Wiring \$6 – \$8 per foot

☒ Trenching (detached garage) \$4 – \$12 per foot

☒ Permit \$50 – \$200

☒ 200-Amp Electrical Panel Upgrade \$1,800 – \$2,500

Do I Need A Permit For Installation? An electrical permit costs \$50 to \$200 on average to

install an EV charging station at home, depending on local requirements. Many utility

companies offer rebates to cover the permit cost

What Additional Accessories Should I Consider Obtaining?

- ☐ Wi-Fi Signal Booster (\$20 – \$80) to increase Wi-Fi range on supported units.
- ☐ Cable Organizer (\$10 – \$35) Built-in or mounted cable management system.
- ☐ Pedestal Mount or Bollard (\$160 – \$850) Outdoor mount for owners without a garage.

Once installed what can I expect to pay for charging at home? This is dependent on what

your local power provider charges and if you have a solar power access. On average:

- ☐ Per kWh \$0.11 – \$0.21
- ☐ Per Mile \$0.03 – \$0.04
- ☐ Per Hour \$0.50 – \$1.50
- ☐ Full Fill Up \$3.00 – \$8.00

What Is The Cost Of Using A Public Charging Station? There are 30,000 public charging

stations around the U.S. operated by charging networks like ChargePoint, EVgo, Blink,

Electrify America, and Tesla. In comparison, there are 168,000 gas stations. The average cost of

charging an electric car at a public station is \$0.28 to \$0.79 per kWh, from \$1.50 to \$3.60 per

hour, or between \$7 and \$36 for a full charge. A charging membership costs \$4 to \$8 per month

and typically saves 10% compared to pay-as-you-go pricing.

Is There A Tax Credit For Installation? Electric vehicle charging stations are eligible for a

federal 30% tax credit for purchase and installation costs, up to \$1,000 for residential and

\$30,000 for commercial. Electric car owners may also qualify for incentives offered by state

and local governments and utility companies. The U.S. Department of Energy has a searchable

database of incentives at <https://afdc.energy.gov/laws/state> to help EV owners find rebates, tax

credits, and utility incentives they're eligible for based on location. Depending on your location

the following incentives may apply:

☒ Rebates – Most utility companies provide rebates of up to 50% on the purchase and

installation of Level 2 home charging stations. Wi-fi enabled stations are more likely to

be eligible because utility companies use the data to distribute electricity more efficiently.

☒ Discounted Registration and Title Fees – Some states provide EV buyers with discounts

on sales tax, registration fees, and title fees.

☒ Access to Carpool Lanes – Many states give EV owners access to high-occupancy vehicle (HOV) lanes.

☒ Discounted Parking – Some cities and local businesses offer free public parking for EVs.

[Source: <https://homeguide.com/costs/electric-car-charging-stations-cost#level-1>

| February

2022 ++]

Death

What to Do If a Loved One Dies

The death of a loved one can be overwhelming. But even while processing the grief in the days and weeks afterward, those left behind are expected to finalize the affairs, responsibilities, and financial accounts of the deceased friend or family member while also making funeral arrangements. We asked experts to provide insights to those unsure on the immediate steps.

Find Your Loved One's Legal Documents

Tracking down a loved one's will, trusts, and other end-of-life legal documents outlining their wishes and financial affairs is a key first step, says Brannon Lambert, a certified financial planner and owner of Canvasback Wealth Management. "Hopefully these are easy to locate. If the obvious spots don't yield the documents, you need to start looking for an attorney's contact information laying around the house ... or locate a safety deposit box. These documents will dictate everything moving forward," Lambert says.

Identify Funeral Wishes and Begin Making Arrangements

Finding a loved one's end-of-life documents will also (ideally) help you make necessary funeral arrangements. "If you know your loved one made an advance funeral plan, gather any associated documentation — it might be a binder from a funeral home or a digital file containing instructions and agreements related to things such as funeral insurance, a burial plot, and even savings set aside for a memorial gathering," says Karen Bussen, founder and CEO of Farewelling, an online platform that helps people navigate funerals and end-of-life planning. Finding this documentation will help guide you through important next steps and decisions.

