

April 15, 2022

DoD Housing Program

Update 07: House Testimony Reveals Systemic Issues Still Exist

Military families continue to face issues with unhealthy living conditions at privatized housing, as well as unresponsive landlords and military officials, despite the Pentagon implementing a tenant bill of rights last year, families testified to Congress on 30 MAR. “Each citizen puts their faith in us to protect the standards of this country,” Army Private First Class Cody Calderon said at a hearing held by the House Appropriations Committee’s military construction subcommittee. “What happens when the standards, the foundation that supports those protectors, is built on these mold and sewage and lead and pest issues?”

Calderon was speaking to the committee virtually from an Airbnb that he and his wife, Alyssa, are paying for entirely out of pocket while they wait for their home 30 minutes away at Fort Polk, Louisiana, to be cleared of mold that sickened them and their dog, Leo. Systemic issues with on-base military housing run by private companies, including widespread mold, rodent infestations, dangerous wiring and shoddy repairs, came to light after a series of Reuters articles in 2018, followed by several congressional hearings where military families testified about the poor housing conditions. Some companies have also faced legal woes, with Balfour Beatty Communities LLC pleading guilty in December to defrauding the Army, Air Force and Navy and agreeing to pay \$65 million in fines and restitution. In January, Hunt Companies agreed to settle its fraud case at Dover Air Force Base in Delaware for \$500,000 without admitting fault.

In response to the unsafe living conditions, Congress mandated that the Defense Department issue an 18-point tenant bill of rights aimed at providing military families with more negotiating power with the private companies that run the military housing and ensuring more oversight from the military services. The bill of rights has been implemented at all but five of nearly 200 military bases with privatized housing, Pentagon officials testified Thursday. The private companies must agree to the bill of rights before it can be put into effect.

In his testimony, Calderon said he moved into a home at Fort Polk managed by housing company Corvias last summer, 11 days after the bill of rights was implemented. His wife immediately felt something was wrong with the home, but initially brushed it off as the shock of moving or environmental allergens, he said. A Corvias representative insisted the company is listening to the concerns of its residents, with the representative offering to visit Fort Polk and speak directly with Calderon. “We believe every resident is important, and while we are hardly

perfect, our people on the ground try hard to earn the trust of our residents,” said Al Aycock, Corvias’ military partnership executive.

Since realizing the issue was actually mold, Calderon and his wife have faced rude and unprofessional maintenance workers; were told their home was safe to move back into, only to find mold was still there; and received no response from the military housing office on questions, such as a timeline for remediation. While Calderon said he could not make comparisons to before the bill of rights was in place since he’s only been in the housing for a year, he said there appears to be “no urgency” in fixing his situation, that he feels he has no place to turn to for help and that the military housing office “failed” him. “I don’t think I could do 20 years of this,” Calderon said when asked if the housing issues are affecting his future in the military. “I don’t think I could put my wife through 20 years of this just for a retirement.”

Testifying alongside Calderon, Nikki Wylie, the wife of a Marine master sergeant, detailed the issues her family has faced since 2018 at their Liberty Military Housing-managed home in the Shadow Mountain community at Twenty-nine Palms, California, including her previously healthy children developing breathing problems and skin rashes shortly after moving into the home. Maintenance workers also repeatedly told her there was no mold or simply caulked over the mold, and in one instance, a maintenance worker insisted there was no gas leak, only for the base fire department to later confirm there was and that it could have had “lethal ramifications,” Wylie said. “The government housing office has been of very little assistance, unfortunately, with navigating this,” Wylie said. “We had nowhere to go. We felt very alone against the giant that is the housing company and their complicit contractors.”

Philip Rizzo, CEO of Liberty, thanked Wylie for testifying, saying they’ve previously been in touch and that “we’ve actually made improved changes since then.” Rachel Christian, co-founder of Armed Forces Housing Advocates, also told the committee housing issues are “absolutely systemic still.” One of the problems is that government housing employees and advocates provided by military housing offices aren’t properly trained in detecting issues, such as mold and gas leaks, and in the state and local laws they are tasked with making sure are enforced, Christian said. The testimony deeply frustrated lawmakers.

“I feel like I’m stuck in 2019,” subcommittee Chairwoman Debbie Wasserman Schultz (D-FL) said. “My patience has run out, and I know the committee’s has as well.” The Pentagon on 30 MAR conceded that there have been “hiccups” in implementing the bill of rights, but contended the situation is improving. “There has been a significant increase in training. Obviously some staff are new and they’re still being trained, and there are probably locations, as was mentioned, where maybe the on-base housing staff don’t understand fully that the state and local requirements do apply to privatized housing,” said Patricia Coury, deputy assistant secretary of defense for housing.

“The tenant bill of rights has been in place since August,” she added. “We know there are places that there have been hiccups along the way as the housing offices are learning how to follow the new policies and processes, and we are committed to working through that and making this program the best that it can be.” Lawmakers were unmollified by the assurances of progress. “It certainly doesn’t seem like anywhere near enough progress has been made,” Wasserman Schultz told Coury. “And I’m not sure that the structure you’ve put in place is working or enough.” [Source: Military.com | Rebecca Kheel | March 31, 2022 ++]

Basic Needs Allowance

Update 02: Lawmakers Argue Stipend Should Help As Many Troops as Possible

House leaders are pushing military leaders to make eligibility and enrollment in the Defense Department’s new financial assistance program as generous as possible, saying that is needed to “address food and financial insecurity among servicemembers.” In a letter to Defense Secretary Lloyd Austin, the group urged military leaders to move quickly on implementing the new Basic Needs Allowance and to automatically grant the financial help to all eligible families unless they specifically opt out of the program. They also pushed for the department to exclude housing stipends in their calculations for program eligibility in order to benefit “as many service members as possible.”

On 28 MAR, military leaders unveiled their budget plans for fiscal 2023, including the new Basic Needs Allowance authorized by Congress last year. Comptroller Michael McCord hailed the program as a way to help “the most vulnerable portion of our force to address economic insecurity,” but he offered few specifics on how the new benefit will be distributed. Under guidelines approved by Congress last year, the new financial aid is targeted at military families whose household incomes are less than 130% of the federal poverty guidelines. For a family of three, that equates to about \$30,000 this year. For a family of four, it’s about \$36,000.

The Congressional Budget Office has estimated that about 10,000 service members — mostly junior enlisted troops — would qualify for the new benefit, receiving an average monthly payout of about \$400. However, the exact total depends on how DoD officials construct program rules and regulations. Military planners in coming months are expected to decide which military benefits and compensation should be included in troops’ income totals. Things like combat pay, re-enlistment bonuses, food stipends and housing benefits could all be added to military basic pay to push troops’ total income into a higher level, making them ineligible for the new benefit. The lawmakers who wrote to Austin this week — a group that includes House Armed Services Committee Chairman Adam Smith (D-WA) the committee’s personnel chairwoman, Jackie Speier (D-CA), and House Agriculture Committee Chairman David Scott (D-GA) — urged officials “to exempt as much of the [housing stipends] as possible” in their rules.

The group also pushed for military planners to certify eligibility for the allowance once a year in order to simplify the application process for families and commanders, and to make the program an “opt-out”

benefit rather than one troops have to apply for, in an effort to get the money to as many individuals as possible. “We look forward to working with the department to ensure that no one who serves our country has to worry about putting food on their table,” the group wrote.

Service officials are expected to release additional details about the new Basic Needs Allowance in the coming months. The fiscal 2023 budget isn’t expected to be finalized until this fall, and the new benefit wouldn’t begin to be distributed until sometime in calendar 2023 at the earliest. [Source: MilitaryTimes | Leo Shane III | March 30, 2022 ++]

Military Health Care Quality

House Armed Services Committee Informed of Medical Provider’s Inconsistencies

Seaman Danyelle Luckey “didn’t die in combat or any military operation. She died from gross negligence of the medical providers on the ship she served, the USS Ronald Reagan,” said her father, Derrick Luckey. Danyelle Luckey died from sepsis on Oct. 10, 2016. The 23-year-old had been on the ship for two weeks, and had been going back and forth to medical from Oct. 3 to Oct. 9 with worsening symptoms. “Her death was very preventable. She died in excruciating pain, instead of being properly treated,” Derrick Luckey told lawmakers during a hearing about patient safety and the quality of care in the military medical system.

“If the medical providers had given her a simple treatment of antibiotics instead of turning her away, she would be alive today,” he said. Luckey and Army veteran Dez Del Barba, who said he lost part of his left leg and suffered 70% muscle and tissue damage after his strep infection went untreated, urged lawmakers to make changes so others in the military community don’t have to suffer. Both contend this could have been avoided if proper medical care, such as antibiotics, had been provided. And both said they haven’t been able to get any information on investigations, or any actions to hold anyone accountable.

- “My daughter’s career and her life were taken from her, while these people continue in their careers,” Luckey said.
- “Those responsible for the medical care I received are still employed by the Army to treat more service members,” Del Barba said, referring to the care he received at Fort Benning, Ga.

Pfc. Dez Del Barba does physical therapy at Brooke Army Medical Center, Texas, in 2019, after his leg was amputated because of damage from a flesh-eating form of strep. (Via Facebook) Meanwhile, the Government Accountability Office has found inconsistencies in military medical facilities’ procedures for verifying the credentials of medical providers, and in reviews of patient

safety events that caused harm to patients or could have caused harm. These preliminary observations are the result of an ongoing review by GAO which is expected to be completed this summer. “When our service members suffer from poor quality medical care, when doctors fail to provide the standard of care or woefully ignore symptoms or conditions, we need to make sure that there is a system in place to both prevent the incident from happening again and hold the providers accountable,” said Rep. Jackie Speier, D-Calif., chairwoman of the personnel subcommittee of the House Armed Services Committee.

After Luckey and Del Barba testified, Army Lt. Gen. Ronald Place, director of the Defense Health Agency, addressed them in his comments. “Your testimony today was compelling and heartbreaking. It’s clear that you suffered tremendous loss, and I take it very seriously when there are bad outcomes from the medical care provided within our system. ... “I’m deeply committed to ensure we learn from your losses so we can better our health care system, so we can have fewer losses. My goal is to make this health system stand as one of the finest, if not the finest, in the nation. Those who serve their country should expect that,” Place said. “You have my word.”

Speier said she is frustrated that Department of Defense has been slow to implement the **Stayskal Act** that Congress included in the 2020 National Defense Authorization Act. The law allows service members to bring claims against the United States for injuries and deaths caused by improper medical care. Luckey said he has learned that the claims are not allowed for damaging care that is received aboard Navy ships or at overseas military facilities. Lawmakers will address this issue in legislation this year, Speier said. She said her efforts to allow service members to bring these claims aren’t just a matter of justice, but it’s about accountability.

Dez Del Barba’s Army career was cut short when his strep throat was left untreated at Fort Benning, Ga., during basic combat training in 2019. He’d been accepted for Officer Candidate School. “It only took 35 days for the military to destroy my life,” he said. “I was left grossly neglected by the U.S. military health care system and by my basic training leadership at Fort Benning.” The illness progressed to necrotizing fasciitis, an infection of the skin and soft tissue. His left leg was amputated above the knee, and he’s undergone 43 surgeries and a number of skin grafts. “This was preventable. ... It could have been avoided had the providers at Fort Benning given me adequate medical attention,” Del Barba said.

His medical record at Fort Benning is less than 100 pages, he said. Yet after three years and 19 days, the Army has no clear answers for him on the status of its Quality Assurance Investigation. Del Barba said a strep test came back positive on a Friday, but the medical provider simply put a note in his record to notify him on Monday. Meanwhile, by that Sunday, Feb. 10, he was so ill a fellow soldier had to help him to sick call. The doctor prescribed throat lozenges and said his legs were sore due to running. “That’s gross incompetence, and it shouldn’t take three years for a Quality Assurance Investigation,” Speier said.

Asked by Speier about what the Army has done in the wake of Del Barba’s case, Surgeon General of the Army Lt. Gen. Scott Dingle said investigations have been conducted. The Army is focusing on “zero preventable harm in the delivery of medical care,” Dingle said. Surgeon General of the Navy Rear Adm. Bruce Gillingham said the Navy has developed a fleet-wide sepsis screening, so that if a sailor reports to sick call aboard ship, the corpsman can use that screening tool to detect whether there are risk factors for that person to develop sepsis and a treatment protocol if sepsis is identified. The protocols have been shared with their military treatment facilities, too, he said. The Navy has also deployed a Joint Patient Safety Reporting System across the fleet, he said.

Military medical facilities and the Defense Health Agency don’t always adhere to the agency’s credentialing and privileging of medical providers, said Sharon Silas, director of the health care team for the Government Accountability Office. She testified about preliminary observations of DoD’s monitoring of health care providers’ qualifications and competence. Their preliminary results show, for example, the MTFs didn’t follow requirements to verify the medical licenses before granting practicing privileges to 16 out of 100 providers reviewed at four military treatment facilities. Silas noted that the Defense Health Agency is ramping up its monitoring of procedures in military treatment facilities. “We don’t want practitioners out there providing services to our service members who either need more training, have forgotten their training, or just are not good physicians or health care professionals,” Speier said.

GAO found instances where military treatment facilities are not always following procedures in reviewing patient safety events that caused harm to patients, or could have caused harm. Lt. Gen. Place said for patient safety, DHA uses strategies and practices from the private sector and uses widely accepted measures for performance. “Over the last four years, DoD has seen improved patient safety performance,” he said. [Source: MilitaryTimes | Karen Jowers | March 31, 2022 ++]

Exchange/DeCA Merger

Update 04: DoD Officially Kills Plan To Merge

A top Pentagon official has quashed the idea of consolidating the military commissary and exchange systems, nearly two years after her predecessor ordered the merger to move forward. Deputy Secretary of Defense Kathleen Hicks rescinded the previous memorandum and directed DoD “to cease all efforts to consolidate the Defense resale entities” in the April 4 memorandum, obtained by Military Times.

The Defense Commissary Agency, the Army and Air Force Exchange Service, the Navy Exchange Service Command and the Marine Corps Exchange “play a vital role in providing community services for our service members and their families,” Hicks wrote. The commissary is the military benefit for discounted groceries; the exchanges are retail stores that provide tax-free and discounted items. The exchanges also operate other programs, ranging from overseas school lunches to theaters and food outlets, depending on the service branch. Exchanges put part of their profits back into morale, welfare and recreation programs on military bases.

For years, some officials within DoD have taken aim at the cost of the commissary benefit in particular, which receives about \$1 billion a year in taxpayer dollars to provide discount groceries to authorized customers in military communities around the world. In the fiscal 2023 budget proposal, DoD asks for \$1.2 billion for the operation of the 236 commissaries. DoD “previously considered consolidating the Defense resale entities; however recent studies have demonstrated that alternative approaches can realize the benefits of consolidation without the risks consolidation would bring to the mission of the Defense resale entities,” Hicks wrote.

Defense officials told Congress in August, 2021 that they were backing away from consolidation after further analysis showed consolidation was not feasible. DoD “no longer supports such a consolidation,” concluded the report to Congress, signed by Virginia Penrod, then-acting undersecretary of defense for personnel and readiness. DoD began the effort to consolidate the year before the pandemic, following the findings of a task force’s 2018 study that concluded “the benefits of consolidating the defense resale entities far outweigh the costs.” That study, conducted with the help of the Boston Consulting Group, stated the consolidation would save \$700 million to \$1.3 billion of combined taxpayer and non-appropriated funds over a period of five years.

But questions were raised about the validity of that study. After a Government Accountability Office review, Congress ordered DoD to take another look at the findings. DoD’s new analysis found the consolidation would actually require an additional \$1.5 billion in costs that were understated in the 2018 analysis, according to the August report to Congress. The analysis had a “single-minded fixation” on cutting costs, diverting the focus away from the customer, the report stated. “Successful retailers are currently focused on digitization and the customer.” The extra costs would have likely been borne by customers, quality of life programs on installations, or both, advocates said.

Long concerned that consolidation could pose a threat to the future of the commissary and exchange benefits, those advocates expressed concern that DoD was moving too quickly toward a merger. The 2018 analysis and recommendations led to then-Deputy Secretary of Defense David Norquist giving the green light to consolidation in 2019, pending required changes in law that would allow consolidation. Hicks’ memo rescinding Norquist’s memo outlines requirements for continuing to find additional savings and efficiencies by concentrating future

efforts on structured collaboration between the DoD resale entities. Commissary and exchange officials will report on these accomplishments at least twice a year to the Defense Executive Resale Board, particularly in areas such as marketing, buying and information technology.

Early in the pandemic, defense officials designated commissaries as “mission critical,” which meant that the commissaries would stay open regardless of an installation’s health protection condition. Commissaries were one of the few military quality of life benefits that stayed open on all military bases during the pandemic. Officials put a priority on getting food to overseas stores, where customers may have had few alternatives for getting food. [Source: MilitaryTimes | Karen Jowers | April 6, 2022 ++]

DoD Lawsuit | HIV Ban

Update 01: Judge Overturns Military Ban on HIV-Positive Troops

A federal judge has struck down the military's policy of denying commissions to HIV-positive service members in a lawsuit filed in 2018. U.S. District Judge Leonie Brinkema ruled 6 APR that the Department of Defense must reconsider Nicholas Harrison's application to become a JAG officer for the D.C. National Guard without taking into account his HIV-positive status. The ruling also applies to "any other asymptomatic HIV-positive service member with an undetectable viral load."

The lawsuit, originally filed several years ago, was brought by Harrison, who joined the Army in 2000 at 23. According to his complaint, Harrison left active duty for the reserves after three years as a sergeant to focus on college. He subsequently earned both a bachelor's and law degree while with the Oklahoma Guard. While in law school, Harrison says he deployed twice -- to Afghanistan and Kuwait. The latter deployment came before he could sit for his bar exam. After returning from Kuwait in 2012, court documents say that he tested positive for HIV. "Sgt. Harrison was immediately placed on antiretroviral combination therapy, and soon thereafter, he had an undetectable viral load," the complaint said. "He has been virally suppressed or had an undetectable viral load ever since that time," it added.

In 2013, after being accepted to the Presidential Management Fellows (PMF) program, Harrison was offered a position in the Judge Advocate General Corps for the D.C. National Guard as a captain. However, his HIV status prevented his commissioning, despite the fact he received top marks in every category of his commissioning medical exam, the complaint said. Harrison asked for a waiver and appealed the subsequent denial to the deputy chief of staff for

the Army and under secretary of defense for personnel and readiness with no success. Court records say that Harrison was told by the service's chief of staff that his request was "not in the best interest of the Army."

Harrison sued, arguing the military's long-standing policy on HIV-positive service members was discriminatory, especially in light of medical advances that have allowed people with managed infections to lead largely unaffected lives. "These medical advances should have resulted in an overhaul of military policies related to people living with HIV," Harrison argued in his complaint. "Instead, the Department of Defense and the Army maintained the bar to enlistment and appointment of people living with HIV, as well as the restrictions on deployment, when they revisited these policies in recent years," the document added.

