

Heart of Texas Chapter (TX-07) Military Officer Association of America P.O. Box 23964 Waco, TX 76702-3964

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Chapter Web Site: hotmoaa.org

PRESIDENT'S COLUMN

Greetings,

Transition:

I felt quite honored when the Board nominated me to be 1st VP. To be frank, I was not expecting it but I was happy for the opportunity to be of service. And now I am told that I am, according to bylaws, automatically elevated to the position of President that Gary Urban had to leave prematurely. Gary's interest in the Chapter and enthusiasm for the job of being its President are greatly appreciated, and I see what he contributed to the job as my goal.

Future meetings and talks

We will reconstitute our dinner speaker schedule when we know our dinner meeting schedule. We probably are all wondering when our meetings will resume; I favor a conservative approach, since most of us are in the "at risk" age and health groups, and I do not want to schedule a dinner meeting that I would not attend due to safety concerns. While most of us support our country's leaders' efforts to revive our economy as soon as possible, we also respect the situation and believe that we should not rush prematurely into a dinner meeting of our members, many of whom are in the "at risk" group for age and health concerns, so we will most likely resume dinner meetings in August, depending on the developing scenario. My personal thoughts are that we can only extend ourselves so far in saving every life possible; considerations are that we do not have the resources to wrap every individual in a cocoon to protect from illness and accident, and a cocoon would severely hamper our quality of life; and our current isolation threatens to cause health problems already such as delayed diagnosis and treatment of the same illnesses that we would face even without the current COVID-19 crisis.

When we do resume meeting, I will address a topic that will concern us from now into the future: "Universal Precautions". The medical community learned a hard lesson several decades ago when a different virus took us somewhat by surprise. We were unprepared for a while, and several healthy folks were infected by a disease they should not have caught. Eventually we learned to start protecting ourselves by taking "universal precautions", assuming everyone whom we encountered in certain situations, to be potentially contagious. But now we have been caught again, poorly prepared for the current viral outbreak. What about the next one? More on all of that in a dinner talk.

Other planned speakers will address our responses and responsibilities when caught in potentially violent crises as many others are facing, global weather and the world oil economy, the Texas A&M Mounted Cavalry Corps.

Respectively,

William Milnor

JULY SPECIAL DAY RECOGNITION

<u>Birthdays</u>: Jim Alexander, Bob Baugh, George Brinegar, Jan Cason, Phil Ford, Jon Ker, Bill Milnor, Karen O'Bric, Susan Patrick, Ken Ratajczak, and Shirley Wilson.

Anniversaries: Bill and Judy Bauer, Bob and Gaye Baugh, Wally and Voncyle Burns, Dennis and Debby DeGraff, Don and Mary Aileen Edwards, Phil and Kris Ford, Pat and Joe Herbelin, Scott and Linda Pitzer, Will and Dee Rogers, Bobby and Donna Sammon, and Ennis and Kay Sullivan.

CONGRATUATIONS TO ALL

Upcoming Events and Information Items

MCLENNAN COUNTY COVID-19 UPDATES

For current information on the status of COVID-19 cases in McLennan County, go to web site: covidwaco.com

HOT CHAPTER BOARD MEETING

Board meetings have been postponed until further notice due to current local health safety measures.

WACO CHAMBER OF COMMERCE

The HOT Chapter is a member of the Greater Waco Chamber of Commerce so chapter members can attend chamber events and not pay non-member costs. Web site is wacochamber.com for updates on virtual meetings and briefings.

MEETING SCHEDULE FOR 2020

Monthly meetings are on hold and are pending ongoing health safety measures and review of the ongoing COVID-19 scenario and health safety measures. There will be no meeting in July. For now, we have the available schedule of dinners on 3rd Thursdays (August – November) and 2nd Thursday in December.

JULY REMBEMBRANCE DATE

4th, Independence Day.

21st, Department of Veterans Administration created.

27th, National Korean War Armistice Day.