Get the Death Certificates

When someone dies, getting an official, certified copy of the death certificate is critical to closing out their estate, which includes settling financial accounts. The death must also be registered with the state's vital records office. "In many cases, 10 copies of the death certificate will do, but the more accounts the individual has, the more copies you will need," Lambert says. The death certificate is usually created by a medical examiner, but it can be requested from a funeral home.

Tell Family and Friends of the Individual's Passing

If you have access to the deceased's cellphone, look for frequent contacts in their call log or

emergency contact information and begin notifying these people of the death. "Find other close

contacts by looking through their email, U.S. postal mail, notes left around their house, their

social media posts, or connect with their neighbors," advises Bob Castaneda, program director

for Walden University's master's program in finance.

Create a Memorial Website

Telling people about a death can be simplified by creating a memorial website to share details

about funeral services, photos, and even stories about their life, Bussen says. The website can be

used to point friends and family to charitable organizations where donations can be made in

honor of the deceased. There are many online platforms that can help, including Farewelling.

Additional options include Remembering.Live and Memories.

Take Inventory

Perhaps one of the most significant tasks when someone dies is taking inventory of their

financial affairs. "Make a list of every account held in their name, and every asset. This includes

bank accounts, brokerage accounts, retirement accounts, automobiles, insurances, credit cards,

personal property, utility accounts, real estate, Social Security, and Medicare numbers," Lambert

says. "Anything and everything matters. You don't want to leave anything out." This step is

important because you want to know who you need to contact about the death and find out what

they need to close or process the account.

Pay Off Debts

While sorting through financial affairs, you may need to begin paying off debts.

"The easiest

way to ascertain debts is by accessing the decedent's mail or reviewing bank accounts to identify

electronic funds transfers that were made to pay bills," says attorney Mary Kate D'Souza,

founder and chief legal officer for the estate planning website Gentreo..

"Most people or

agencies who are owed money also send regular statements in the mail detailing the amount

owed." Certain bills should be canceled right away, such as health insurance; others, such as

those related to property, may need to continue. Keep a home's heat and lights running if a home

must be inspected and sold.

Do Not Run to the Bank

Many people make a beeline for the bank upon the death of a loved one, but Lambert advises

against it. "If you happen to be married to the deceased person, you may accidentally cut

yourself off from your accounts held in joint name," Lambert says.
"The banks are quick to
freeze funds and force you to open estate accounts and consolidate monies there.
It is by design.

Their goal is to retain control of the monies and then refer you to one of their
advisers ... Only
contact the bank once you're organized, have all your required paperwork and a
plan regarding
how to proceed with the estate."

Notify the Individual's Employer

Reach out to the deceased's employer so that you can inquire about benefits,
final paychecks, or
life insurance. "Employee death benefits may include survivor's insurance,
transporting of the
deceased — if the death occurred on the job — or paying out unused vacation or
[time off],"

Castaneda says. The employer may also need to coordinate the return of
company assets and get
a death certificate to process life insurance claims.

Stop Social Security Benefits

If the deceased was a Social Security beneficiary, contact the Social Security
Administration
immediately to stop the checks. "Individuals can be penalized and
imprisoned under penalty of
law for any Social Security benefits spent after a loved one dies," Castaneda
says. "All benefits
received after a beneficiary's death must be returned to SSA"

Take Care of Pets Left Behind

Don't overlook a loved one's pets after a death. "Ensure they have immediate food, water, and shelter," Castaneda says. "If the pets already have a veterinarian, confirm whether they are up to date on their shots and medical treatments. And work with family members to facilitate permanent new housing for any pets."

Secure the Loved One's Property

If the loved one lived alone, you'll also want to be sure to secure their property. "Change door locks or passcodes, pick up delivered mail, and contact their service providers to cancel or transfer their phone contract," Castaneda says. "If your deceased loved one had safety boxes in their home, move them to a discreet, secure location where they cannot be accessed by others." man calling credit card company

Notify Credit Agencies

Upon the death of a loved one, you should get in touch with the three major credit reporting agencies — Equifax, TransUnion, and Experian. "This is important to help prevent any fraudulent activity," says Jacob Dayan, CEO and co-founder of Community Tax. "Check every so often to verify no new lines of credit or other suspicious activity is taking place in your loved one's name. It can happen from time to time."

elderly work from home

Contact Government Agencies

Beyond notifying Social Security of a death, there may be other government entities and

agencies to reach out to, Dayan says. These can include Medicare, the Department of Motor

Vehicles, Veterans Affairs, and the post office, so you can have mail forwarded to an appropriate

address and cancel accounts or subscriptions you might have missed when reviewing financial

accounts.