When asked about the judge's Wednesday ruling, a spokesman for the Pentagon directed Military.com to the Department of Justice. The Department of Justice did not reply before publication. The allegation that the military's HIV regulations, originally developed in the 1980s, are out of touch is not new. At one point in the 1980s, service members who tested positive were being charged with sodomy under the Uniform Code of Military Justice, and HIV-positive troops reported being forced to live in a special barracks at Fort Hood that became known as "the leper colony." One regulation that has drawn particular attention and criticism is the so-called "safe sex order" that HIV-positive service members are required to sign, which restricts them from more banal activities like sharing toothbrushes or razors all the way to the mandated use of contraception to prevent pregnancy and spread of HIV to a potential child.

In an editorial published in 2019, former Secretary of the Navy Ray Mabus argued that it is "long past time" for the military to revisit some of these rules. Though people still are not allowed to enlist while positive, Mabus noted that the Navy expanded the places HIV-positive sailors could serve to include "large-platform ships and certain bases globally." "These individuals can do the job as well as anyone else," he wrote.

As Harrison's case wound its way through the legal process, the government's lawyers tried unsuccessfully to have it dismissed several times. Among the government's arguments to toss the suit was the fact that the court "has no power to direct that Plaintiff Harrison be commissioned" since that is a "power expressly reserved for the President alone," court filings said. Plus, they argued that people with HIV aren't a group "that is entitled to special consideration under the Equal Protection Clause." The lawsuit never reached trial, instead handing a victory to Harrison on summary judgment. The judge's full opinion remained under seal as of 7 APR. It is not clear whether the government will appeal the decision. [Source: Military.com | Konstantin Toropin | April 7, 2022 ++]

Arlington National Cemetery

Update 97: Old Guard Horses Suffer Poor Living Conditions | 2 Die

An Army report covered by CNN this week revealed that military horses serving as pall-bearers for Arlington National Cemetery have been suffering poor-living conditions, with one horse recently dying in February with 44 pounds of gravel and sand in his stomach. The report was compiled in February by the U.S. Army's Public Health Command-Atlantic after two horses with the Old Guard — known for guarding the Tomb of the Unknown Soldier — died within days of each other. A lack of space, inadequate funding and the turnover of unit commanders were noted as the primary issues. The horses were fed poor-quality feed, suffered parasite infestations and lived in excrement-filled mud lots.

More than a dozen inspections conducted between 2019 and 2022 gave the horse facilities “unsatisfactory” sanitary ratings, despite supposed efforts made by the soldiers of Caisson Platoon, who train and care for the horses, the report found, according to CNN. There are more than 60 horses attached to the Old Guard, all of which are rotated between stables at Fort Meyer and a six-acre pasture complex at Fort Belvoir, both near Washington, D.C. Tony, the horse with 44 pounds of sediment in his gut, died of sand colic, the result of being fed in inappropriate feeding areas.

Dr. Gabriele Landolt, an assistant professor of equine medicine at Colorado State University's veterinary college, told CNN that the amount of sediment found in Tony's stomach was definitely outside the norm. “No, that is a lot,” he said. “That should not be in the colon.” Mickey, the other horse that died in February, died of septic colic, which was caused by an untreated gastrointestinal illness or injury. Manure and bacteria made their way into his bloodstream, causing an infection. Following Mickey and Tony's deaths, stool samples were collected from 25 other horses in the unit, with the report showing that 80% of the horses had “moderate to high levels of sediment in their stool,” according to CNN.

The report also revealed the horses were being fed low-nutritional hay, CNN reported. The “color is yellow-brown with large amounts of thick stems and few leaves; dry, dusty, and brittle,” the report showed. A senior leader with the Old Guard interviewed by CNN reportedly said that “short-term fixes” were already underway, including the purchase of mats for the feeding areas and contract changes to improve the quality of hay fed to the horses. Longer-term improvements, though, like those needed at the facilities at Fort Belvoir and Fort Myer, rely on increased or re-purposed funding and “may take multiple years to fix,” the senior leader said. [Source: ArmyTimes | Rachel Nostrant | April 7, 2022 ++]

DoD Fraud, Waste, & Abuse

Reported APR 01 thru 15, 2022

The charismatic party persona of the Navy contractor known as “Fat Leonard,” and the lavish fetes he often hosted, were widely known in military circles throughout Southeast Asia. But for as much glad-handing as Leonard Glenn Francis did in person, he also did a lot of business on email. That is how he plied U.S. naval officers for classified information, asked for their influence to protect and promote his contracts within the Navy, and planned “boys’ nights out” with prostitutes at posh hotels as a reward for their loyalty. The large volume of email communications has been the evidentiary backbone of the long-running investigation into Francis’ bribery and fraud conspiracy — the Navy’s worst corruption scandal in modern history — to which he and several naval officers have already pleaded guilty.

This past week, many of those same emails took center stage in the trial against five other naval officers accused of similar corruption. Former Rear Adm. Bruce Loveless; former Capts. David Newland, James Dolan and David Lausman; and former Cmdr. Mario Herrera are being tried under the federal conspiracy statute, as well as on charges of bribery and conspiracy to commit wire fraud. The trial in San Diego federal court just finished its sixth week, and it still has at least two months to go.

So far, the jury of 12 — plus six alternates — has heard general testimony from expert witnesses about classified information, ethical obligations, contracts and the business of husbanding. As a husbanding agent, Francis and his Singapore-based company, Glenn Defense Marine Asia, contracted with the Navy to provide services and sundries to visiting ships in foreign ports. Jurors have also heard from two former naval officers — Edmond Aruffo and Jesus Cantu — who have already pleaded guilty to roles in the larger scheme. The raft of emails introduced in court over the past several days continues to build on that testimony. They paint an apparent — if somewhat disjointed — picture of a quid pro quo relationship between Francis and a group of insiders in the Navy’s Seventh Fleet who referred to themselves as a “brotherhood.”

Prosecutors are using the emails to try to prove that the five defendants were part of that corrupted clique. Defense attorneys have sought to discredit the source of the emails and question the chain of custody. The bulk of the emails were either seized from Francis’ laptop when he was arrested in 2013 in a San Diego hotel room or handed over to investigators by Francis’ own attorneys once he became a cooperating witness for the prosecution. Many of the emails introduced thus far weren’t even written by, or sent to, the defendants themselves. Several were authored by Francis and fellow Navy officials who have already pleaded guilty.

However, the defendants were frequently mentioned in them — either by name, nickname or initials.

“Choke is pushing the Reagan to go to Phuket (looks like this is going to happen),” former Cmdr. Jose Sanchez, who has already pleaded guilty, wrote to Francis in July 2009. Choke is the nickname for Herrera, as evidenced by his own purported signature in another email. Another email from Sanchez to Francis allegedly asked Francis to send photos of prospective prostitutes for an upcoming get-together in Manila, Philippines, in 2009. “How’s the talent search going ... photos (JD’s getting excited),” Sanchez wrote, reportedly referring to the initials for Dolan. Francis eventually sent photos of two women, which were shown to the jury. “Wow unbelievable ... the brothers are ready to indulge,” was Sanchez’s email response.

In many of the emails, Francis and various officers discussed upcoming plans for get-togethers at hotels in one sentence and the passing of classified information such as Navy ship schedules in another, according to evidence presented this week. In one instance, former Cmdr. Stephen Shedd, who has already pleaded guilty, sent Francis a guest list for an upcoming outing in Tokyo. Francis replied: “Copy on all hotel rooms and boys night out,” then proceeded with his request. “I require updated schedules,” he said, listing the Seventh Fleet’s submarine group, amphibious forces, destroyer squadron, the Blue Ridge command ship, and others. Some emails sent by previously convicted Navy officers included the classified information itself, either in the body of the email or in attachments.

Several emails purport to show how Dolan used his influence as assistant chief of staff for logistics to address complaints that Francis had about the contracting process or competing husbanding agents. For example, in one November 2008 email, Francis told Sanchez that a Navy contracting officer was holding up awarding the bid and may be attempting to give it to a competitor. “Have JD engage and turn up the heat on them,” Francis requested. “JD is locked and ready to fire,” Sanchez responded.

Francis also complained to Sanchez that the Ship Support Office in Hong Kong, which Francis saw as an adversary, was overstaffed. “JD plans on sending a note upline,” Sanchez responded. Days later, over the Thanksgiving holiday, prosecutors allege Dolan, Herrera and co-conspirators were put up in a Hong Kong hotel and gifted a lavish dinner and the services of prostitutes. In an email afterward, Sanchez debriefed the escapade to Francis: “JD couldn’t be any happier and this made his last trip to Hong Kong one for the ages.” He also suggested they “keep the brothers tight” and have Herrera pass along weekly updates on the movements of Coast Guard, NATO and Canadian vessels.

After the trip, Dolan sent a long email to the rear admiral supply officer of the Pacific Fleet, repackaging some of Francis’ concerns about the Ship Support Office as if they were his own. Dolan then reportedly forwarded a copy of the email to Francis, with the singular comment:

“Who loves you, Brother?” The rear admiral responded to Dolan, thanking him for “great feedback” and saying the concerns were “maybe an action item.” Dolan also purportedly forwarded that to Francis, saying: “It’s now on his radar.”

Prosecutors presented some emails from Newland, the lead defendant on trial, who was the fleet’s chief of staff from 2005 to 2007. In a May 2007 email, Newland allegedly responded to a question from Francis about whether the Navy would be sending any ships to Thailand: “I think I’ve got the boss to buy off on letting ships go to Phuket.” In another, Newland — who was preparing to transition out of the Seventh Fleet in mid-2007 — allegedly wrote to Francis: “Looking forward to Sydney more than you know. I’m into the last 2 months here and I’m ready for some fun.”

The introduction of the email evidence, while a central part of the prosecution, has also marked a particularly frustrating chapter of the trial. The U.S. Attorney’s Office has used the Naval Criminal Investigative Service case agent, Cordell DeLaPena, as the chief mechanism to get the emails into the trial record — but with strict limitations. U.S. District Judge Janis Sammartino has ruled that the agent cannot testify as a summary witnesses — such as making conclusions or tying together bits of evidence — but can only affirm emails that he seized or viewed as part of the investigation and then read them aloud.

As a result, defense attorneys have objected to nearly every question Assistant U.S. Attorney Mark Pletcher has posed to DeLaPena — many of which the judge has sustained — arguing he is being asked to testify beyond the scope of what’s allowed. “It’s the same objection!” a defense attorney exclaimed at one point. “We shouldn’t have to keep objecting over and over again.” The defense also has a standing objection to most of the emails being submitted as evidence, citing chain of custody concerns and at times raising other reasons. It has made for slow going and some particularly tense moments, which Sammartino has had to referee.

“I know this is hard on all of us — it’s stressful, it’s difficult, it’s time-consuming ... Everybody’s doing their best,” she said after one exchange Wednesday. Later, on a bit of a lighter note, the judge turned to the case agent on the stand: “The investigation was easy. This is the hard part.” The email evidence is expected to continue next week, followed by cross-examination of DeLaPena. Later, prosecutors have indicated plans to call several other Navy officials who’ve already pleaded guilty, including Sanchez, Shedd, former Chief Warrant Officer Robert Gorsuch, former Capt. David Haas, former Capt. Donald Hornbeck, as well as Francis. [Source: The San Diego Union Tribune | Kristina Davis | April 8, 2022 ++]

VA Budgeting

Update 01: Congress Considers Separate Funding For VA Medical Care

House lawmakers began a debate 6 APR about a White House proposal to separate funding for veterans' medical care from the rest of the federal budget — an action that would treat it the same as defense spending and could allow it to grow beyond current limits. Discretionary spending, which is subject to the congressional appropriations process, is divided into two categories: defense and nondefense. Congress provided \$1.5 trillion in discretionary spending for fiscal 2022, with \$782 billion toward defense and \$730 billion going to other areas of the government. Of the \$730 billion in nondefense spending, about \$117 billion went to the Department of Veterans Affairs.

In President Joe Biden's budget request for fiscal 2023, he proposed removing veterans' health care from the nondefense category and giving it its own funding stream. The change would free the veterans' health budget from caps on nondefense spending and allow more money to go toward other nondefense areas, such as education, transportation and homeland security, said VA Secretary Denis McDonough. "For us to continue to grow at the rates we're growing, that's coming at the expense of the rest of nondefense discretionary [spending and] makes us less effective overall," he said.

McDonough testified 6 APR before a House Appropriations Committee subpanel about the VA's budget proposal for fiscal 2023. The proposal, released in March, would push the agency's overall budget to more than \$300 billion. About \$161 billion of the \$300 billion is mandatory spending, which includes entitlement programs, such as disability compensation. Mandatory spending does not go through the congressional appropriations process. The remaining amount, \$139 billion, is part of the nondefense discretionary budget, and approximately \$120 billion of that amount is dedicated to veterans' medical care. The White House proposed the VA get a 20% increase in funding for medical care in fiscal 2023. McDonough attributed the significant jump to health care inflation and an increase in demand for services.

To address the growing costs of medical care, the White House suggested VA health care be given its own stream of funding, sending a message that veterans' medical care should be treated with the same significance as national defense. "I thought it was a very important, innovative idea from the White House, from [the Office of Management and Budget], to separate veterans' health care," McDonough said. "I think it makes sense to separate this from the broader account to underscore, as we do with defense, the unique nature and unique importance of investments in veteran health." The separation could be more necessary if Congress approves a sweeping measure that aims to expand eligibility for health care and benefits to veterans exposed to burn pits and other toxins, McDonough said. The bill has the potential to significantly increase the number of enrollees in VA health care.

According to estimates from the Congressional Budget Office, the bill could increase spending by about \$318 billion during the next decade. It was passed by the House earlier this year and is now under consideration in the Senate. Lawmakers expressed mixed feelings about separating VA medical care from the rest of the nondefense budget. Rep. Debbie Wasserman Schultz (D-FL), the chairwoman of the military construction, veterans affairs, and related agencies appropriations subcommittee, suggested a change needed to be made, given the historical growth of the VA's budget.

The VA described its proposal for 2023 as a "historic increase in total funding." If the budget were approved as is, the VA's overall funding would have increased by \$104 billion, or 53%, since 2018, according to agency data. The agency is the third largest federal department in terms of budget. Only the Defense Department and the Department of Health and Human Services are slated to receive more in discretionary funding in 2023. "There really is a lot of good news in this budget, but we can't ignore the elephant in the room, and that's the ever-growing cost of veterans' medical care," Wasserman Schultz said. "We must provide for our veterans, and we're passionate about that, but if we're going to keep seeing these exponential increases year after year, we need to build a consensus on an allocation adjustment so other discretionary priorities are not affected."

Rep. Judge Carter of Texas, the ranking Republican on the subcommittee, described the VA's budget proposal as an "eye-popping request" and said he was skeptical about giving the agency its own funding stream. Carter said the change would allow for more funding toward other nondefense agencies, which he argued could lead to an increase in the budget deficit. "The rate we're spending right now is driving us over a cliff," he said. "Setting up a situation where we inadvertently create more mandatory spending, to me, is not a good idea. It could move us closer to that time when we can't pay our bills." Wasserman Schultz suggested the subcommittee hold a "deep-dive conversation" soon on the potential change. [Source: Stars & Stripes | Nikki Wentling | April 6, 2022 ++]

VA Health Care Access

Update 70: Misleading Vet Medical Appointment Wait Times Still Being Reported

Despite widespread attention and funding to address the Veterans Affairs Department's failures to present accurate data on how long patients wait for medical appointments, a new audit found the agency is still in some instances relying on misleading information in its public reports. Deceptive practices to hide true wait times led to a national scandal in 2014 and

multiple legislative overhauls aimed at creating more transparency and allowing veterans to receive medical care more quickly.

VA has launched two public websites to show patients and stakeholders what delays they might face in scheduling an appointment, but an [audit](#) from the department's inspector general released on 7 APR found they are reporting the data inconsistently and in a manner that obscures true wait times. The issues stem from when VA starts the clock on how long veterans must wait for care. Consistent with federal statute and regulation, a website stood up in 2014 uses the "request date" as the starting point, or when a clinician or patient requests an appointment take place. Another site Access to Care (www.accesstocare.va.gov) launched in 2017, however, has relied on the "create date" for new patients, meaning the date that a scheduler actually books an appointment.

As an example, the IG said in one case a veteran saw a doctor on June 28, 2021. The doctor suggested the patient see a cardiologist, putting that same day as the "request date" so the patient would be scheduled as soon as possible. A VA scheduler did not actually book an appointment—set for early September of that year—until nearly a month later. That led to the wait time being logged as only 43 days, instead of the actual total of 66. Last year, the then-acting undersecretary for health at VA acknowledged to the IG that the department never tackled the issue of how to measure wait times. The IG absolved any individuals of wrongdoing, but wanted to issue an alert so VA management could address its problems.

"Calculating wait times is complex, and it has been challenging for [the Veterans Health Administration] to consistently implement a suitable methodology that transparently and accurately reflects the amount of time patients wait for an appointment," the IG said. "As a result, VHA has sometimes presented wait times with different methodologies, using inconsistent start dates that affect the overall calculations without clearly and accurately presenting that information to the public."

Mark Ballesteros, a VA spokesman, said VA is consistently "striving to do more" as it looks to boost transparency. Part of that process, he added, is standardizing how appointments are scheduled to ensure "all veterans receive uniform, timely access to care, regardless of the location or type of care. The Veterans Health Administration "appreciates the OIG's review and is working to develop a more clear and consistent system to measure access and wait times and build upon our public reporting transparency," Ballesteros said.

VA has been aware of the issue and has discussed making changes to the process since 2019, the IG said, but has yet to make any adjustments. In addition to potentially providing misleading information to Congress and veterans, the inconsistencies could create problems with eligibility for private sector care on the government's dime. Veterans can tap into those offerings in part based on their wait times for appointments, but VA is using a different calculation for

them. “The inconsistent use of start dates for calculating wait times can be misleading and may result in inaccurate reporting,” the IG said. [Source: Government Executive | Eric Katz | April 7, 2022 ++]

VA Service Dog Program

Five Facilities Chosen to Start Program for Veterans with PTSD

The Department of Veterans Affairs released its plan 4 APR to launch a canine training pilot program for eligible veterans with post-traumatic stress disorder. Five VA medical centers have been chosen across the country to offer the pilot program over the next five years, including the Anchorage VA Medical Center in Alaska, the Charles George Department of Veterans Affairs Medical Center in Asheville, N.C., the Palo Alto VA Medical Center in California, the Audie L. Murphy Memorial Veterans' Hospital in San Antonio; and the West Palm Beach VA Medical Center in Florida.



"There are many effective treatments for PTSD and we're looking at service dog training as an adjunct to those options to ensure Veterans have access to resources that may improve their well-being and help them thrive," VA Secretary Denis McDonough said in a press release announcing the chosen pilot locations. Advocates have long put pressure on lawmakers to finance service dog training for veterans as an option to deal with mental-health challenges. The program they hope will "raise awareness for this treatment option as a proven method for mitigating debilitating symptoms of PTSD and suicidal ideations," Rory Diamond, CEO of the nonprofit K9s For Warriors, said in a press release last year that coincided with the passage of a law creating the pilot program.

The pilot program was required under the Puppies Assisting Wounded Servicemembers for Veterans Therapy Act, or the PAWS Act, signed into law on Aug. 25, 2021. Advocates and officials say that service dogs can help bolster veterans' sense of self-worth as well as help the

retired service members regulate their emotions as they establish trust with their service animal. Veterans in the program will help train potential future service dogs and engage in a social cohort. Following the eight-week program, qualified veterans will have the option to adopt the dog they assisted in training. The VA has not named the partner organizations it will work with to run the training.

A report from the Congressional Budget Office estimates the total expense for the VA to include this treatment option through 2026 -- from the training to the veterinary health care -- will be roughly \$30 million at roughly \$27,000 per dog. Participating in the program, however, will come at no cost to veterans. To be eligible to participate, veterans must meet three primary requirements. First, they must be enrolled in the VA health-care system; second, they must be diagnosed with PTSD; and third, they must be recommended by a VA mental health-care provider or clinician. Receiving that final endorsement will come only after veterans have had a visit to their primary care or mental health-care provider within the last three months.

The VA has not yet announced whether it will expand the program to additional VA medical centers beyond the five sites it chose to first start the pilot. [Source: Military.com | Jonathan Lehrfeld | April 4, 2022 ++]

VA EHR

Update 33: New System Suffers 3 HR Outage Nationwide

The electronic health record system (EHR) used to manage patient data for the Defense Department, Coast Guard and a few Veterans Affairs Department medical centers went offline nationwide for almost three hours 7 APR preventing clinicians from updating and, for a time, accessing medical records.

The EHR systems being deployed by VA—dubbed Millennium—and the DOD and Coast Guard—known as MHS Genesis—are both developed and maintained by Cerner, the latter in conjunction with the Leidos Partnership for Defense Health. The DOD started work on MHS Genesis in 2015, with the Coast Guard joining in 2018. VA joined the combined Electronic Health Record Modernization Program, or EHRM, in 2018, with the first instance going live in October 2020.

Three Oracle databases underpinning those systems went down shortly after 5 p.m. ET, preventing access to all electronic medical records at 66 DOD sites, 109 Coast Guard sites and 3 VA sites, a program official confirmed to Nextgov. “Affected clinicians were unable to log into EHRM applications or retrieve EHRM data to legacy applications,” according to an IT ticket detailing the issue obtained by Nextgov. All told, more than 95,000 users were affected by the outage. The EHRM program official said there was no evidence that any patients were harmed due to the outage.

The official also noted that while the main EHR was down, the failed system allowed a backup “read-only” system, through which clinicians could review patient data but could not update that information. The systems were fully restored shortly before 8 p.m. Wednesday, according to the IT ticket. The outage was caused by a bug in the Oracle databases and not due to ongoing deployment efforts, Terry Adirim, VA EHRM Integration Office program executive director, said during a press call 7 APR. During the downtime, VA hospital staff were able to continue with “most clinical operations,” Adirim said, though patient information had to be recorded on pen and paper and later updated in the EHR system.

Adirim told reporters VA leadership was not aware of any specific disruptions to care during that time. During such downtimes, clinic leadership submit “trouble tickets,” in which they note incidents that led to undue patient harm and can suggest a likely cause—such as an EHR outage. “From what we know now, there haven’t been any reported to us,” Adirim said. “The two outages . . . we are not aware, nor has it been reported to us that there has been any harm to patients.” When prompted, Adirim clarified that reports might have been filed but those have yet to be fully investigated. “There might have been reports but there were no patient safety incidents that we’re aware of,” she said.

The restoration work was a joint effort by all parties, the EHRM official said, including Cerner, Leidos, VA, DOD and Coast Guard technicians. Spokespeople for Cerner and Leidos did not immediately respond to questions, including whether other government or non-governmental systems were affected. Wednesday’s outage is not the first of the year. The EHR system at Mann-Grandstaff was taken offline on March 2 after an update led to potential data corruption, according to an email from the medical center director obtained by reporters at The Spokesman-Review.

During that downtime, staff were told not to admit new patients and to “provide only those healthcare services you are comfortable providing assuming all electronic sources of data are unreliable,” the paper reported. After that incident, members of the House Veterans’ Affairs Committee wrote to VA Deputy Secretary Donald Remy, the official in charge of the agency’s EHR rollout, and Cerner Government Services President Travis Dalton.

“We are also concerned by the disabling effects this data corruption incident had on multiple elements of Cerner’s electronic health record system,” wrote committee ranking member Mike Bost, R-Ill., and Technology Modernization Subcommittee ranking member Matthew Rosendale, R-Mont. “It appears to have caused a complete work stoppage in community care referrals and revenue cycle and partial work stoppages in pharmacy and scheduling for several days. Its impacts still have not been completely resolved.” The lawmakers noted the system was not working correctly for several days and warned VA against “any attempt to soft-pedal the reality” of the situation. [Source: NextGov | Aaron Boyd | April7, 2022 ++]

VA Problematic Physicians

Officials Failing to Report Them to State Authorities

Veterans Affairs officials are failing to consistently notify state medical boards when department physicians are fired for malpractice or incompetence, a situation that could put the public at risk, according to a new investigation by the VA inspector general. In a report released last week, the watchdog office found that “for a majority of cases involving separated healthcare professionals, VA medical facility directors failed to follow mandatory processes for reporting [those individuals] to state licensing boards.”

Officials warned that “failure to comply with these reporting processes leaves [state officials] unaware of a healthcare professional’s practice deficiencies and ultimately violates an important VA commitment to protect the health of veterans and the public,” the report states. The review was prompted by a series of cases in 2020 involving the dismissal of poor-performing VA medical staffers. Officials from the Inspector General’s Office said those cases revealed broader concerns about how well facility directors understood and followed rules regarding notification to outside medical review boards.

Under current rules, the Veterans Health Administration requires those leaders to submit a report to state licensing boards or the National Practitioner Data Bank “when substantial evidence supports a reasonable conclusion that the professional’s clinical practice raises a reasonable concern for the safety of patients or the community.” VA rules only cover physicians and dentists, and not other health care professionals. The reports allow outside officials to bar the problematic physicians from working in other public-sector or private-sector posts where they might repeat the same mistakes. But in 107 cases reviewed by the inspector general, only 44 were deemed fully compliant with those reporting rules.

In some cases, the lack of action was a result of confusion over who was responsible for generating the report to state officials. In about one-third of the cases, facility leaders failed to conduct an initial review to see if such reporting was necessary. “The inspector general found that the noncompliance was linked to facility staff misunderstanding of VHA policy and poor facility processes,” the report states. “The noncompliance led to lapses in reporting practices that resulted in delays or failures in reporting healthcare professionals whose clinical practice or behavior substantially failed to meet generally accepted standards.”

In response to the report, Veterans Health Administration officials promised changes to the process in coming months. They include new oversight of the issue by the Office of Quality and Patient Safety and new training of health facility leaders on the topic so they better understand their responsibilities. That work is expected to be completed by the end of this year. The full report is available on the VA inspector general’s website April 12, 2022 ++]

VA Fraud, Waste & Abuse

Reported 01 thru 15 APR 2022

Louisiana – Robert Clay Smith, a physician, pleaded guilty to conspiracy to commit healthcare fraud, wire fraud, and illegal remunerations (taking kickbacks). According to court documents, the scheme, which ran from 2013 until 2017, involved individuals associated with a medical supply and billing company recruiting Smith to dispense pain creams and patches to his workers’ compensation patients by offering him a split of the profits. The company acted as the billing agent for Smith, handling all the paperwork and submitting the allegedly fraudulent claims to the US Department of Labor, Office of Workers’ Compensation Programs and to private insurers. In exchange, the company paid Smith 50 to 55 percent of the profits collected from successfully billing insurers, at markups of 15 to 20 times what the medications cost. [Source: DVA OIG | Michael J. Missal IG | March 31, 2022 ++]

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New York – Noah Felice of Fayetteville was arraigned after being charged in an indictment with lying to the Federal Aviation Administration (FAA). According to the indictment, in September 2017, Felice made false statements to the FAA on a Form 8500-8, which is an application pilots submit to the FAA to renew their medical certifications. The indictment alleges that Felice stated on the form that he had no history of criminal convictions and had never received medical disability benefits, when he knew that he had been convicted of multiple

prior misdemeanor offenses and was receiving disability benefits from VA. This case is being investigated by the VA OIG and Department of Transportation OIG. [Source: DVA OIG | Michael J. Missal IG | March 31, 2022 ++]

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Pennsylvania – Robert Schneiderman of Langhorne admitted to participating in a massive compounded-medication kickback scheme that he and others ran out of a pharmacy in Clifton, New Jersey. Schneiderman pleaded guilty in federal court to one count of conspiracy to commit healthcare fraud and one count of conspiracy to violate the Anti-Kickback Statute. From 2014 through 2016, Schneiderman and his coconspirators used Main Avenue Pharmacy, a mail-order pharmacy with a storefront in New Jersey, to run a fraud and kickback scheme involving compounded drugs like scar creams, pain creams, migraine medication, and vitamins. Schneiderman was the president of Main Avenue Pharmacy and was a founder and CEO of its corporate parent. On compounded medications alone, Main Avenue Pharmacy received over \$34 million in reimbursements from healthcare benefit programs. Approximately \$8 million of that total was paid by federal payers. Schneiderman himself earned over \$400,000 through the course of the scheme. This case was investigated by the VA OIG, FBI, Department of Defense OIG, Defense Criminal Investigative Service, and Department of Health and Human Services OIG. [Source: DVA OIG | Michael J. Missal IG | March 31, 2022 ++]

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Pennsylvania — Matthew Camera, a resident of Erie was sentenced in federal court to two years of probation for violating federal drug laws. According to information presented to the court, from January 2017 to June 2020, while Camera was employed as the pharmacy chief at the Erie VA Medical Center, he unlawfully obtained multiple dosage units of hydrocodone and oxycodone from pill bottles awaiting delivery to VA patients. The VA OIG investigated this case. [Source: DVA OIG | Michael J. Missal IG | April 4, 2022 ++]

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Florida — Rodolfo Gari, founder of Physician Partners of America LLC, headquartered in Tampa, and its former chief medical officer, Dr. **Abraham Rivera**, have agreed to pay \$24.5 million to resolve allegations that they violated the False Claims Act by billing federal healthcare programs for unnecessary medical testing and services, paying unlawful remuneration to its physician employees, and making a false statement in connection with a loan obtained through the Small Business Administration’s Paycheck Protection Program. The VA OIG helped with this multiagency investigation. [Source: DVA OIG | Michael J. Missal IG | April 14, 2022 ++]

Vet Unemployment 2022

Update 02: Dropped to Lowest Level in Three Years

Veterans unemployment in March fell to its lowest level in three years as the American economy continued to show signs of recovery from the ongoing coronavirus pandemic. The 2.4% unemployment rate for veterans was the lowest monthly mark since April 2019 and the first time the figure has been under 3% since the start of the pandemic in early 2020. According to the Bureau of Labor Statistics, the rate has declined steadily in recent months, from 3.9% last October to 3.2% in February. It translates to about 216,000 veterans who were actively seeking work last month unable to find steady employment. That's roughly half the total jobless veterans from March 2021.

Veterans of the Iraq and Afghanistan War era — who make up 43% of the veteran workforce in America today — saw their unemployment rate drop from 5.2% in January to 3% in March. Veterans of the first Gulf War era — who make up another 28% of the veteran workforce — posted an unemployment rate of 1.4%, the third time in the last four months that group's mark has been under 2%. The national unemployment rate has also decreased steadily over the last year. In March 2021, the rate sat at 6%. By February of this year, it was down to 3.8%. Last month, it fell again, to 3.6%. BLS officials said the national economy added 431,000 new jobs last month. In a statement, President Joe Biden praised the jobs news. "This is a historic recovery — Americans are back at work," he said.

Although veterans employment has generally outperformed the national jobless figures, lawmakers have introduced numerous jobs programs in recent years targeting former military members out of concern that their transition to civilian life could be more complicated than their non-military peers. In the White House's fiscal 2023 budget request unveiled this week, administration officials said they would ask for a \$31 million boost in spending for entrepreneurial development programs targeting veterans, women and minorities to ensure they have "access to counseling, training, and mentoring services."

About half of the 18 million veterans living in America today are in the labor force. The others are either too old or injured to work, or unable to find steady employment. [Source: MilitaryTimes | Leo Shane III | April 1, 2022 ++]

Tricare Retirement Benefits

Update 01: *Senators Want Coverage for Retiree Families Eating Disorders*

A bipartisan group of senators wants the military's health insurance to extend coverage for binge eating, anorexia, bulimia and other eating disorders to retirees and their families. In a letter last week, the senators also called on defense health officials to ensure the implementation of a provision in last year's defense policy bill expanding Tricare's coverage of eating disorders for active-duty service members and their families.

"Eating disorders are a serious mental illness that affect almost 30 million Americans and have the second-highest mortality rate of any psychiatric condition, accounting for one death every 52 minutes," the senators wrote in a letter released 8 APR to David Smith, acting assistant secretary of defense for health affairs, and Lt. Gen. Ronald Place, director of the Defense Health Agency. "As you know, servicemembers and military families are affected by eating disorders at elevated rates compared to the civilian population due to risk factors unique to their military experience," the senators added.

The letter was organized by Sens. Jeanne Shaheen (D-NH) and Thom Tillis (R-NC) and co-signed by Sens. Dianne Feinstein (D-CA), Shelley Moore (R-WV), Patty Murray (D-WA), Amy Klobuchar (D-MN), Tammy Baldwin (D-WI), and Tina Smith (D-MN). Amid studies showing eating disorders were on the rise among service members, Congress included provisions to expand Tricare's coverage of eating disorders for service members and their families in last year's National Defense Authorization Act, or NDAA,.

Previously, Tricare has covered only partial hospitalization and intensive outpatient treatment for eating disorders for dependents up to age 20. Under the NDAA, those restrictions for dependents will be gone, and dependents of any age will be able to have inpatient and outpatient care covered. The bill also required the Pentagon to "prescribe regulations, implement procedures using each practical and available method, and provide necessary facilities to identify, treat and rehabilitate members of the armed forces who have an eating disorder." Under the law, the new coverage is supposed to take effect 1 OCT.

The NDAA did not extend eating disorder coverage to military retirees and their families. But the senators' letter argues that defense health officials have the authority to extend that coverage themselves. "Therefore, we ask you to use your existing authorities to expand eating disorder coverage to retiree families and improve DOD's infrastructure around eating disorders accordingly," they wrote. A spokesperson for Shaheen's office said the request was prompted by

wanting "equity among all TRICARE recipients" rather than any specific data on the extent of eating disorders among retiree families.

The letter cites several studies about rates of eating disorders among service members, including a study published in 2018 in the Defense Health Agency's Medical Surveillance Monthly Report that found eating disorder diagnoses had increased by 26% from 2013 to 2016. "Moreover, 21 percent of children and 26 percent of spouses of servicemembers are symptomatic of an eating disorder," the senators wrote. "The problem is accelerating as recent studies have shown that 16 percent of female veterans have an eating disorder, and a 2020 report from the Defense Health Board revealed that active-duty servicewomen are disproportionately affected by eating disorders, impacting their readiness and health."

Shaheen and Tillis previously introduced a bill, called the SERVE Act, that would more broadly extend Tricare coverage of eating disorders for both military and retiree families. The Congressional Budget Office estimated their bill would cost \$2 million over 10 years. [Source: Military.com | Rebecca Kheel | April 11, 2022 ++]

Vet Colleges

Update 03: Thousands Left In Limbo After School Loses GI Bill Eligibility

More than 3,000 student veterans whose school had its GI Bill eligibility revoked in late MAR will continue to get tuition payments through the end of this semester, but face an uncertain future beyond that. On 30 MAR, the California State Approving Agency for Veterans Education officially withdrew GI Bill approval for all coursework offered by the University of Arizona Global Campus, formerly known as Ashford University. The move followed a decision by the California Bureau for Private Postsecondary Education revoking the school's license to operate in the state. Without that approval, students are unable to use GI Bill benefits to pay for any of the for-profit school's 90 education programs.

In a statement, Department of Veterans Affairs officials said they are "closely monitoring this situation and notifying impacted GI Bill beneficiaries of CSAAVE's action and options that may be available to them." About 3,000 students who were enrolled in coursework at UAGC prior to 30 MAR will be able to continue receiving tuition and related benefits through the end of their current term. But whether they'll be able to complete degree programs with the school or at other institutions remains unclear. The school could also get a new operating license approved in a separate state, but that process can take months or years. It is unclear whether officials plan to do that and whether a new license could be approved before the fall semester.

Under federal law, VA leaders can restore full GI Bill benefits for students “whose school has closed or been disapproved,” but only under certain circumstances. VA officials said the UAGC situation does not fall under those specific requirements, although outside advocates have already called for the department to reconsider that interpretation. “Veterans rely on VA’s stamp of approval when choosing a school for their GI Bill benefits,” Jennifer Esparza, legal affairs director at Veterans Education Success, said in a statement. “We urge VA to put veterans first by embracing the law that protects veterans from deceptive recruiting.”

In a separate legal fight last month, a California court fined UAGC more than \$22 million in penalties for giving misleading statements to prospective students about their education programs and post-college career prospects. Officials from Veterans Education Success argue that the VA could terminate the school’s GI Bill eligibility based on that court ruling, thereby making students eligible for reinstatement of their GI Bill benefits. But for now, VA officials said they are not considering that step.

VA paid more than \$31 million in GI Bill benefits to UAGC in fiscal 2020, according to department records. Students with questions about GI Bill payments or other financial support from the department can contact VA’s Education Call Center at 888-442-4551. [Source: MilitaryTimes | | Leo Shane III | April 5, 2022 ++]

VA Caregiver Program

Update 79: S. 3854/H.R. 6823 | Elizabeth Dole Home Care Act

S. 3854/H.R. 6823, the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act, would make wide-ranging improvements to VA’s home and community-based long-term care services for veterans. The number of veterans in the oldest age group (85 years and over) is expected to increase significantly over the next two decades. When asked, around 90% of aging veterans said they prefer to age at home and receive long-term care through community-based programs. VA offers home and community-based services (HCBS), through its Home-Based Primary Care and Veteran Directed Care programs and adult day health care services. However, not all of these programs are available to all veterans, and there are inconsistencies in eligibility standards from one VA medical center to another.