Initiate a Family Meeting

Hosting a family gathering is a good way to discuss and finalize remaining details and

arrangements. This meeting could address such things as the deceased's funeral wishes and

associated costs, as well as next steps, such as getting an estate attorney involved with

distribution of the individual's assets and liabilities. "Grieving families should also discuss

temporary care of any pets, cleaning out perishable foods in the home, and establishing who will

maintain any property, such as houses, cars or personal items, until they are disposed or

distributed," Castaneda says.

[Source: Cheapism | Mia Taylor | December 08, 2021 ++]

News of the Weird

FEB 15 thru 28, 2022

Egg Stacking -- An Iraqi man became a Guinness World Record holder by balancing
18 eggs

on the back of his hand. Ibrahim Sadeq took on the record in Nasiriyha, Iraq, and
managed to

equal the one previously set by Jack Harris of Britain in May 2020, making him the
new co-

holder of the record. Guinness rules required Sadeq to keep the eggs in place for
at least five

seconds without dropping any. Video at

https://www.upi.com/Odd_News/2022/02/25/iraq-

[Guinness-World-Records-balancing-eggs-on-hand/3101645817318](https://www.upi.com/Odd_News/2022/02/25/iraq-Guinness-World-Records-balancing-eggs-on-hand/3101645817318). [UPI,
2/25/2022]

o-o-O-o-o-

Rubik Cube -- A Nova Scotia teen combined two of his hobbies and set a Guinness
World

Record by solving 211 Rubik's cubes while bouncing on a pogo stick. Saul
Hafting, 16, of

Annapolis Royal, spent an hour and 12 minutes solving the 211 Rubik's
cubes while bouncing

on his pogo stick. Guinness World Records confirmed this week that
Hafting's feat was a new

world record. Hafting said he trained for about three months before attempting the record. [UPI, 2/25/2022]]

o-o-O-o-o-

Sleeping Undisturbed -- At a sentencing hearing 17 FEB in Oakland County Circuit Court, Judge Daniel O'Brien ordered Jeff Charles Sherwood, 47, to spend 38 to 60 years in prison for slaying Susan Klepsch, 64. Sherwood pleaded guilty last month to second-degree murder in exchange for dismissal of a first-degree murder charge. Klepsch died from blunt force trauma to the head and neck in March 2020 at the Hazel Park home she shared with Sherwood. Klepsch died from blunt force trauma to the head and neck in March 2020 at the Hazel Park home she shared with Sherwood. Based on evidence from the Oakland County medical examiner, it's believed Sherwood slept with Klepsch's body for up to a week. [Oakland Press, 2/17/2022]

o-o-O-o-o-

Glass Swallower -- Doctors were left baffled after finding a whole glass inside the stomach of a

55-year-old man – who claims he swallowed the cup while drinking tea. The patient was admitted to a hospital in Bihar, India, with constipation and severe abdominal pain. He underwent an ultrasound and X-ray, in which doctors located a ‘serious disturbance’ in his intestines. Much to their shock, that ‘disturbance’ turned out to be a whole glass. Doctors tried to remove the glass from the rectum with an endoscopic procedure, but had no such luck; they had no choice but to operate on the man to finally remove it. The embarrassed patient claims he simply swallowed the glass while drinking a cup of tea, although doctors aren’t convinced due to the food pipe being too narrow for the object to pass through. Dr Mahmudal Hasan, head of the team of operating doctors, said: “How the glass got inside the body of the said patient, it is still a mystery.” Thankfully, the patient is currently stable after his curious mishap.