This legislation addresses many of these problems. Specifically, it would: increase the amount VA may spend on HCBS; mandate most HCBS programs be made available at all VA medical centers; mandate a review of all long-term care programs for staffing needs, and require consistency of eligibility standards and geographic alignment of care. S. 3854/H.R. 6823, would

also ensure that a veteran or family caregiver who is denied or discharged from the Program of Comprehensive Assistance for Family Caregivers (PCAFC) is assessed for participation in all home and community-based services programs.

DAV supports this legislation in accordance with DAV Resolution No. 022, which calls for legislation to improve the VA's program of long-term services and supports for service-connected disabled veterans, and urges the VA to ensure each VA medical facility is able to provide service-connected disabled veterans timely access to both institutional and non-institutional long-term services and supports. They are asking readers to either use the following prepared message or develop their own to email or write their legislators urging them to cosponsor and support these bills. To facilitate this the following is provided:

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Subj: Please Support the Elizabeth Dole Home Care Act

Dear Rep/Sen _____,

As your constituent I urge you to support H.R. 6823/S3854—the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act—a bill that would make wide-ranging improvements to VA's home and community-based long-term care services for veterans.

Currently, VA offers home and community-based services (HCBS), such as the Home-Based Primary Care program, Veteran Directed Care program and adult day health care. However, not all of these programs are available to all veterans, and there are inconsistencies in eligibility standards from one VA medical center to another.

This legislation addresses many of these problems. Specifically, it would: increase the amount VA may spend on HCBS; mandate most HCBS programs be made available at all VA medical centers; mandate a review of all long-term care programs for staffing needs, and require consistency of eligibility standards and geographic alignment of care.

This legislation would also ensure that a veteran or family caregiver who is denied or discharged from the Program of Comprehensive Assistance for Family Caregivers (PCAFC) is assessed for participation in all home and community-based services programs.

As the number of elderly veterans (85 years and older) is expected to significantly increase, it is important that VA improve its program of long-term services and supports, and ensure each VA medical facility is able to provide veterans access to both institutional and home and community-based long-term services and supports.

I urge you to cosponsor and support this important legislation. Please advise me of your intentions with respect to this bill.

Sincerely,

Your Name

Your Address

[Source: Disabled American Veterans | Andrew Marshall | April 7, 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%5D%2C%22congress%22%3A%5B%22117%22%5D%7D> – **House**
- <https://www.congress.gov/search?q=%7B%22source%22%3A%5B%22members%22%5D%2C%22congress%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.

Force Design 2030

Marine Leaders Defend Restructuring Plan after Much Criticism

Marine Corps leaders have come out with a strong defense of their future vision for the service -- known broadly as Force Design 2030 -- after a string of editorials and pushback from former generals was published in several media outlets. The plan, announced more than two years ago, has the Corps shedding its tanks, some aircraft and thousands of Marines to make way for anti-ship missile capabilities, as well as unmanned systems and other high-tech equipment, in an effort to refocus the service on amphibious and expeditionary warfare.

"Ethos, war fighting spirit, offensive nature, Marine air-ground task force, combined arms -- that doesn't change," Gen. Eric Smith, assistant commandant of the Marine Corps, told a ballroom of people Tuesday at the Sea-Air-Space Exposition outside of Washington, D.C. "Anybody that thinks that's changed, you should go to Parris Island, or to MCRD [Marine Corps Recruit Depot] San Diego, or to Quantico," he added. The comments seemed aimed squarely at editorials criticizing the service's revamp that have come out in the last few months.

Jim Webb, a medically retired Marine officer and former Navy secretary, called the plan "a policy that would alter so many time-honored contributions of the Marine Corps" in a recent Wall Street Journal editorial that claimed to represent the views of 22 four-star generals. Webb has been a frequent critic of the plan, writing editorials going back to 2020 arguing it would "dramatically alter the entire force structure of the Marine Corps" to take on China while "ignoring the unpredictability of war itself."

Other critics, such as author and former Marine infantry officer Bing West, argue that, by ditching tanks and artillery assets, the Corps will be less capable in urban battlefields like Ukraine. West pointed out that Marines were crucial in two major urban battles in recent memory -- Hue City during the Vietnam War and Fallujah during the second war in Iraq. However, Smith, in his remarks 5 APR, said he had a different takeaway from recent events in Ukraine. "You really have to look no further than Ukraine to see ... the value of an individual, one individual," said Smith, who as a lieutenant general led the command that helped develop the redesign plan.

Lt. Gen. Karsten S. Heckl, the man who now leads that development command, argued that the conflict in the Middle East -- which included the battle of Fallujah -- was part of the problem for the Corps. "For all the right reasons, they called, we went," Heckl said. "But we kind of lost a sense of who we were." "Our stuff grew in both size and weight. ... We were a little less concerned about being shipboard compatible," Heckl explained, before adding that the conflicts cost Marines a different aspect of their ethos and culture -- the maritime fighting force. "Things started sneaking into our lexicon -- no longer called chow halls, mess decks. They were DFACS," he said, using the Army term for a dining facility.

Later, at the same conference, Navy Secretary Carlos Del Toro expressed support for the Marine Corps' restructuring plan. One of the elements of the plan is to make Marine units smaller and more nimble to allow them to move freely inside the enemy's territory and make decisive strikes. And Heckl said that the high-tech gear that the new regiments are expected to field is developing apace. "I'm not talking fairy dust and unicorns and pixies. This is stuff we're doing now," he said, before noting that he now has a piece of drone debris courtesy of one of the new weapons systems. Retired Marine Lt. Gen. Paul Van Riper, who spent 41 years in uniform, charged in a Marine Corps Times editorial that the changes mean the service will become "a mere shadow of what was once a feared fighting force."

But the leaders on the panel were especially adamant about one thing: The plan does not mean a less lethal Marine Corps. "Someone has to take more risk for the joint force," Smith said. "This is what we do; it's our nature." A short time later, Smith called the Corps the "primary risk taker in forcible entry." Sergeant Major of the Marine Corps Troy Black declared, "We locate, we close with, and we destroy the enemy. Period. "We have people, and we're ready to do that across the continuum of time," he added. [Source: Military.com | Konstantin Toropin | April 5, 2022 ++]

USS Gerald R. Ford

Update 21: Surprise! The Navy Declared Its Newest Carrier Battle-Ready

USS Gerald R. Ford—the Navy’s oft-troubled next-generation aircraft carrier—was declared battle-ready in December, but defense officials only announced it on 5 APR. This revelation about the lead ship of its class—delivered years late and billions of dollars over cost—was matter-of-factly mentioned by Capt. Brian Metcalf, the Ford program manager, when asked about its battle status by a reporter on Tuesday at the Navy League’s Sea Air Space convention in National Harbor, Maryland. It's...a very acquisition-specific milestone,” he said. “The conditions on the ship don't really change because of [initial operational capability], so we did not make a public announcement.”

The Ford has had numerous problems throughout its development, including with its propulsion system, aircraft-launching electromagnetic catapults, and innovative magnetic weapons elevators to haul bombs up to the flight deck. “All 11 of the advanced weapons elevators have been turned over to the crew,” Metcalf said. “The crew is operating those elevators [and sailors] are gaining proficiency for the deployment.” The Navy approved initial operational capability on 22 DEC when the last of its elevators was certified, Metcalf said.

She also has checked off flight deck certification. F/A-18E/F Super Hornets, E-2D Hawkeyes, and MH-60S Nighthawks from Carrier Air Wing 8 completed over 400 day and night catapult launches and trap recoveries as part of the certification. The ship is poised to get underway again this month for more testing to gear up for its scheduled deployment this fall. “Flight deck certification is a significant milestone in preparation for our first deployment,” Capt. Paul Lanzilotta, Ford’s commanding officer, said in a Navy news release. “We have more tests and evaluations to complete during our next underway periods, and I have no doubt that our Sailors will rise to the challenge and accomplish the mission.”

The certification comes after the ship wrapped up a maintenance availability and sea trials last month for a sixth-month Planned Incremental Availability at Huntington Ingalls Industries-Newport News Shipbuilding in Newport News, Virginia. The carrier is expected to embark on an unconventional deployment later this year, according to the head of Naval Air Force Atlantic. Rear Adm. John Meier told sister publication Defense News in February that the carrier would deploy for a “service-retained early employment” period, instead of falling under the operational command of a regional combatant commander like standard deployments.

“I think it’s a great opportunity for us to demonstrate the new technology,” Meier said at the American Society of Naval Engineers’ Technology, Systems and Ships Symposium. “We will be working with partners, we will be working all over the place as 2nd Fleet takes charge of that carrier and operates with a wide variety of operations, up and down the coast, across the Atlantic, down to the Caribbean.” The carrier was originally scheduled to deploy in 2018. It concluded its first crew certification in November 2021. [Source: Defense One & NavyTimes | Marcus Weisgerber / Diana Stancy Correll | April 5 & 6, 2022++]

Military Health System

Update 04: Pregnant Military Women Feel Pain of Medical Reforms

Camp Lejeune, located on the North Carolina coast, is home to more than 30,000 Marines and another 30,000 families. It's hardly an out-of-the-way post. In fact, it's a major installation that is host to more than 10 units and training schools. Yet despite its size and significance, the base's hospital is struggling to provide care to pregnant Marines and expectant family members. "If I see a patient in clinic today and I tell her to follow up in two weeks, I'm either opening up my lunch, staying after night shift, or forgoing that two-week follow-up and seeing her in about six weeks, because my next available appointment is about six weeks out," a provider at Naval Medical Center Camp Lejeune told Military.com.

The U.S. military health system is in the middle of seismic changes that will send many of its civilian patients to private care. While planned reductions in uniformed medical personnel have yet to begin, the shift to private care is underway in some places -- often leaving patients waiting months for appointments, including expectant mothers who require consistent care to avoid potentially life-threatening complications. It's not just happening at Lejeune: Military family members and lawmakers have reported appointment access problems in the Pacific Northwest, California and Japan. In these affected areas, the civilian network of doctors who are supposed to help support military patients doesn't really exist.

The provider who contacted Military.com explained that there is only one actual obstetrician who handles deliveries in the immediate area of Jacksonville -- the small town that hosts Camp Lejeune. "Basically, our patients keep coming back because they say, 'That person they referred me to doesn't do OB care,' or 'They no longer practice GYN surgery,'" they said. "They're just not your full-scope OB/GYN. They are now women's health clinics." Some of those physicians are likely registered as board-certified OB/GYNs -- giving potential patients and health care administrators the impression that care is available -- but in reality, the doctors have stopped doing deliveries or surgeries because of insurance costs, according to the provider.

Ongoing reforms of the military health system may make the problem worse. The Department of Defense has sought to manage the rising cost of health care since at least 2013, when it established the Defense Health Agency to handle functions that existed in triplicate across the Army, Navy and Air Force medical commands, such as administration, training and logistics. At the time, the DoD's health care budget had ballooned to nearly \$49 billion, up 300% from 2001. Under the Obama administration, DoD health officials sought to manage costs by bringing patients back into military hospitals and clinics. But increasingly, there has been a shift toward sending civilian patients to care in the communities surrounding bases -- a move the DoD hopes will be cost-effective with the restructuring of Tricare and non-active duty families paying a larger portion of their health care costs.

In 2017, Congress gave the Defense Department broad authority to reevaluate and potentially scale back its facilities. The agency began instructing military medical commands to focus care on active-duty personnel while shifting the bulk of health services for non-military beneficiaries to contract or private care. As part of the plan, the military services are expected to cut roughly 12,800 military health billets and the Defense Health Agency will downsize or close 50 health facilities in the next four years. The Navy stands to shed 5,169 uniformed medical billets, including 80 OB/GYN specialists and obstetrics nurses. Naval Medical Center Camp Lejeune is slated to lose 141 military medical personnel, including 109 physicians, nurses and corpsmen.

Exactly how many are in the OB/GYN clinic is not stipulated in downsizing documents presented to Congress last year. But already there are signs of a shortage of care, according to a

Marine wife who went 12 weeks without a prenatal appointment after moving to Camp Lejeune from Quantico, Virginia. For the first three months of her pregnancy, she received care at a military health clinic in Virginia. After arriving at Camp Lejeune, she contacted the medical center for an appointment and was told she needed a pregnancy test and positive result before starting any paperwork to get care. Then, she learned she would be referred out to civilian care anyway, first to a place an hour away. "Shouldn't they have been able to get my records from the [Virginia] clinic? They should have had access to them, right?" said the spouse, who requested anonymity out of concern for reprisal for speaking to the press. "Instead, I missed 12 weeks of appointments and tests."

A hospital spokeswoman said in February the OB/GYN clinic currently has 10 active-duty physicians, nine midwives, a civilian nurse practitioner and eight family medicine doctors who can provide obstetrics care. According to the OB/GYN clinic provider who contacted Military.com, the facility is expected to downsize to one active-duty doctor by 2024. "[There's] a thought that they will hire a few civilians to help supplement the patient load here," the provider said. "The plan was to decrease our OB delivery -- projected deliveries -- by 50% for the month of March by again, with the new OB appointments coming in, deferring them to the network." But with appointments scarce in the community, according to both the provider and the patient, any further cuts would likely put even more stress on expectant mothers.

A spokeswoman for Humana Military, the company that manages the Tricare network in North Carolina, said there are 65 OB/GYN providers in the area, and during the week of Nov. 15 identified "five OB/GYN providers located in the immediate area of Jacksonville, N.C., with confirmed appointment availability within 7 to 14 days." "Humana Military strives to provide a robust network of civilian providers throughout TRICARE's East Region. We monitor network adequacy and access to care on a continuous basis to ensure our beneficiaries are able to receive the care they need within a reasonable timeframe," said Humana Military spokeswoman Nan Frient in an email.

The provider who works at Naval Medical Center Camp Lejeune, however, said the case of the expectant mother who had so much difficulty finding an appointment is more the norm than the exception. And under the DoD's current plans, the medical center is slated to become a Level III trauma center, serving as the primary medical facility for severely injured patients in the region, including civilians who need highly specialized care. That change means an increase in the number of orthopedic surgeons, neurosurgeons, anesthesiologists, emergency medicine specialists, radiologists and critical care providers -- specialties often needed in combat care. But the OB/GYN clinic will downsize, even though it gets great reviews from military spouses on a Marine spouse Facebook group.

"I gave birth at Onslow [Memorial Hospital, in Jacksonville] in May of 2019 and it was a terrible experience. I just gave birth at Naval and it was amazing," wrote one patient in response

to a question about the quality of care at Naval Medical Center Camp Lejeune. Riley Eversull, the public affairs officer at Naval Medical Center Camp Lejeune, said there have been delays in appointment wait times as a result of the COVID-19 pandemic and "common occurrences such as military mission readiness needs, which may pull staff away from our facility for a time."

In February, she said, the average wait time for an initial appointment was 18.9 days, while the average wait for specialty care was 17.4 days -- shorter than the average national wait time of 26.4 days for care, according to a 2017 survey by Merritt Hawkins, a recruiting and staffing firm. The clinic made 106 referrals in February to care in the Tricare network, she said, adding that the patient relations office at the hospital has not "observed any trend of complaints regarding access to our OB care."

In the wake of the COVID-19 pandemic, the Defense Health Agency is reviewing its plan to restructure the medical care provided to service members and their families and must submit an update to Congress before resuming changes. David Smith, who is performing the duties of assistant secretary of defense for health affairs, said March 29 that the new plan contains modifications as a result of changes in the medical infrastructure that occurred in some communities because of the pandemic but declined to give specifics, noting that the plan is still being vetted through the Department of Defense.

But, he added during an interview with Military.com, the DoD plans to monitor access to care and appointment times in the Tricare network to ensure that patients are getting the care they need. "The clear intent is to do conditions-based assessments, so if we're getting feedback - - and that's also why we're going to take up to four years to transition because we want to make sure that everywhere we are doing it, [it's working]," Smith said. "Clearly, industry has assured us that they can do this right, but the proof will be in the pudding."

The provider who spoke to Military.com said the shortage of OB/GYN appointments is much broader than Camp Lejeune. "It's definitely Navy-wide [and military-wide]," they said. The Marine spouse who spoke to Military.com had a baby boy in late February at Onslow Memorial Hospital. He had a medical complication that caused him to be hospitalized for a few days but is doing well and is healthy, she said. It wasn't a terrible experience, she said, but it wasn't like her first delivery at a private health facility in San Diego. She said she didn't learn there was a shower down the hall until the day she was discharged. "Pregnancy is a very vulnerable time for a woman, with their bodies and their health in general. To not have access to proper health care, proper appointments, it's super stressful," she said. [Source: Military.com | Patricia Kime | April 5, 2022 ++]

Army IgnitED Program

Update 01: Officials Tell Congress It Won't Fully Work Until Late 2023

The Army's troubled new platform for administering education benefits will not be fully operational until late 2023, the service admitted last month in a report submitted to Congress. The fiscal 2022 defense policy bill ordered the Army to provide an update on Army IgnitED's faltering rollout. Army Times reviewed a copy of the report submitted to lawmakers in late March. Issues with the program frustrated soldiers and senior leaders, and led to a desperate scramble to manually process education benefits where the Army initiated an exception-to-policy program that boiled down to asking colleges to be patient and wait for the Army to pay them.

Although IgnitED is partially functional now — primarily for tuition assistance at popular colleges who habitually work with military members — a significant number of troops have spoken out on social media about their struggles accessing the education benefits that federal law requires the Army to provide. According to the report, the program will have “95% capability” for tuition assistance by 30 SEP of this year. That will include “correction of critical...system defects,” the “transfer of critical legacy data” and other service improvements. But some key functions of IgnitED still won't work until around Sept. 30, 2023, the report said. That will include credentialing assistance, civilian professional development, and critical backend data links to personnel and finance systems.

The report also confirms that the Army still owes money to educational institutions and soldiers, including some who had to pay out-of-pocket for their educational expenses. More than 110,000 soldiers routinely use these benefits, and Army University officials indicated last year that at least 81,000 took courses through the manual process, though it's not clear how many are still owed reimbursement. Some colleges will withhold completed degrees and transcripts from students with overdue unpaid balances on their accounts — and the Army owes balances for some troops dating back to spring 2021, according to social media posts. The Army told Congress it estimates “all Soldiers will be reimbursed no later than” Sept. 30. Educational institutions will receive reimbursement “by first quarter 2023,” the report added.

Why did the platform launch falter?

The Deloitte-contracted platform replaced the old tuition assistance portal, GoArmyEd, in March 2021 after the service “determined that the cost to extend the GoArmyEd contract,” which IBM had held for more than 15 years, “was too expensive,” according to the report. At the same time, the Army transferred administrative responsibility for tuition assistance from Human Resources Command to Training and Doctrine Command's Combined Arms Center. Despite spending two years in development, IgnitED “failed to operate as planned” at launch, the report admits, due to “a large amount of corrupt data” transferred from the old program to the new program.

Col. Charles Rambo, who oversaw the IgnitED implementation until his death from COVID-19 complications in September, told reporters in June that “we did not anticipate that it was going to be that difficult” to transfer data. Much of the lost data was individual student information, including personalized degree plans, and course information submitted directly by educational institutions that couldn’t easily be replaced, a spokesperson told NBC News. IgnitED thus almost immediately shut down, leaving manual exceptions-to-policy as the only way troops could access their benefits. A flurry of national media coverage followed in June as fed-up soldiers vented their frustrations with the process.

In June, Lt. Gen. Ted Martin, commanding general of the U.S. Army Combined Arms Center, said “The buck stops here..[and] I humbly apologize to the Soldiers who have had any financial hardship because of this.” The program relaunched in July with partial functionality, and more and more educational institutions have restored their data there since — but not all. Army University officials, most notably Command Sgt. Maj. Faith Alexander, have been working to address lingering issues for troops affected by reimbursement or enrollment problems. But users frequently report lackluster customer service within IgnitED, as well as frustration with additional legwork required to access their benefits that didn’t exist with GoArmyED.

According to the report, the Army plans to address those issues — and the outstanding bills — through continuing to re-collect data from educational institutions, in addition to “improved processes, added manpower, and system capability improvements.” [Source: ArmyTimes | Davis Winkie & Leo Shane III | April 6, 2022 ++]

Navy Recruiting

Update 02: \$25,000 Bonus for Any Job to Anyone Joining for JUN Boot Camp

The Navy announced Thursday that for the first time the service will offer an active-duty enlistment bonus of \$25,000 to anyone joining for any job in the service. However, they must be able to ship out to boot camp by the end of June. “It’s a very competitive job market this year. We’re offering these bonuses because we want to remain competitive,” said Cmdr. David Benham, spokesman for Navy Recruiting Command.

Higher bonuses up to \$50,000 could be available for certain jobs such as some on submarines and some in the information technology fields, according to the Navy. Recruits already scheduled for basic training between July and September can receive the \$25,000 bonus as well, if they are willing to move their ship out date to before the end of June. The military

services are now competing in a post-pandemic job market in which the unemployment rate continues to decline, leaving employers fighting for workers. The unemployment rate in March dropped to 3.6%, near the 3.5% it was in February 2020 before the coronavirus pandemic began, according to the Labor Department.

The duration of this offer hinges on the budget, Benham said. He did not say how much money is available, but once it runs out, the bonuses will no longer be offered. “The sooner they apply, the more likely it is that they will be able to take advantage of this unprecedented bonus structure,” he said. Former service members — either from the Navy or other service branches — re-enlisting for active duty in the Navy at pay grades E-4 or below, and who meet specific bonus eligibility and did not receive a bonus in their first enlistment also qualify for the \$25,000 bonus, the Navy said.

The Navy’s announcement follows a Rand Corp. report released in January that found the military service branches sent fewer recruits to boot camp in fiscal year 2020 than they did the previous year. The report also said recruiters were having a harder time reaching potential recruits because the coronavirus pandemic had limited in-person interactions. To learn more about the range of bonuses and benefits the Navy offers, visit www.navy.com/joining-the-navy/enlistment-bonuses. [Source: Stars & Stripes | Rose Thayer | April 7, 2022 ++]

Air Force Recruiting

Update 02: Airman Enticement of Bonuses, Fast-Track Enlistment Ongoing

Enlisted recruits and officer aviators could qualify for extra cash this year as the Air Force sweetens the deal to be an airman. It is offering enlistment bonuses to people who sign up for more than a dozen jobs in maintenance, cyber operations, linguistics and special operations through Sept. 30. It’s also promising an \$8,000 bonus for prospective active duty airmen who can ship out to basic training within five days if a spot becomes available at the last minute. Financial incentives are one piece of the Air Force’s attempt to overcome its hurdles to higher recruitment, from the global obesity epidemic, to private-sector pay and flexibility, to a greater lack of interest among young Americans than in decades past.

“As we roll up our sleeves in the battle for talent, we’ve got to remain competitive as we go after our next generation of airmen,” said Air Force Recruiting Service commander Maj. Gen. Ed Thomas in a 11 APR release. Explosive ordnance disposal and special warfare enlistees (3E8X1 and 9T500) can snag the most money — \$50,000 for a six-year contract — while maintainers can earn a smaller bonus at \$3,000 for a four-year contract. Some cyber jobs offer a range of

bonus pay between \$12,000 and \$20,000 for a four-year contract, depending on the certification an airman holds. Nine specialties offer bonuses for six years of service, but not for four.

Jobs that are new to the list include: refueling and bomber aircraft maintenance (2A534), aerospace ground equipment (2A632), munitions systems (2W031), aircraft armament systems (2W131), radio frequency transmission systems (1D731R) and any area of mechanical or electrical aptitude (9TMAGE). Also on the list are:

- Airborne linguist (1A8X1)
- Cryptologic linguist (1N3XX)
- Survival, evasion, resistance and escape specialists (1T0X1)
- Cyber systems operations (3D0X2)
- Cyber surety (3D0X3)
- Client systems (3D1X1)
- Cyber transport systems (3D1X2)

Those who opt to “quick-ship” can earn \$8,000, no matter which specialty they choose. That opportunity also expires Sept. 30. On the officer side, the Air Force is renewing its aviation bonus program for another year. The initiative, aimed at lieutenant colonels and below, looks to slow the exodus of pilots to commercial airlines and other private-sector jobs. Airmen who will finish their initial 10-year service commitment as a pilot by the end of September can qualify for as much as \$420,000 in bonus pay if they sign up for another 12 years, the Air Force said. The service can dole out up to \$200,000 of that money up front. That applies to pilots of fighter, bomber, special operations, mobility, command-and-control, intelligence, surveillance, reconnaissance and certain rescue platforms.

People who fly those same platforms but who have served longer than 10 years can get the same bonus pay of \$105,000 to \$420,000 over another three to 12 years, but no lump sums. Drone pilots (11U and 18X), air battle managers (13B) and combat systems operators (12B, 12F, 12S, 12H, 12R and 12U) whose first 10 years are up in fiscal 2022 can all opt for bonuses worth up to \$360,000 over 12 years. Unlike pilots of manned aircraft, they aren’t eligible for any up-front pay. Drone operators whose earlier contracts have expired can receive anywhere from \$45,000 to \$300,000 if they sign up for another three to 12 years, without any money at signing.

New contracts must end before an airman hits their 24th year of service in aviation. “These officers must be qualified for operational flying duty and entitled to, and receiving, monthly aviation incentive pay,” the Air Force added 6 APR. Reconnaissance, surveillance and electronic warfare plane pilots were added back into the bonus program after the Air Force crunched data about the 11R field using predictive analytics. The algorithm told officials that even though that career field appears healthy now, the service should proactively start keeping more experienced pilots for those platforms before there’s a future shortfall.

“The data-centric model relies on the learned retention behavior of our aviators and learns continuously to reflect changes in economic, operations tempo and many other factors that members rely on to make career choices,” Air Force spokesperson Capt. Tanya Downsworth said. “With this new capability, we are able to conduct a more in-depth analysis of career field health and now forecast more accurately future retention needs.” As of Feb. 28, the active duty Air Force had 12,451 pilots, 3,292 navigators and 1,317 air battle managers in the grade of lieutenant colonel and below, according to the Air Force Personnel Center. It currently has around 326,500 active duty airmen and plans to shrink to 323,305 by the end of September.

Last year, 518 people who became eligible for aviator bonuses for the first time decided to stay in, Downsworth said. That’s the lowest number in the past four years, though about on par with pre-pandemic acceptance figures — 581 people in fiscal 2019 and 584 in fiscal 2018. The number shot up to 740 airmen in fiscal 2020 as people sought job stability in the first several months of the coronavirus pandemic. The Air Force argues that aviation bonuses, plus other perks like education and retirement benefits, improved prospects for spouses’ employment and cutting the number of times a family has to move, help boost retention in a highly sought-after field.

But officials recognize more needs to be done to prevent a longstanding pilot shortfall from worsening. “In and of itself, the bonus would not be sufficient, so we are developing a long-term strategy needed to build a deliberate path for retaining our people beyond monetary-only tools to address quality of life and quality of service concerns,” Downsworth said. [Source: AirForceTimes | Rachel S. Cohen | April 11, 2022 ++]

Troop Vaccine Refusal

Update 06: Nearly 300 More Separated From Navy, Marine Corps

The Navy and Marine Corps separated 296 service members in the past week as the services continue to dismiss those without the mandated COVID-19 vaccination. The Navy, which is currently prevented from separating any sailors who applied for religious exemptions for the COVID-19 vaccine due to a class action lawsuit in the Northern District of Texas, discharged 31 sailors over the past week. Twenty-five of those sailors were active-duty, according to the sea service’s weekly COVID-19 update. The other six were reservists.

The Navy has so far separated a total of 763 sailors due to their continued refusal to get vaccinated against COVID-19. The Navy has the second-highest number of separations, with the Marine Corps separating the most among the services. The Marine Corps separated 265 Marines

in the past week, bringing the total number of discharged Marines to 1,594. The Air Force has separated 250 airmen, while the Army has released 176 soldiers, including two battalion commanders, according to the services' COVID-19 updates.

Among active-duty Marines, 97 percent of them are fully vaccinated, with another 1 percent partially vaccinated. For Marine reservists, 91 percent of them are fully vaccinated. The Marine Corps has approved 957 administrative or medical exemptions, as well as seven religious waiver requests. The Marine Corps is allowed to separate those who have been denied a religious vaccination waiver, as the service does not fall under the class action lawsuit. The Navy currently has 4,187 active-duty sailors who are not fully vaccinated, a decrease of 95 compared to the previous week. There are 3,272 reservists who are not fully vaccinated.

The Navy had approved 26 conditional religious exemptions for active-duty sailors and two for reservists, as the sailors would be retiring soon or on separation leave, according to the COVID-19 update. However, these sailors now fall under the class action lawsuit and cannot be separated due to vaccine refusal. Those planning to retire early instead of getting vaccinated can also halt those plans pending further action in the lawsuit. The service has approved 13 permanent medical and 249 temporary medical exemptions for active-duty sailors and one permanent and 83 temporary medical exemptions for reservists. [Source: USNI News | Heather Mongilio | April 8, 2022 ++]

Military Expedited Citizenship

Judge Says Army Still Failing To Process Some Naturalizations

Despite an August 2020 court order that forced the Army to abolish minimum time-in-service requirements for foreign-born recruits requesting expedited U.S. citizenship, the service has failed to adequately implement the new rules, a federal judge said last month. The original court order came after the American Civil Liberties Union won a lawsuit arguing that the Defense Department unlawfully added time in service requirements and restrictive processing procedures to an expedited citizenship pathway available to troops through the Immigration and Nationality Act.

During the wars in Iraq and Afghanistan, more than 100,000 foreign-born U.S. troops became American citizens through that process, which requires the member's military branch to certify that they are serving honorably. The court order required the military to process all service certification forms within 30 days of receipt and overturned a 180-day service requirement, established in October 2017 by Trump administration officials, for active duty troops to have

their naturalization certificate processed, as well as a one-year service requirement for reserve component troops. The overturned rules also required completion of basic training before recruits could apply.

But in an opinion responding to evidence showing that several Army training installations were still refusing to process naturalization certifications, Judge Randolph Moss of the U.S. District Court for the District of Columbia said there was “cause for concern” that the service isn’t effectively implementing the order to speed up the path to U.S. citizenship. He noted, though, that the service has “engaged in good faith and substantial efforts to comply with the court’s order.”

ACLU attorney Sana Mayat told Army Times they’ve found dozens of troops whose citizenship paperwork was delayed because commanders didn’t understand — or didn’t receive — the new guidance. She wanted the judge to issue a new order enforcing the previous decision by requiring the Army to start centrally tracking naturalization certificate requests and provide monthly updates to the court. “Since [the August 2020 court order], we’ve seen at numerous Army bases — specifically Fort Jackson, Fort Sill, Fort Sam Houston, Fort Benning — so many cases of class members coming to us and telling us that they’ve been told by their chain of command that they must wait a minimum period of time,” Mayat said in a phone interview.

Court filings reviewed by Army Times described cases of soldiers whose drill sergeants refused to accept the paperwork, others where units failed to process forms in the required timeframe, and one where a soldier graduated from his training pipeline and was stationed overseas without the legal protections provided by U.S. citizenship. “At some places, like Fort Jackson, for nine months there was even written guidance being circulated saying that the minimum service requirements were still in effect,” said Mayat.

Government attorneys argued that the service has taken steps to improve the distribution of the new guidance, including two Army-wide orders that instructed training centers to ensure leaders all the way down to the drill sergeant level were aware of the updated rules. Moss, the judge, agreed and denied the ACLU’s request to enforce the motion, saying that “more than anything, these failures likely reflect the administrative difficulty of implementing a policy within a massive organization like the Army.”

Mayat thinks the administrative burdens cut both ways, and that brand-new soldiers are not likely to report issues or know how to exercise administrative relief channels like inspector general complaints. She also believes the cases her team found don’t represent the totality of the issue, though without a centralized method for tracking naturalization forms, it’s not clear how widespread the failures have been. “What we’ve shown the court is really just the tip of the iceberg in terms of how many cases there really could be out there...[soldiers] new to service are often intimidated and aren’t going to feel like they [can] go to a lawyer...to really assert their

rights, especially against their chain of command,” argued the ACLU attorney. “This essentially puts the burden on service members to enforce their rights instead of the Army.”

The judge did indicate that the Army needs to fix the issue, or he may be willing to reconsider the ACLU’s request for him to enforce the August 2020 order “if...noncompliance with the Court’s order persists.” [Source: ArmyTimes | Davis Winkie| April 12, 2022 ++]

Military Pay Raise 2023

How Big Could It Be

White House officials have asked for service members to get their largest pay raise in 20 years as part of the fiscal 2023 budget request. But a growing number of lawmakers think that number still isn’t high enough. “It’s inadequate,” said Rep. Mike Rogers, R-Alabama, ranking member of the House Armed Services Committee. “We’re living with 8% inflation and they’re talking about a 4.6% pay raise? That’s not adequate.” As lawmakers look at edits and additions to the fiscal 2023 budget request in coming weeks, the military pay raise is likely to be tied to conversations about increasing the defense budget well above the \$773 billion total offered in the initial draft.

In early April, in testimony before Congress, Defense Secretary Lloyd Austin touted the pay raise — which would be the largest for troops since 2003 — as a way to provide military families with the resources they need to thrive. But Republican lawmakers attacked the proposed 4% increase in overall defense spending as too small to account for rising inflation costs and persistent national security threats across the globe. They want to see an increase of 5% above inflation, somewhere in the range of a 12% or 13% increase. And at least some of that extra money would go to increasing military pay too, members of Congress told Military Times.

Rogers said he can’t point to a specific number yet, but sees the proposed 4.6% raise as too small. Senate Armed Services Committee ranking member Jim Inhofe (R-OK) agreed. “That [pay raise target] needs to come up higher, because it still ends up as a reduction for service members,” he said. “It’s below inflation. But the number still needs to be determined. It’s a matter of what we can do.” The military pay raise typically is tied to the employment cost index, a quarterly measure of civilian-sector wages. As such, the annual calculator trails actual salary data by more than a year by the time lawmakers finalize their military spending plans.

But Congress does not have any specific trigger to boost military pay in times of high inflation or increased needs among personnel, other than just simply picking a higher raise figure and approving that. Rogers said publicly in fall 2021 he remains concerned about military pay issues, particularly among lower-paid enlisted troops. His staff has been working in recent months to “look at taking two or three years to get us up to a more competitive compensation package for everyone.”

Several lawmakers on the House Armed Services Committee echoed that idea during Austin’s appearance before the panel. “I very much appreciate the pay increases for our service members in the budget, but as has been mentioned many times over, the pay increase does not actually cover the current cost of inflation,” Rep. Stephanie Bice, R-Oklahoma, said to Austin. “That’s essentially a pay cut for our service members and their families.”

Several Democratic members on both the House and Senate panels also expressed concerns about the budget increases not being enough, although leaders said it is too early to say if the pay raise will have to be boosted higher. The proposed 4.6% pay raise — which would go into effect in January 2023 — is well above the 2.7% raise troops saw at the start of 2022. For junior enlisted troops, it would mean about \$1,300 more in their annual salary. For senior enlisted and junior officers, the hike equals about \$2,500 more. An O-4 with 12 years service would see more than \$4,500 extra next year under a 4.6% increase.

Troops have seen a pay raise annually since the 1970s. But advocates have noted that in some years — most recently in the mid-2010s — those raises have not kept up with private-sector compensation, creating a gap between troops and their civilian peers in salaries. [Source: MilitaryTimes | Leo Shane III | April 11, 2022 ++]

Military Dependent Determination

Update 01: Adding a Parent or In-law

For active-duty service members and their families, military life often means moving around. You may be far from your extended family. But, service does not have to make caregiving for an extended family member more difficult. Military families can sometimes add parents or “secondary dependents” to their household. To do so they first need verify that the individual you they are considering as a dependent qualifies as a parent.

Who is Considered a Secondary Dependent Parent

Here's what DFAS says: "The term parent extends to parents, parent-in-law or an adult who assumed responsibilities similar to a parent before you reached the age of 21. Legal adoption is not specifically stated as a requirement, however, specific documentation like an affidavit is required for most branches. In order to qualify, the income of potential-dependent parents must be less than half of their living expenses." DFAS outlines a specific period of five years under the parent's care for the adult to qualify as a parent.

Difference between a Live-In Parent and a Dependent One

As service members PCS through various states, family units may live together for periods without becoming dependents. Living expenses and legal in-fact dependency – not preference – determine if parents can or should become military dependents, according to DFAS. Non-dependent situations may look like the following:

- Your financially independent parent creates a home base at your dwelling while enjoying RV life.
- Your financially independent parent stays with you for a period of time to help with a new baby.
- Your spouse temporarily lives with extended family during a deployment.
- You are hoping to add your parent(s) as dependents so they can PCS overseas with you.

While each family circumstance is unique, dependency essentially boils down to finances. Dependent situations may look like the following:

- Assisting your parent(s) financially with living expenses.
- Taking on medical or care-related expenses for your parent(s).
- Becoming medically responsible as a caregiver for your parent(s).

Benefits

There are benefits associated with adding parental dependents. Parents added as dependents may become eligible for a military ID card and Tricare Plus medical coverage. Also, there is:

- Access to military bases.
- Ability to PCS along with service members overseas.
- Ability to reside in on-post housing with service members. Service members already receiving BAH with dependents prior to adding a parent dependent will not receive an increase in BAH. Those whose dependents' status would change from "without" to "with dependents" should expect to receive the increase.
- Travel allowance when relocating.
- Access to military medical care on base.