[LAD Bible

News, 2/24/2022]

o-o-O-o-o-

Watch Were You Sit -- Doctors are used to being faced with the most bizarre cases. A man

had to get a fish surgically removed from his rectum. The unnamed 30-year-old man was treated by staff at Zhaoqing First People's Hospital in China's southern province of Guangdong on 3 June last year. Images of the animal and various x-rays show that regardless of the method, the fish was well and truly stuck up there. CT scans revealed the full thing was stuck in the rectum, with the patient complaining of 'intense abdominal pain' that lasted over an hour. When a nurse questioned him on it, the patient claimed he'd 'accidentally sat on' the fish, which then entered his body via his anus. The man had to have an emergency endoscopy, and images showed the skeleton of the fish (which was a Mozambique tilapia if you're interested) in his rectum. [LAD Bible News, 6/32021]

[Source: <https://www.uexpress.com/news-of-the-weird> | February 28, 2022 ++]

Vocabulary

Some Words to Enhance Yours | 220228

Which word best matches these example sentences?

1. (a) In Greek mythology, Persephone was given the _____ title of 'Queen of the

Underworld."

(b) chthonian – banshee – redoubtable - vermouth

2. (a) Hard-working is a quality commonly _____d to top bosses.

(b) ascribe – quell – audacious - minutia

3. (a) Fortunately for those afraid of them, dinosaurs are no longer _____.

(b) extant – jovial – vitiate - pontificate

4. (a) That lady was a _____, she clearly didn't actually have the experience she said

she had.

(b) snickersnee – charlatan – catawampus - inimical

5. (a) After the rain, the field became a muddy _____.

(b) ostentatious – languid – timorous - morass

6. (a) All he does is _____ against his employees, I don't think I've ever seen him

work.

(b) palindrome – fulminate – brouhaha - breviloquent

7. (a) Our child's school takes a _____ approach to learning.

(b) bijou – heuristic – draconian - maelstrom

8. (a) The toddler was very _____ when it came to eating dinner--his parents never

knew how he was going to act.

(b) darg – posthumous – promptitude - capricious

9. (a) Despite never having seen this type of device before, she could _____ how it

worked.

(b) supranational – grok – exoneration - gorp

10. (a) She behaved like a _____ on her bachelorette party.

(b) apex – surfeit – wanton - gormandize

Answers

1. Chthonian [thoh-nee-uhn] - relating to the deities, spirits, and other dwellings under the earth.
2. Ascribe [uh-skrahyb - to attribute or think of as belonging, as a quality or characteristic.
3. Extant [ek-stuhnt] - in existence; still existing; not destroyed or lost.
4. Charlatan [shahr-luh-tn] - a person who pretends or claims to have more knowledge or skill than he or she possesses; quack.
5. Morass [muh-ras] - an area of muddy or boggy ground.
6. Fulminate [fuhl-muh-neyt] - to issue denunciations or the like.
7. Heuristic [hyoo-ris-tik] - encouraging a person to learn, discover, understand, or solve problems on his or her own, as by experimenting, evaluating possible answers or solutions, or by trial and error
8. Capricious [kuh-prish-uhs] - given to sudden and unaccountable changes of mood or behavior
9. Grok [grok] Millefleur [meel-flur] - to understand thoroughly and intuitively.
10. Wanton [won-tn] - a sexually unrestrained woman.

[Source: <https://www.wordthirst.com> | February 28, 2022 ++]

Have You Heard or Seen?

Husband and Wife (4) | Think Toons | Fat Jokes

Husband and Wife (4)

DIFFERENT WAVELENGTHS

The female brain works on a different tangent than male.

Last night I was sitting in the living room, talking to my wife about life. In-
between, we talked

about the idea of living or dying.

I told her, "Never let me live in a vegetative state, totally dependent on machines
and liquids

from a bottle.

If you see me in that state, I want you to disconnect all the contraptions that are
keeping me

alive. I'd much rather die!"

My wife got up from the sofa with a real look of admiration towards me &
proceeded to

disconnect the Cable TV & DVD, then the Computer, the Cell Phone, the
iPod, and the Xbox..

And then went to the bar and threw away all my whisky, rum, gin & vodka
and the beer from the

fridge...

WOMAN'S PERFECT BREAKFAST

She's sitting at the table with her gourmet coffee.

Her son is on the cover of the Wheaties box.

Her daughter is on the cover of Business Week.

Her boyfriend is on the cover of Playgirl.

And her husband is on the back of the milk carton.

WOMEN'S REVENGE

'Cash, check or charge?' I asked, after folding items the woman wished to purchase.