Determine If Parent Is Your Financial Dependent

Since financial responsibility is the primary factor, it may be helpful to speak in detail with a financial advisor, like the ones at Military One Source. To do so refer to <https://www.militaryonesource.mil/financial-legal/personal-finance/financial-tools-and-services>. You can also contact DFAS directly via phone or email. To do so refer to <https://www.dfas.mil/MilitaryMembers/SecondaryDependency/SDC/secondarydeproffices>.

Family members may become eligible if their income is less than half of their actual living expenses. Before you can declare dependency, you will need an in-depth understanding of your parent's income and expenses. You'll need to keep accurate and detailed receipts of contributions you make on your parent's behalf to prove their dependency. Pay special attention to income and expenses. Take inventory of all income categories to include any income made in the prior 12 months to your application. On Income are your parents receiving income from any of the following categories?

- Social security. Disability, Pension funds, or Trusts
- Passive income (are they getting paid monthly, quarterly, etc. from any current or past business operations or deals?)
- Paychecks or unemployment

Expenses vary by individual. DFAS has a helpful list of general expenses at https://www.dfas.mil/Portals/98/Expense%20Information_1.pdf which may include Household expenses which could vary depending on whether your parent is already living with you, medical expenses, insurance, repairs, and food.

Forms Needed to Begin the Process

Each branch has a slightly different application process for parents and guardians. For parents or parents-in-law by marriage, you will at least need the service member's birth certificate and marriage certificate. For step-parents, you'll need the parents' marriage certificate. For legal guardians, you may need additional documentation, like affidavits. If the documents are foreign, you'll need an approved English translation of them.

You can complete Army, Air and Space Force submissions online or by mail. Go to https://www.dfas.mil/MilitaryMembers/SecondaryDependency/secondarydependency_Army. The Air Force and Space Force require additional forms, including AF/SF form 594 and DFAS form 1856. The Navy requires you to submit NAVPERS 1070/602 by mail or secure link. DFAS doesn't handle claims for the Marines. Instead, you'll submit your documentation and AVMC form 10922 to your command.

[Source: The Military Wallet | Samantha Peterson | April 7, 2022++]

Project Sapphire

Retrieval of Enriched Uranium from Kazakhstan

During the Persian Gulf War, US officials worried that Iraq might have succeeded in processing a few tens of grams of uranium into nuclear weapons-grade material-enough to make a single low-

yield bomb. Later, the CIA became alarmed that North Korea had generated enough nuclear material for two or three bombs. Imagine; then the shock to the US government when it learned in the fall of 1993 that roughly 600 kilograms of highly enriched uranium (HEU)-almost pure U-235, much of it directly applicable to weapons-was sitting in an ill-protected facility at Ust'Kamenogorsk in Kazakhstan . Kazakh authorities discovered the enriched uranium in the Ulba Metallurgical Facility in Ust'Kamenogorsk in 1992 while they were assessing the nuclear legacy left on their soil by the fallen Communist regime in Moscow

The Ulba facility was located in a "closed city" because of the highly sensitive work done there. Even local authorities had been kept in the dark about the plant. They could only speculate about the extent of dangerous nuclear testing that had been going on in their back yard. These nuclear tests, performed with few or no safeguards, had produced terrible environmental and health consequences over the previous forty years. Once inside the Ulba plant, Kazakh officials discovered about 2,000 tons of radioactive material. They found within this stockpile the 600 kilograms of HEU, which was contained in a beryllium alloy. Soviet scientists had intended to use it in a research reactor dedicated to development of new Soviet naval nuclear propulsion systems, a project abandoned when the USSR dissolved.

This was more than half a ton of fissile material. To someone with even limited knowledge of atomic bomb-making, it would be enough for twenty weapons. A skilled bomb-maker would be able to produce fifty. Kazakhstan's revelation, made secretly to the US, seemed to signal that the nightmare age of "loose nukes" truly had arrived. Ever since the dissolution of the Soviet Union, the West had feared that poorly protected nuclear materials from the Soviet arsenal would reach the hands of black marketeers and then those of terrorists or hostile powers. The stockpile in Kazakhstan suddenly made these fears palpable.

Given the extreme sensitivity and danger of the situation, tight security was clamped on what the Pentagon first code-named "Project Phoenix." Eventually, the project would be known as "Sapphire"-its State Department code name. Thus began more than a year of intense cooperation to stave off that nightmare and prevent a nuclear catastrophe. From the beginning, the US Air Force was deeply involved in the operation. Refer to the attachment to this Bulletin titled

“**Project Sapphire**” to learn how the Air Force was able to secure and bring the enriched uranium to the states. [Source: Task & Purpose | David Roza | April 5, 2022 ++]

Hospital Charges

Update 12: CMS Continues to Warn Violators vice Penalize

As of March 2022, CMS had sent "about 345" warning notices to hospitals noncompliant with its price transparency regulations, the agency responded after a Becker's request for this information. 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 rule designed to inform people what a hospital charges for items and services it provides. CMS can issue a civil monetary penalty if a hospital does not respond to its request.

The agency has made 136 corrective action plan requests to hospitals since Jan. 1, 2021, the year the rule went into effect. Hospitals are asked for corrective action plans when they receive warning notices but haven't made corrections. Since the rule went into effect, 124 hospitals have had their cases closed after they addressed citations, CMS said. CMS has not issued any penalties to hospitals, it said. The maximum penalty for noncompliance is \$2 million.

CMS will publicly name 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," the agency said. As of February, CMS had sent 342 warning notices to hospitals and 124 requests for corrective action plans. Seventy-seven hospitals had their cases closed after addressing citations. [Source: Becker's Hospital Review | Marissa Plescia | April 4, 2022 ++]

Coronavirus SITREP 16

New Covid Information Site Announced

In late MAR the Biden Administration launched a new Covid information website that is meant to be a one-stop shop for everything from free high-quality masks to antiviral pills. The website, <https://www.covid.gov>, follows through on a promise President Biden made in his State of the

Union address. In that speech he announced a test-to-treat program "so people can get tested at a pharmacy, and if they're positive, receive antiviral pills on the spot at no cost."

The antiviral pills he referred to are highly effective at preventing hospitalization and death among people who are at high risk of severe disease from COVID infection. But they have to be taken within the first five days of the onset of symptoms. Up to now, there has been a disconnect between people getting diagnosed and actually getting these life-saving medications. The site also offers:

- A vaccine/booster locator
- A form to order free at-home COVID tests (currently 8 maximum per household)
- A CDC community risk level lookup
- A testing locator
- Information about where to get free high-quality masks
- Information on COVID symptoms, treatment, testing and travel

Much of the information offered has been available in various other places but this site brings them all together in one place. Having the information and supplies now is less about concerns today than about what happens six months from now if there is another COVID surge, like is happening now in Asia and Western Europe. The COVID.gov website was designed to be as accessible and easy to use as possible. It is available in English, Spanish and a simplified Chinese, and the writing is purposely simple so the largest possible audience can understand and use the site. There is also a phone number for people who are not comfortable with the web.

If you would like to see the website but do not use or have access to a computer or the internet, you are encourage to ask a family member or friend if they can help you. Also, public libraries usually have computers available for public use and you can ask a librarian for help in accessing the site. **[Editor's Note: I tried to use the website but it was not totally functional and would not allow me to select a drugstore to pick up the tests. Also, the claim of it being easy to use is debatable. Perhaps you will have better luck]**

[Source: The Senior Citizens League | April 2, 2022 ++]

Insulin

Update 06: Bill to Lowe Cost Passes House

In late MAR the U.S. House of Representatives passed a bill that would cap the monthly cost of insulin at \$35 for insured patients. Experts say the legislation would provide significant relief for privately insured patients with skimpier plans and for Medicare enrollees facing rising out-of-pocket costs for their insulin. Some could save hundreds of dollars annually, and all insured patients would get the benefit of predictable monthly costs for insulin. The bill would not help the uninsured. The bill now moves to the Senate but its fate there is very uncertain. For the legislation to pass, 10 Republican senators would have to vote in favor. Democrats acknowledge they do not have an answer for how that is going to happen.

The idea of a \$35 monthly cost cap for insulin has a bipartisan pedigree. The Trump administration had created a voluntary option for Medicare enrollees to get insulin for \$35, and the Biden administration continued it. The good news is that Senators Susan Collins, Republican of Maine, and Democrat Jeanne Shaheen of New Hampshire are working on a bipartisan insulin bill. In addition, Georgia Democratic Sen. Raphael Warnock has introduced legislation similar to the House bill, with the support of Sen. Majority Leader Chuck Schumer of New York. However, some Republicans complain that the insulin bill is only a small piece of a larger package around government price controls for prescription drugs and that the bill would raise premiums and fails to target pharmaceutical middlemen seen as contributing to high list prices for insulin.

About 37 million Americans have diabetes, and an estimated 6 million to 7 million use insulin to keep their blood sugars under control. It is an old drug, refined and improved over the years, which has seen relentless price increases. TSCL supports any legislation that lowers Insulin prices, and they urge you to contact your Senators, especially if they are Republicans, and ask them to support legislation to lower insulin prices. [Source: The Senior Citizens League | April 2, 2022 ++]

TFL + Medicare

Update 01: What You Need to Know

Do you have Medicare, or will you soon be eligible to enroll? Medicare has four parts: A, B, C, and D. It's important that you understand how each part differs and which parts you'll need for TRICARE For Life (TFL). TFL provides secondary coverage to Medicare, which is known as Medicare-wraparound coverage. TFL is an individual entitlement. This means it's only available to military retirees and their eligible family members who qualify for Medicare. TRICARE

enrollments for family members who aren't eligible for Medicare remain the same. Here's what you need to know about the four parts of Medicare.

Medicare Part A: Hospital Insurance

You need Medicare Part A to have TFL coverage. Medicare Part A is hospital insurance funded through payroll taxes. It helps provide coverage for:

- Inpatient care in hospitals
- Skilled nursing facility care
- Some home health care
- Hospice care

Most people become eligible for premium-free Medicare Part A at age 65 if they worked and paid Social Security taxes for at least 10 years. If you aren't eligible for Medicare Part A based on your own work history, you may be eligible based on your spouse's work history. If you aren't eligible for premium-free Medicare Part A based on your own or your spouse's work history, go to <https://www.tricare.mil/publications> and check out the TRICARE and Medicare: Turning Age 65 Brochure for instructions on how to remain TRICARE eligible after you turn age 65.

Some people become eligible for Medicare before age 65 based on a disability or a health condition. Some qualifying conditions include end-stage renal disease or Lou Gehrig's Disease. Check out the TRICARE and Medicare Under Age 65 Brochure for instructions on how to remain TRICARE eligible when you become eligible for Medicare before age 65.

Medicare Part B: Medical Insurance

You also need Medicare Part B to have TFL coverage. Medicare Part B is medical insurance funded through monthly premiums. It helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (wheelchairs, walkers, and hospital beds)
- Preventive services (screening, vaccines, and yearly wellness visits)

As outlined in the TRICARE and Medicare: Turning Age 65 Brochure, the Medicare Part B premium is based on your income and is taken from your monthly Social Security retirement or disability payment. If you aren't receiving either of these payments, you'll receive a bill every three months for your premiums. Both Medicare Parts A and B make up Original Medicare. If you're eligible for Medicare Part A, you must have Part B to have TFL coverage. This

requirement doesn't apply to active duty family members or to individuals who've been enrolled in the US Family Health Plan continuously since Oct. 1, 2012.

"You should sign up for Medicare Part A and Part B when you're first eligible, to avoid a break in your TRICARE coverage, or having to pay a penalty," said Anne Breslin, TRICARE For Life program manager at the Defense Health Agency. "If you sign up for Medicare Part B after your Initial Enrollment Period, you may have to pay a late enrollment premium penalty for as long as you have Part B." The only way you won't have to pay the late enrollment penalty when you delay your enrollment in Medicare Part B is if you qualify for a Special Enrollment Period.

The other two Medicare Parts (C, D) are optional. You don't need them to have TFL.

Medicare Part C: Medicare Advantage

Medicare Part C refers to Medicare Advantage plans. This is optional coverage offered by private companies that contract with Medicare. A Medicare Advantage plan must cover Medicare Part A and Part B services. These plans may offer you additional benefits not covered by Medicare or TRICARE. And about half of the Medicare Advantage plans include Medicare Part D drug coverage.

Considering enrolling in a Medicare Advantage plan? You should be aware of the following: You may pay a monthly plan premium, plus your Medicare Part B premium. You'll also have to pay copayments at the time of service. This means you'll have to file a claim with TFL to be reimbursed for any copayments. TRICARE can reimburse you for copayments for TRICARE covered services. You must also get health care services from the Medicare Advantage plan's network of providers, with the exception of emergency services.

Medicare Part D: Prescription Drug Coverage

Medicare Part D helps cover the cost of prescription drugs. However, you don't need Medicare Part D. TFL beneficiaries remain eligible for the TRICARE Pharmacy Program. This means you still have the same pharmacy options to fill your covered prescriptions. If you sign up for Medicare Part D, it's important to remember that Part D has a monthly premium which varies depending on which plan you choose. Medicare Part D coverage and costs can change each year, so it's important to review your options annually. If you get Medicare Part D, it would be the primary payer for your prescription medication. And the TRICARE Pharmacy Program would be the last payer for all TRICARE covered prescription drugs.

You have different options for your Medicare coverage. But remember, you only need Medicare Part A and Part B to have TFL coverage. You can learn more about TFL eligibility and the four parts of Medicare by checking out [Becoming Medicare-Eligible on the TRICARE website](#). [Source: TRICARE Newsroom | April 7, 2022 ++]

Obstructive Sleep Apnea

Update 08: Not Getting Your Zs? OSA Might Be the Answer

Do you sometimes wake up feeling tired, headachy, or have a sore or dry mouth? These could be symptoms of obstructive sleep apnea, also known as OSA. It's one of several common sleep disorders on the CDC website affecting service members. Getting proper sleep means sleeping at least seven hours a night and sleeping continuously through the night. Good sleep remains vital to service members' physical and psychological strength and resilience.

"OSA is the most common sleep related breathing disorder," said Army Lt. Col. (Dr.) Jennifer Creamer, a sleep specialist at Fort Leavenworth, Kansas. Yet it "remains undiagnosed in most affected men and women." "It's caused by the repetitive collapse of your upper airway during sleep," she said. This occurs when your throat muscles relax, blocking your airway while you sleep. That makes it harder to get enough air, which decreases the oxygen levels in your blood, explained Creamer. Your brain senses your breathing problem and wakes you up briefly throughout the night so you can reopen your airway.

Symptoms include loud snoring, choking or gasping. The repeated sleep interruptions can make you feel tired, irritable, or unfocused throughout the day. "Sleep fragmentation contributes to lighter and less restorative sleep," said Creamer. It can affect your mood, your performance and your quality of life.

Who's At Risk for OSA?

OSA can affect anyone at any age. However, it affects younger men at a higher rate than younger women, Creamer said. Among older people, that gender gap closes. "Sleep apnea increases in women at the time of menopause," she said. The symptoms for women with OSA are distinct. Women are more likely to have insomnia and less likely to snore or show noticeable pauses in breathing, she explained.

Still, several factors can influence a sleep apnea diagnosis, including excessive weight. Other risk factors include advancing age, having a recessed jaw or enlarged tonsils, Creamer added. Sleep apnea can also be linked with other health problems, such as heart, kidney, and

pulmonary diseases; high blood pressure; and stroke, she said. It can also contribute to depression or anxiety.

How Is It Diagnosed?

Health care providers can evaluate people at risk for OSA and order a sleep study to confirm evidence of the disorder. Some sleep studies require a patient to stay overnight in a sleep lab. Home sleep tests are also available. During an overnight lab study, a technician attaches electrodes to your scalp to record your brain waves. They also monitor your breathing, the oxygen

levels in your blood and your heart rate as well as your eye and leg movements during the night. The home tests use breathing monitors with sensors that track your breathing and oxygen levels. One type has a probe that goes over your finger and the other has probes over your finger, under your nose, and on chest belts.

How Is It Treated?

Depending on each patient, doctors can recommend numerous treatments for mild OSA. Losing weight can be helpful. Another tactic is to change your sleeping position, such as sleeping on your side if your OSA occurs when you sleep on your back, continued Creamer. Reductions in smoking or alcohol consumption can also reduce OSA, according to the National Institutes of HealthNIH's National Heart, Lung and Blood Institute website on sleep apnea. Another option is to wear a device over your teeth while you sleep. It fits over your teeth like a retainer to keep your jaw in a forward position and keep your airway open.

For moderate to severe OSA, treatment options include upper airway surgery or Continuous Positive Airway Pressure, known as CPAP, therapy. CPAP machines use a facemask and mild air

pressure to keep the airways open. For more information, or if you're concerned that you may have OSA, see your primary care provider for further evaluation. If you meet criteria, your provider can refer you for a sleep study. Some sleep studies are covered by TRICARE. [Source: Shift Colors | Spring-Summer 2022 ++]

Aphasia

Frustrating and Little Known Condition Caused by Stroke or TBI

Can you imagine the sudden loss of your ability to understand or express speech, caused by brain damage due to a stroke or a traumatic injury? It includes the inability to read and write, or understand gestures from another person. This devastating condition is called aphasia, and June has been Aphasia Awareness Month. To add to the frustration of the disease (or in some cases, its saving grace), usually aphasia does not affect a person's intellectual ability. So, a person with aphasia can possibly think perfectly fine, but has no means to communicate those thoughts.

"Most the time people acquire aphasia because of a stroke," said Judy Mikola, a speech pathologist at the National Intrepid Center of Excellence (NICoE) at Walter Reed National Military Medical Center in Bethesda, Maryland. "Since strokes typically occur in elderly people because of cardiovascular problems, incidents of treating and evaluating people with aphasia would be higher in a veterans' hospital. But certainly, it can happen to young people." Traumatic brain injury, for instance, could be a cause if that language center of the brain was the main area hurt by the injury, Mikola added. If someone sustained a bullet through the brain and it went right through their language center and somehow that person survived, their language is going to be very impaired. For most people, the language center is located in the left frontal temporal region.

Mikola, who has a Ph.D. in speech pathology, said she's currently working with a service member in his mid-30s, who has aphasia due to a cardiovascular disease and an arterial problem. This means blood flow and oxygen to the brain is severely impacted. This particular patient was likely the victim of a hereditary problem, she noted. "It's a little different for him, but certainly there are a lot of military personnel who don't take as good care of themselves, and are overweight, and eat the wrong kinds of fatty foods that can cause narrowing of their arteries and could lead to heart attack as well as stroke," she said.

Cardiovascular disease, or overall heart, may affect older people more generally, but outcomes like stroke aphasia occur because of a downturn in fitness much earlier in life, including time on active duty. This is part of the Military Health System's focus on "Total Force Fitness Opens to", to keep service members in top shape holistically throughout their military careers. Typically, aphasia is not seen as a result of blast injuries, Mikola said, though there are exceptions. Even with a car accident, if trauma occurs in that very localized language center of the brain, an aphasia can result. With a condition that causes, say, memory problems, there are multiple areas of the brain that are needed to remember things. With language and recognition of the written word, it's all in one spot. There is no cure for aphasia, or available surgical options. But in some cases, there is hope.

"Sometimes, when individuals have more of a mild aphasia as a result of stroke or even a car accident, their brain may just heal very well on its own, and some of the aphasia-related problems with speech and language really dissipate over time, especially if they participated in speech therapy," Mikola said. But in general, for those with severe cases, the prognosis is poor.

The ability to talk, listen, read and write can all be impaired differently, or to differing degrees, she said, and so it's vital for patients with aphasia to undergo a speech language evaluation as soon as possible. According the National Institutes of Health website, "Research has shown that language and communication abilities can continue to improve for many years and are sometimes accompanied by new activity in brain tissue near the damaged area. Some of the factors that may influence the amount of improvement include the cause of the brain injury, the area of the brain that was damaged and its extent, and the age and health of the individual."

The NIH says there are two broad categories of aphasia: fluent (Wernicke's aphasia) and nonfluent (Broca's aphasia), and there are several types within these groups, depending on post-stroke communications abilities. The online pamphlet 'Moving Forward After a Stroke For Persons with Aphasia' (<https://www.qmo.amedd.army.mil/stroke/Aphasia.pdf>) published by the Army Medical Department spells out in general what aphasia patients must navigate, and recommends who can help. It includes rehabilitative services, but also more day-to-day practical matters, such as memory, intimacy, jobs, managing finances, and driving. Even adjusting to changes in swallowing, drinking and eating sometimes have to be re-learned.

Other sources of information to help family members of the people that have aphasia are the American Speech-Language-Hearing Association, the National Aphasia Association and the American Stroke Association, a division of the American Heart Association that provides resources, strategies and tips on living with aphasia. "It's a very, very frustrating disorder," Mikola said, to the victims as well as their families. But there are support groups for survivors of stroke or just aphasia. The above national association websites can provide where to find them.

"There is a period of brain recovery, usually during that first year, where the brain can improve, on its own and more so with therapy, Mikola said. "So, there is hope for them. And there's a lot of research that is being done with people with aphasia, and there are promising studies that show that with speech therapy, individuals that developed aphasia 10 years ago can still make some improvements with their language abilities, or whichever area they're working on." [Source: Health.mil | Thomas J. Walsh | June 29, 2021 ++]

SBP DIC Offset

Update 68: Phase Two is Here

January 1, 2022 marked the start of the second phase of the SBP-DIC Offset Phased Elimination. The changes affect surviving spouses who are, or who will become in the future, eligible for both Survivor Benefit Plan (SBP) payments and Dependency and Indemnity

Compensation (DIC) payments, and who were previously subject to a full or partial SBP-DIC Offset. In Phase Two of the SBP-DIC Offset Phased Elimination the amount that is offset (deducted) from the spouse's SBP annuity payment is one-third of the amount of the DIC payment. DIC payments will not be affected.

The SBP monthly payment will be reduced by the amount of the offset (1/3 of the amount of the DIC payment). If a spouse's gross SBP benefit is less than one-third of the amount of the DIC they receive from the VA, the spouse will not receive an SBP payment. About 12 percent of spouses (approximately 7,600) will not see a change in their SBP payment in 2022 because their gross SBP benefit is less than one-third of their DIC payment from the VA. Spouses who have their SBP offset by DIC will continue to receive the Special Survivors Indemnity Allowance (SSIA), up to the maximum amount of \$346 per month for 2022, or up to gross amount of SBP (if the gross amount of SBP is less than \$346).

DFAS has a new Quick Reference Guide for the SBP-DIC Offset Phased Elimination. Click <https://www.dfas.mil/Portals/98/Documents/RetiredMilitary/survivors/SBPDIC%20Offset%20Phased%20Elimination%20Quick%20Reference%20Feb22.pdf?ver=GwWzjQBPsXEIjfPUOVSdpA%3d%3d> to get yours (right click and choose "Save As" to download PDF to your computer or device)

Summary

- VA will pay: 100% of the DIC payment
- DoD/DFAS will pay: The remainder of the SBP benefit after deducting an amount equal to 1/3 of the spouse's DIC payment from the SBP gross annuity amount (SBP gross – 1/3 of DIC = SBP net) Plus the appropriate amount of SSIA up to the maximum allowable (\$346).
- The effective date of Phase Two is January 1, 2022. January 2022 benefits were paid on February 1, 2022. The last payment of Phase Two is for December of 2022, which will be paid on January 3, 2023.
- Phase Three: Starting January 1, 2023 – First Payment is February 1, 2023
- In the third and final phase that begins January 1, 2023, there will be NO offset deducted from SBP payments. The SBP-DIC offset will be fully eliminated as of January 1, 2023. That means spouses will begin to receive their full SBP monthly payments with no offset (reduction) on February 1, 2023. DIC payments will not be affected. The SBP benefit will be paid in full (no offset). SSIA will NOT be paid.

Additional Notes

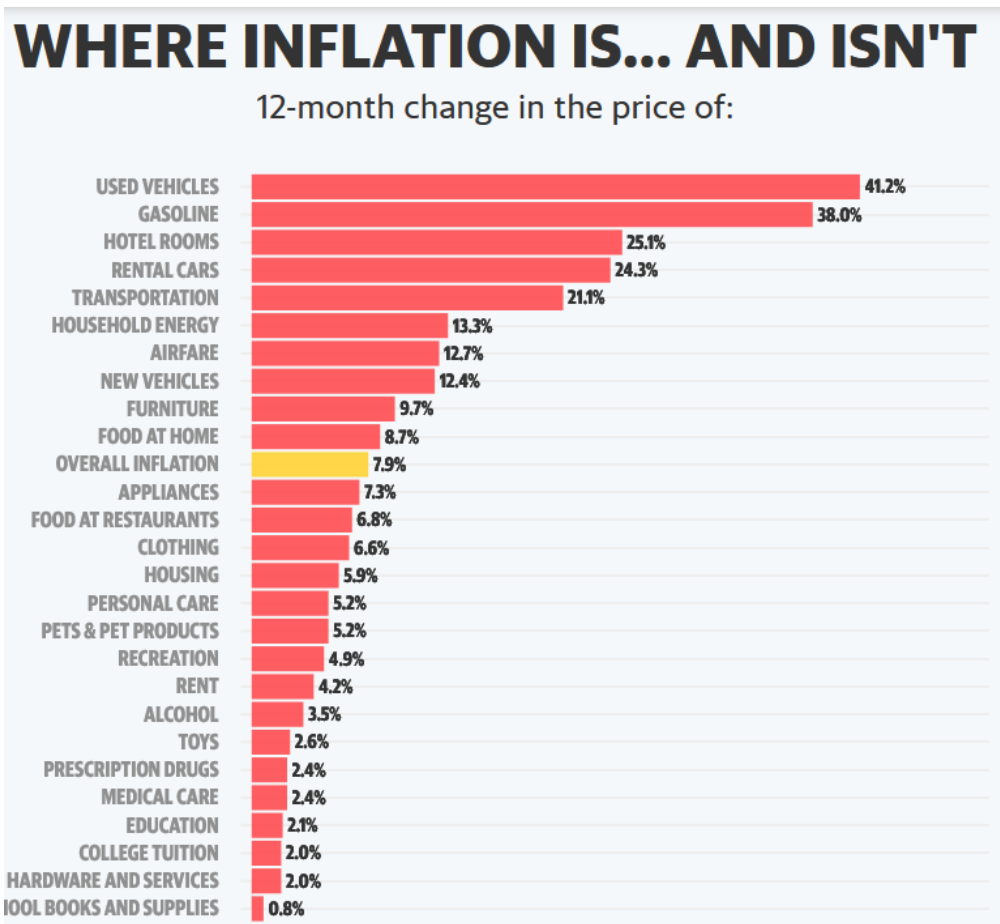
- Spouses should also have received a January 2022 Annuitant Account Statement (AAS) near the time of their February 1, 2022 payment that will show changes to the SBP and/or SSIA payment because of the second phase of the SBP-DIC Offset Phased Elimination.
- Annuitant Account Statements are available in their myPay accounts: <https://mypay.dfas.mil>.
- Reminder: if a spouse previously received a refund of SBP premiums paid due to the SBP-DIC offset, they will NOT need to pay back that refund because of this change in the law.

Questions? Check out the full range of Frequently Asked Questions on our SBP-DIC News webpage: <https://www.dfas.mil/sbpdicnews>. There is also a webpage explaining SBP, DIC and SSIA at <https://www.dfas.mil/sbpdicssia>

[Source: DFAS Retiree Newsletter | March 2022 ++]

Inflation

Update 04: Where It Is and Isn't



[Source: Bureau of Labor Statistics | Thomas Hum | April 8, 2022 ++]

Food Prices

World Food Prices Jumped Nearly 13% in March

World food prices jumped nearly 13% in March to a new record high as the war in Ukraine caused turmoil in markets for staple grains and edible oils, the U.N. food agency said on 8 APR. The Food and Agriculture Organization's (FAO) food price index, which tracks the most globally traded food commodities, averaged 159.3 points last month versus an upwardly revised 141.4 for February. The February figure was previously put at 140.7, which was a record at the time.

Russia and Ukraine are major exporters of wheat, corn, barley and sunflower oil via the Black Sea, and Moscow's six-week-old invasion of its neighbor has stalled Ukrainian exports. The FAO last month said food and feed prices could rise by up to 20% as a result of the conflict in Ukraine, raising the risk of increased malnutrition. The agency's cereal price index climbed 17% in March to a record level while its vegetable oil index surged 23%, also registering its highest reading yet, FAO said. Disruption to supplies of crops from the Black Sea region has exacerbated price rises in food commodities, which were already running at 10-year highs in the FAO's index before the war in Ukraine due to global harvest issues. Sugar and dairy prices also rose sharply last month, the FAO said.

In separate cereal supply and demand estimates on Friday, the FAO cut its projection of world wheat production in 2022 to 784 million tonnes, from 790 million last month, as it factored in the possibility that at least 20% of Ukraine's winter crop area would not be harvested. The revised global wheat output estimate was nonetheless 1% above the previous year's level, it said. The agency lowered its projection of global cereals trade in the 2021/22 marketing year as increased exports from Argentina, India, the European Union and the United States were expected to only offset some of the disruption to Black Sea exports.

Total cereal trade in 2021/22 was revised down by 14.6 million tonnes from the previous monthly outlook to 469 million tonnes, now 2% below the 2020/21 level. Projected world cereal stocks at the end of 2021/22 were revised up by 15 million tonnes to nearly 851 million tonnes, mainly because of expectations that export disruption will lead to bigger stockpiles in Ukraine and Russia, the FAO added. [Source: Reuters | Gus Trompiz | April 8, 2022 ++]

Sports Betting Scam

Betting Con Promises "Guaranteed" Wins

Sports betting is big business – [for scammers as well](#). According to recent [BBB Scam Tracker](#) reports, con artists are posing as self-proclaimed handicappers who use insider information to place guaranteed bets on upcoming games. Don't fall for it! Here's how to avoid these "scamicappers."

How this scam works

- You come across a social media post or get an email about an experienced handicapper with a record of picking consistent wins. This handicapper is allegedly using insider information to place sure-thing bets on upcoming games. For a fee, you can get in on it

too. This person is so confident about their information that they even offer you a money-back guarantee. For example, they may promise you free picks if you make a losing wager.

- While it sounds like a safe bet, you're really dealing with a scammer. These "scandicappers" had no intention of ever providing a refund or free picks. And their "insider information" is fake, too.
- [BBB Scam Tracker](#) has received multiple reports about this con. For example, one person reported paying for "sports betting picks with money back guarantees." However, the handicapper never refunded the losing picks. The con artist "also lies about his winning record and is a true scammer in every sense of the word."

How to spot these scams:

- Avoid sports handicappers. A handicapper's goal isn't to win bets for their members, it's to get people to buy their picks. Once you've purchased their picks, the handicapper has already won. It doesn't matter if the pick wins or loses, the handicapper keeps the payment.
- Don't believe promises that sound too good to be true. If a handicapper promises you will never lose a bet, or they will refund your money any time you do, think twice. Scammers love to entice their victims with get-rich-quick schemes. If it sounds too good to be true, it probably is.
- Don't fall for tempting ads. Be wary of gambling-related pop-up ads, email spam, or text messages.

For more information

Learn how to spot [more sports betting scams](#) and [identify fake emails](#). If you've spotted a scam (whether or not you've lost money), report it to [BBB Scam Tracker](#). Your report can help others avoid falling victim to scams. Learn how to spot a scam at [BBB.org/SpotAScam](#). [Source: BBB Scam Alerts | March 25, 2022 ++]

iPhone Receipt Scam

Phishing Con Looks like A Phone You Didn't Buy Receipt

This phishing scam looks like an honest mistake, but it's not. BBB Scam Tracker is getting reports of phony emails that appear to be receipts for a new iPhone... that you didn't buy. Scammers are hoping you'll panic and contact them to correct the "error."

How this scam works

- You receive an email saying you purchased a new iPhone, and your Amazon account, bank account, or credit card will be charged. But you didn't buy a new phone! Eager to reverse the charge, you call the customer service number included in the email. The email may even specifically say: "Didn't make this purchase? Contact us at..." or "If you feel you are receiving this message in error, contact us immediately."
- When you call the number, you speak to a helpful customer service representative who says they can fix the problem. However, you must act immediately before the charge posts to your account.
- One consumer reported the following: "I called the number to get a refund. I told them there wasn't a purchase on my account for \$999.00, and they told me it wouldn't show up for 24 hours and that's why I need to cancel it right away." The scammer asked the consumer to download an app as part of the refund process. When the consumer refused, the scammer hung up on them.
- Con artists also told victims that their accounts had been hacked. In these cases, the "customer service rep" asked for credit card or bank information, claiming they need it to cancel the sale. No matter what scammers say, don't fall for it. Remember, con artists often stoop to scare tactics to trick you into action.

How to spot these scams:

- Double check the sender's email address. Phishing emails are usually designed to look like they come from a reputable source like your bank or Amazon. But look closely at the sender's email to see if it's really from an official source.
- Check your bank for charges first. If you receive an email claiming that you've made a purchase, check your bank or credit card account. If the charge isn't there, it's likely a scam. Don't contact the scammers. Instead, erase the email and block the sender.
- Never click on suspicious links. It's best not to click on links in unsolicited emails you receive from unknown senders. These links could download malware onto your computer or mobile device, making you vulnerable to identity theft.

For more information

Discover more ways to protect yourself from scams in general by going to "[10 Steps to Avoid Scams](#)." Learn how to [identify fake emails](#). If you've spotted a scam (whether or not you've lost money), report it to [BBB Scam Tracker](#). Your report can help others avoid falling victim to scams. Learn how to spot a scam at [BBB.org/SpotAScam](#). [Source: Better Business Bureau | April 1, 2022 ++]

Notes of Interest

APR 01 thru 15, 2022

- **Covid Detection.** Use a pulse oximeter. This is a small device that clips on your finger and measures your blood oxygen levels. When levels drop to 92 or lower, patients should see a doctor. Low oxygen can be a sign of Covid pneumonia and may raise your risk for serious complications from Covid-19. The devices can be less reliable for people with darker skin, so pay attention to downward trends as well as the number.
- **Guns.** The total economic impact of the firearm and ammunition industry in the United States increased from \$19.1 billion in 2008 to \$70.52 billion in 2021, a 269 percent increase, while the total number of full-time equivalent jobs rose from approximately 166,000 to over 375,819, a 126 percent increase in that period, according to a report released by the NSSF, the firearm industry trade association.
- **Gun Victims.** Harvard study says medical bills for US shooting survivors top \$2.5B in 1st year after injury, Gunshot survivors face "long-term, often-hidden" costs after firearm injuries, including worse mental health, substance use disorders and higher healthcare spending,
- **Defense Budget.** Top Pentagon officials said 5 APR the Defense Department used an inaccurately low inflation rate when formulating the fiscal 2023 budget proposal.
- **KrispyKreme.** The chain will offer a dozen doughnuts for the average price of a gallon of gas on Wednesdays through early May.
- **Target Tip.** They will stack coupons. Shoppers can use a manufacturer's coupon, Target coupon, and Target Circle offer on the same item.
- **Target Tip.** If you buy something there and then see it on sale somewhere for less in the next two weeks, they will reimburse you for the difference upon request through its price-matching program. This is true whether you see the cheaper item in a competitor's local print ad, on the website of competitors including Amazon or Walmart, or on Target.com.
- **Military History.** Click on https://www.youtube.com/watch?v=wHUCV_EDOFI to view a 16 min video titled Rocket U-Boats: V-1 Missile Attack New York 1945.