As she fumbled for her wallet, I noticed a remote control for a television set in her purse.

'So, do you always carry your TV remote?' I asked.

'No,' she replied, 'but my husband refused to come shopping with me, and I figured this was the most evil thing I could do to him legally.'

UNDERSTANDING WOMEN (A MAN'S PERSPECTIVE)

I know I'm not going to understand women.

I'll never understand how you can take boiling hot wax, pour it onto your upper thigh, rip the hair

out by the root,

and still be afraid of a spider.

MARRIAGE SEMINAR

While attending a Marriage Seminar dealing with communication, Tom and his wife Grace

listened to the instructor,

“It is essential that husbands and wives know each other’s likes and dislikes.”

He addressed the man, “Can you name your wife’s favorite flower?”

Tom leaned over, touched his wife’s arm gently and whispered, “It’s Pillsbury, isn’t it?”

CIGARETTES AND TAMPONS

A man walks into a pharmacy and wanders up & down the aisles. The sales girl notices him and

asks him if she can help him. He answers that he is looking for a box of tampons for his wife.

She directs him down the correct aisle.

A few minutes later, he deposits a huge bag of cotton balls and a ball of string on the counter.

She says, confused, “Sir, I thought you were looking for some tampons for your wife?”

He answers, “You see, it’s like this, yesterday, I sent my wife to the store to get me a carton of

cigarettes, and she came back with a tin of tobacco and some rolling papers;
cause it's sooo-ooo-

-oo- ooo much cheaper. So, I figure if I have to roll my own so does she.

(This guy is the

one on the milk carton!)

-o-o-O-o-o-

Fat Jokes

An ugly, fat, bad woman with two kids enters Wal-Mart, shouting angry at the
kids with no

reason.

The man at the reception says cheerfully to her: "Good morning and
welcome to Wal-Mart. Cute

kids! Are they twins?"

The horrible woman stopped shouting, just enough to say, "Hell, they're not
twins... The older is

9 and the other is 7! Are you blind or just stupid?"

"No madam... I'm neither blind nor stupid... I just can't get that there's a
man out there who had

sex with you twice."

"Mommy, what were you doing bouncing on Daddy's stomach last
night?"

"I have to do that, or Daddy's belly gets very fat. Bouncing keeps him
skinny."

"That's not going to work."
"Why not?"
"Because the babysitter keeps blowing him back up again."

A woman is standing looking in the bedroom mirror...
She is not happy with what she sees and says to her husband, "I feel horrible; I
look old, fat and
ugly... I really need you to pay me a compliment."
The husband replies, "Your eyesight's damn near perfect."

I was sitting in a bar one day and two really large women came in, talking in an
interesting
accent. So I said, "Cool accent, are you two ladies from Ireland?"
One of them snarled at me, "It's Wales, dumb!"
So I corrected myself, "Oh, right, so are you two whales from
Ireland?"
That's about as far as I remember.

A fat lady (To a health expert): "Give me some advice that can reduce my
fatness."
Health expert: "Okay. You must move your head to the right and the left at
a particular time."

Fat lady: "At which particular time?"

Health expert: "Whenever anybody asks you to eat."

A woman noticed her husband standing on the bathroom scale, sucking in his stomach.

"Ha--! That's not going to help," she said.

"Sure, it does," he said. "It's the only way I can see the numbers."

Thought of the Day

It is generally inadvisable to eject directly over the area you just bombed.

--US Air Force Manual

-o-o-O-o-o-

FAIR USE NOTICE: This newsletter may contain copyrighted material the use of which has not always been specifically authorized by the copyright owner. The Editor/Publisher of the Bulletin at times includes such material in an effort to advance reader's understanding of veterans's issues. We believe this constitutes a 'fair use' of any such copyrighted material as provided

for in section 107 of the US Copyright Law. In accordance with Title 17 U. S. C. Section 107, the material in this newsletter is distributed without profit to those who have expressed an interest in receiving the included information for educating themselves on veteran issues so they can better communicate with their legislators on issues affecting them. To obtain more information on Fair Use refer to: <http://www.law.cornell.edu/uscode/17/107.shtml>. If you wish to use copyrighted material from this newsletter for purposes of your own that go beyond 'fair use', you must obtain permission from the copyright owner.