[Source: Various | April 15, 2022 ++]

News of the Weird

APR 01 thru 15, 2022

Keeping Up With the Times -- In Aksaray, Turkey, one family has been raising cattle for three generations. Izzet Kocak believes their success is linked to their willingness to keep up with modern technology. To that end, the farmer is testing virtual reality goggles that make his cows think they're standing in a green field of grass in the summer. Kocak says the average yield per day from his cows is 22 liters, but "We had two of our cows wear virtual reality glasses and watch vast green pasture all day, and the daily milk production increased up to 27 liters." He said the quality of the milk also increased. He has ordered 10 more pairs of VR goggles, and if results are similar, he plans to order them for all of his 180 cows. [Oddity Central, 1/10/2022]

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Great Art - In the London neighborhood of Richmond, an unusual property that's been dubbed the "Invisible House" is attracting attention -- or flying under the radar -- of passersby, MyLondon reported. The front of the home sits on a busy thoroughfare and is almost completely covered with one-way mirrored glass, which reflects a roundabout across the road and the busy sidewalk in front. The family, who wanted to remain anonymous, said the architect wanted the mirror to "make the house 'talk with its environment.' We really liked the idea and ran with it." The back of the house sits on a quiet lane and features traditional architecture. [MyLondon, 3/22/2022]

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And Their Little Bird, Too! -- In a scene eerily reminiscent of "The Wizard of Oz," the Castellanos family of Arabi, Louisiana, took a wild ride on March 22 as a destructive tornado ripped through the area, ABC News reported. Dea Castellanos was sitting on a couch in her living room when the house began to spin, whipping her into a bedroom. Her daughter, who has muscular dystrophy, was in another bedroom. The one-story home was lifted from its foundation and crashed down in the middle of the street, where neighbors called 911 and the girl was taken to the hospital. One of the Castellanos' pet birds stood among the rubble as they salvaged what they could; family members were "doing fine" after their ordeal. [ABC News, 3/23/2022]

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Bright Idea -- Need socks? Need exercise? Souki Socks, a small factory in Japan's Nara Prefecture, has you covered -- or at least your toes. The company devised a contraption that combines a stationary bike with a sock-knitting machine and called it Charix. Before customers sit down, Oddity Central reported, they choose the size and colors for their socks. Riders pedal for about 10 minutes; the staff sew the toes and finish the socks on the spot, and happy clients take the new pair home. [Oddity Central, 3/21/2022]

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Sounds Like a Song -- Danville, Pennsylvania, residents were warned to look out for three small monkeys run amok after a crash between two trucks on Jan. 21, The Daily Item reported. State Trooper Andrea Pelachick said a truck with 100 African monkeys on board was on its way to a laboratory when it collided with a dump truck. She tweeted that "a small number of monkeys may have fled the scene" after escaping from their carriers. The three escapees were later located and humanely euthanized. [Daily Item, 1/21/22]

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Bright Ideas -- The Irish Times reported that on Jan. 21, two men carried Peadar Doyle, 66, into a post office in Carlow, Ireland, and inquired about collecting his pension. Staff and other customers became concerned about Doyle, as he seemed unresponsive, and made efforts to resuscitate him, but he was already deceased. While an investigation showed there was no foul play in his death, the two men were detained by police on Jan. 26. One of the men had gone to the post office earlier that day to try to collect Doyle's pension, but he was told the person had to be there. Both insisted that Doyle was alive but unwell when they left his home and that they helped him as he walked to the post office. They believe he died there. [News of the Weird, 4/13/22]

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Bright Ideas -- A Galveston man who tried to sneak two Mexican nationals across the border in a flag-draped coffin headed for San Antonio has pleaded guilty to one count of human smuggling, Justice Department officials said. When pulled over, Zachary Taylor Blood, 33, told Border Patrol agents near the South Texas town of Encino that a coffin in his van held the remains of a "dead guy, Navy guy". Agents noticed the coffin was in lousy condition and the American flag was "taped to the top with packing tape." While smuggling cases aren't a rarity in South Texas, the lawyer representing Blood, Simon Purnell, told the New York Times this was the first time he's heard of smuggling via coffin. Blood's sentencing is scheduled for May in Corpus Christi. He faces a \$250,000 fine and up to 5 years in federal prison. Blood's sentencing is scheduled for May in Corpus Christi. He faces a \$250,000 fine and up to 5 years in federal prison. [San Antonio Current, 1/27/2022]

[Source: <https://www.uexpress.com/news-of-the-weird> | April 15, 2022 ++]

Spam Text Messages

Texts Received From What Appears To Be Your Own Cell Number

If you've been getting spam texts from what appears to be your very own cell number recently, you're not alone. While spam texts aren't new, getting one from yourself can be especially disconcerting, and cell phone users are reporting that it's happening a lot lately, especially to Verizon customers. When someone uses technology to disguise their phone number for spam calls or texts, that's called spoofing. It's the same technology that shows spam calls coming from numbers similar to yours, but this time, it's your exact number.

The text of these messages is similar to most spam and includes fake messages from your cell phone carrier about a paid bill. But many people who have clicked on the included link report that it goes to Channel One Russia, a state TV network, or a number of other Russian news outlets. There has been speculation that the texts might be part of a Russian propaganda campaign as the country continues its invasion of Ukraine. It also comes on the heels of a warning from the White House that Russia may be planning cyberattacks against American infrastructure, companies, or citizens.

Verizon, however, says it has "no indication that this fraudulent activity is originating in Russia," and says it is working with U.S. law enforcement to rectify the issue. While these texts may be more disconcerting than most spam, they don't mean Vladimir Putin has hijacked your phone. As with all spam, never click included links unless you know and trust the sender. For more information on how to deal with and report phishing and spam texts, go to the Federal Trade Commission's consumer advice website <https://consumer.ftc.gov/articles/how-recognize-report-spam-text-messages>. [Source: Cheapism | Lacey Muszynski | March 29, 2022 ++]

Honey

Update 02: Store-Bought VS Local Honey

Honey is a superfood with many medicinal benefits. In addition, it has many healthy plant compounds linked to health benefits. But how do we know which honey is pure? Most importantly, which one to choose; store-bought honey or local honey? The United States produces almost 40% of domestic honey; the remaining is imported from Asia or Europe. Most imported honey is pasteurized and filtered, removing all the goodness of honey. In addition, honey imported from nations having high pollution might also contain hard metals, pollutants, and antibiotics.

Raw Honey

Honey that exists in beehives is raw honey. Raw honey is extracted, strained, and directly bottled without the commercial process of filtration and mixing any other ingredients.

Regular Honey

Regular honey goes through a commercial process after extraction. It is filtered, pasteurized, and even added with additives or preservatives before being bottled. Pasteurization involves passing the honey through high heat, which destroys the yeast to make it smoother and extend its expiry life. Filtration removes impurities and debris but also removes beneficial antioxidants, pollens, and enzymes.

Store-Bought Honey

The majority of store-bought honey is regular honey made by the commercial process. Pasteurization and filtration strip all the goodness of honey, devoid of all the natural benefits that honey offers. Many commercial brands are also adding corn syrup into honey to give it natural color and flavor. It does cost less but is fake honey good for nothing. 60% of commercial honey is imported to meet the demand and may contain sugar syrup. The honey does not have any health benefits and will cause weight gain and diabetes.

Store-bought honey is ultra-filtered and super-heated, stripping it off nutrients and beneficial enzymes. The process suits commercialization of honey to extend shelf life and prevents quick crystallization. The process does not harm the honey but removes many healthy compounds.

Benefits of Local Honey

Local honey is raw honey that is bottled straight from beehives. Local honey contains all the nutrients and is considered beneficial over store-bought honey. Here are some of the benefits of local honey.

- *Loaded with Antioxidants*

Local honey is a good source of antioxidants that comes from an array of plant sources. Wild honey has a variety of fruits and vegetable antioxidants. It helps prevent cell damage in the body and keeps your skin glowing. Free radicals in local honey contribute towards keeping you young and active. In addition, it prevents heart disease and cancer.

- *Anti-bacterial Properties*

Medical research proves honey destroys bacteria and fungus. Local honey contains natural hydrogen peroxide, which is an antiseptic. However, the effectiveness is only present in local honey and is devoid of store-bought honey. Honey acts as a medicine to cure sore throat owing to its anti-bacterial and anti-fungal properties.

- *Contains Phytonutrients*

Phytonutrients are naturally occurring plant compounds that protect plants from diseases. For example, it protects the plant from UV rays and keeps insects and pests away. Phytonutrients in honey also account for its antioxidants. Local honey boosts your immune system and also has anti-cancer properties.

- *Good for Digestion*

Honey is good medicine for the treatment of digestive issues like diarrhea and indigestion. Local honey is an effective medicine to treat bacteria causing stomach ulcers. In addition, local honey is pro-biotic, which is excellent for your gut. It improves your digestion and helps in eliminating chronic stomach infections.

- *Cures Sore Throat*

If you have a sore throat, try a spoonful of local honey. Be rest assured it will activate the healing process, and you will feel good. You can also add it to your lemon tea or take it with warm water. Local honey is a cough suppressant and is prescribed as a cough medicine to children. So next time you have a cough, take a couple of spoons of local honey straight.

Conclusion

After all the comparison and knowing the process, the verdict goes in favor of local honey. Store-bought honey is packaged after the commercial process of ultra-filtration and pasteurization. Moreover, imported honey can also contain sugar syrup and pollutants, which is harmful. So if you are looking for pure raw honey, go for local honey.

[Source: Ziggie Social | September 21, 2021 ++]

Shark Facts

The Truth about Their Attacks

Few animals inspire the level of fear that sharks do, thanks to “Jaws” and other sensational tales of deadly encounters, and the number of unprovoked shark attacks was way up in 2021, researchers have reported. But these admittedly intimidating creatures get a bad rap. If you’re thinking of spring break at the beach, here are some things to keep in mind about shark attacks, including just how unlikely they really are.

Your Risk Is Greatest Here in the U.S.

The U.S. leads the world in unprovoked shark bites, notching 47 cases in 2021, according to the University of Florida. That's 64% of the world's total unprovoked bites, and represents a big rise from the 33 unprovoked bites reported in the U.S. in 2020. Australia was a distant second with 12, though three of those attacks were fatal, compared with just one in the U.S. Well over half of the U.S. bites, 28, occurred in Florida.

Unprovoked bites were way up worldwide in 2021, rising about 40% from 52 to 73. The increase follows three years of declines. Researchers say 2020's numbers may have been artificially depressed by pandemic lockdowns.

Still, Deadly Shark Attacks Are Rare

Petrified of sharks? Maybe this will help you keep the risk in perspective: According to the Florida Museum of Natural History, your chances of being killed by a shark are about 1 in 3.75 million. Compare that with your odds of being hit by lightning (1 in 79,746), drowning (1 in 1,134), dying in a car crash (1 in 84), or dying of heart disease (1 in 5).

They Aren’t Even the Deadliest Animal

In the grand scheme of things, mosquitos kill about 1 million people a year thanks to diseases like malaria. Also way deadlier than sharks, according to CNET: snakes, dogs, scorpions, tapeworms, crocodiles, hippos, deer, jellyfish, bees, ants, horses ... the list goes on.

Sharks Should Be Way More Afraid of Us

When it comes to whether humans are more deadly to sharks or sharks are more deadly to humans, there’s no contest. We kill an average of 100 million sharks a year, mostly in commercial fishing operations. Compare that with 10 fatal shark attacks against humans in 2020 (and even that is a big spike from the average of four per year).

Most Species Don’t Bite

Of 548 known shark species, only 13 have bitten humans in 10 or more confirmed incidents. The biggest threats are what the Florida Museum of Natural History calls the “big three”: white sharks, tiger sharks, and bull sharks.

Sharks Attack Mostly Men

Researchers at an Australian university found that 89% of unprovoked shark attacks between 1982 and 2011 involved men. However, researchers say it’s unlikely that sharks inherently find something about the Y chromosome more irresistible. Instead, men are likely attacked more because they’re more likely to engage in activities that put them at risk, such as surfing and diving.

Curiosity Might Be Behind Most Attacks

While conventional wisdom holds that sharks attack after confusing humans for prey, the more likely reasons are curiosity and confusion. Encyclopedia Britannica notes that sharks rarely bite more than once or twice even during fatal attacks. They may simply be “mouthing” an unfamiliar organism, or even defending their territory against what they think may be a rival hunter.

There Are Three Main Kinds of Shark Attacks

Researchers classify unprovoked attacks as hit-and-runs, sneak attacks, or bump-and-bites. Hit-and-run attacks, when a shark may mistakenly bite a swimmer in shallow water, then flee, are the least serious. Sneak attacks involve sharks attacking without warning in deeper water, while sharks in bump-and-bite attacks bump first, then attack.

Yes, They Can Smell Blood — But Not as Well as You Think

That whole “blood in the water” trope from shark movies is exaggerated. The sharks with the most sensitive sense of smell can detect smells at roughly 1 part per 10 billion, marine biologist Maddalena Bearzi tells Reader’s Digest. That may sound extreme, but that’s akin to a drop of blood in a swimming pool. In other words, a shark will still need to be fairly close to begin with to detect your minor cut. Still, experts advise against swimming with an open wound, and say women may even want to think twice during their period.

Sharks Eat Way More Than Meat ...

According to the National Oceanic and Atmospheric Administration, sharks will nosh on just about anything, whether that’s meat, plants, or ... well, other stuff. Tires, a fur coat, and a full suit of armor are among the more curious finds from shark stomachs.

... And They're Not Always Hungry

Despite their pop-culture portrayal as ravenous eating machines, sharks can and do go for quite awhile without food. Most can fast for up to six weeks, and researchers even documented one shark that didn't eat for 15 months. Researchers with SeaWorld say sharks only eat anywhere between 1% and 10% of their bodyweight per week.

They May Be Attracted to Certain Colors

Because sharks can see high-contrast colors well, they're more likely to be attracted to bright hues (and shark researchers have even been known to refer to "yum yum yellow"). On the flip side, low-contrast colors like blue or black are less likely to catch a shark's eye — but the risk, of course, is that it's also much harder for human rescuers to spot those colors in the water.

Punching a Shark in the Nose? Probably a Bad Idea

Nearly everyone has been conditioned to think that a well-placed blow to a shark schnoz is the best way to fight an attack, but some experts disagree. For one, a shark's eyes and gills are actually more sensitive than its nose. There's also the pesky fact that punching a shark in the nose requires you to get pretty close to its mouth — generally not a good idea.

Sharks Don't Actually Avoid Dolphins

While dolphins and sharks aren't exactly best friends, swimming near a pod of friendly dolphins in no way means you're safe from sharks. You're actually likely to find sharks near dolphins because these carnivores often frequent the same hunting spots, according to LiveScience. And while dolphins occasionally do antagonize their toothy rivals, these incidents are few and far between.

A Single Shark Once Terrorized the Jersey Shore

A single great white shark attacked five victims, killing four, in the span of 12 days along the Jersey Shore in 1916. Some have speculated that the gruesome incidents even inspired Peter Benchley to write "Jaws," (a claim he has since denied). In response, communities fenced their beaches and even offered rewards for fishermen to kill as many sharks as possible.

U.S. Sailors Endured History's Worst Shark Attack

Talk about a nightmare: When a Japanese submarine sank a U.S. ship in 1945, almost 300 sailors died immediately, and about 900 others were left struggling to survive in the open water. The chaos and blood soon drew sharks who fed for days on both the living and the dead, according to Smithsonian Magazine. Ultimately, only about 300 sailors survived the ordeal.

While many drowned or died of heat or thirst, anywhere from a few dozen to 150 may have been killed by the sharks.

The South African Government Once Tried to Bomb Sharks

Beginning in December 1957, seven people died and several others were injured in shark attacks off the coast of South Africa over the course of several weeks. In response, officials gave lifeguards rifles, built wooden barriers, and even dropped depth charges — essentially, underwater bombs — into the ocean. Unfortunately, the bombs simply managed to kill a bunch of fish and attract even more sharks, according to History Daily. Oops.

A Shark Attack Survivor Invented Cage Diving

Rodney Fox was spear-fishing off the Australian coast when a shark attacked him in 1963. He was left with a collapsed lung, ruptured spleen, broken ribs, and countless gashes, but survived. Instead of swearing off the ocean, he went on to study sharks intently, inventing cage diving and becoming a go-to expert, even helping Steven Spielberg obtain underwater footage for “Jaws.”

Australia May Have Had a Real ‘Sharknado’

If “Sharknado” taught us anything, it’s that sharks and tornadoes are just as enthralling a combination as snakes and planes. In 2017, Cyclone Debbie may have picked up a bull shark and deposited it in Ayr, Australia, which is several miles inland. Fortunately for the citizens of Ayr, instead of dozens of hungry great whites raining down on the city, there was just one very lonely, very dead shark deposited in a large puddle.

[Source: Cheapism | Sandra Latham | January 25, 2022 ++]

Have You Heard or Seen?

Aphorisms | Toons | Where to Retiree

Aphorisms

This is a statement of truth or opinion expressed in a concise and witty manner. The term is often applied to philosophical, moral and literary principles. Here are a few:

* I read that 4,153,237 people got married last year. Not to cause any trouble, but shouldn't that be an even number?

* I find it ironic that the colors red, white, and blue stand for freedom until they are flashing behind you.

* When wearing a bikini, women reveal 90% of their body. Men are so polite they only look at the covered parts.

* Relationships are a lot like algebra. Have you ever looked at your X and wondered Y?

* America is a country which produces citizens who will cross the ocean to fight for democracy but won't cross the street to vote.

* You know that tingly little feeling you get when you love someone? That's your common sense leaving your body.

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Where to Retiree

You can retire to Arizona where...

1. You are willing to park three blocks away from your house because you found shade.
2. You've experienced condensation on your rear-end from the hot water in the toilet bowl.
3. You can drive for four hours in one direction and never leave town.
4. You have over 100 recipes for Mexican food.
5. You know that "dry heat" is comparable to what hits you in the face when you open your oven door at 500 degrees.
6. The four seasons are: tolerable, hot, really hot, and ARE YOU KIDDING ME??

-OR-

You can retire to California where...

1. You make over \$450,000 and you still can't afford to buy a house.
2. The fastest part of your commute is going down your driveway.
3. You know how to eat an artichoke.
4. When someone asks you how far something is, you tell them how long it will take to get there rather than how many miles away it is.

5. The four seasons are: Fire, Flood, Mud and Drought.

-OR-

You can retire to New York City where...

1. You say "the city" and expect everyone to know you mean Manhattan.
2. You can get into a four-hour argument about how to get from Columbus Circle to Battery Park, but can't find Wisconsin on a map.
3. You think Central Park is "nature."
4. You believe that being able to swear at people in their own language makes you multilingual.
5. You've worn out a car horn. (IF you have a car.)
6. You think eye contact is an act of aggression

-OR-

You can retire to Minnesota where...

1. You only have three spices: salt, pepper and ketchup.
2. Halloween costumes have to fit over parkas.
3. You have seventeen recipes for casserole.
4. Sexy lingerie is anything flannel with less than eight buttons.
5. The four seasons are: almost winter, winter, still winter, and road repair.

-OR-

You can retire to The Deep South where...

1. You can rent a movie and buy bait in the same store.
2. "Y'all" is singular and "all y'all" is plural.
3. "He needed killing" is a valid defense.
4. Everyone has two first names: Billy Bob, Jimmy Bob, Joe Bob, Betty Jean, Mary Beth, etc.
5. Everything is either: "in yonder," "over yonder" or "out yonder. "

6. You can say anything about anyone, as long as you say "Bless his heart" at the end!

-OR-

You can move to Colorado where...

1. You carry your \$3,000 mountain bike atop your \$500 car.
2. You tell your husband to pick up Granola on his way home, so he stops at the day care center.
3. A pass does not involve a football or dating.
4. The top of your head is bald, but you still have a pony tail

-OR-

You can retire to Nebraska or Kansas where...

1. You've never met any celebrities, but the mayor knows your name.
2. Your idea of a traffic jam is three cars waiting to pass a tractor.
3. You have had to switch from "heat" to "A/C" on the same day.
4. You end every sentence with a preposition; "Where's my coat at?"

-OR-

FINALLY you can retire to Florida where...

1. You eat dinner at 3:15 in the afternoon.
2. All purchases include a coupon of some kind - even houses and cars.
3. Everyone can recommend an excellent cardiologist, dermatologist, proctologist, podiatrist, or orthopedist.
4. Road construction never ends anywhere in the state.
5. Cars in front of you often appear to be driven by headless people.

Thought of the Day

In Europe, the war in Ukraine raises the question --- is the past really past?

-- Nicholas Goldberg

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