29th, Anniversary of the Army Chaplain Corps

EARLY INFO ON DATES AND LOCATIONS FOR TEXAS PRIMARYVOTING

Early voting for the Democratic and Republican primaries in Texas started on Monday, June 29 and will end on Friday, July 10. Election Day is Tuesday, July 14. Local early voting sites are:

County Records Building (Basement), 214 N. 4th Street, Waco.

City of Waco Multipurpose Facility, 1020 Elm Street, Waco.

Robinson Community Center, 106 W. Lyndale Avenue, Robinson.

Waco High School Performing Arts Center, 2020 N. 42nd Street, Waco. This replaces former early voting location at First Assembly of God Church on 6701 Bosque Blvd.

Hewitt Public City Hall/Library, 200 Patriot Court, Hewitt. Voting is held in the Library area.

BILL ON POSSIBLE TRICARE PRESCRIPTION DRUG RELIEF

Sens. Kyrsten Sinema (D-Ariz.) and Roger Wicker (R-Miss.) have introduced the TRICARE Prescription Relief Act, which would authorize DOD to waive TRICARE prescription copays during national or public health emergencies.

The bill, S. 3979, would give DoD flexibility to provide relief from retail and/or mail-order prescription copays for beneficiaries unable to visit military treatment facility (MTF) pharmacies for zero copay medications.

It authorizes DoD to waive pharmacy costsharing requirements after considering whether the waiver would increase affordability of alternatives to MTF pharmacies, promote prescription adherence, or facilitate the government response to a covered emergency.

A similar bill,H.R. 6573, the Help Our Heroes Access Medicine Act, was introduced in the House earlier this year.

MOAA is urging Congress to address this issue with the FY 2021 National Defense Authorization Act (NDAA). During a livestream of the Senate Armed Services Committee Personnel subcommittee mark, Sen. Kirsten Gillibrand (D-N.Y.), the committee's ranking member, indicated the subcommittee's NDAA mark would include a provision authorizing DoD to waive copays during national emergencies. Providing DoD with this flexibility is critical in allowing TRICARE policy to quickly adapt in unexpected situations.

MOAA members who want to help on this bill can go to the MOAA web site to use their advocacy link for encouraging senators to support the TRICARE Prescription Relief Act.

SUICIDE PREVENTS ROADMAP RELEASED

On June 17th, the release of the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) was announced. This is a nationwide plan for ending suicide. The PREVENTS Task Force calls for a number of steps to be taken, including a nationwide public health campaign to change the culture around suicide and mental health, launch a National Research Strategy for effective solutions for the prevention of suicide, and build partnerships among organizations to share best practices.

SPACE X SATELLITE LAUNCH

SpaceX launched the military's newest, most accurate GPS satellite on June 20 after a two-month delay due to the pandemic.

A Falcon 9 rocket blasted off from Florida's Cape Canaveral Air Force Station, carrying the GPS satellite to orbit. The brand new first-stage booster landed on an ocean platform several minutes later, to be recycled for future use.

The launch originally was scheduled for April, but the newly organized U.S. Space Force delayed it to keep staff healthy and safe during the coronavirus outbreak. This is the third in the most advanced line of GPS satellites, and joins a constellation of 31 GPS spacecraft in orbit, according to the Space Force.

NOTE ON ELECTIVE SURGERY PAUSE AND MEDICAL CARE PROVIDERS

The American Academy of Orthopaedic Surgeons has noted that Gov Gregg Abbott again has suspended elective surgery in counties containing the cities of Dallas, Austin, San Antonio and Houston and hopefully such suspensions of elective surgery will only need to be sporadic for the near future. The Academy also has stated that experts believe the COVID-19 virus will be with us until either we achieve "herd immunity" (enough people immune to the virus that it no longer gets transmitted among the population) or until an effective vaccine is available.

Meanwhile providers of healthcare (physicians, etc.) and those who pay for the care (insurors), are struggling with the increased expenses associated with the COVID-19 crisis, and are moving increasingly toward "valuebased" medical care. This means that changes are coming in what is covered by insurance, but the changes are yet to be determined; the changes are going to be based on demonstrated long-term effectiveness of treatment compared with dollars expended rather than short-term transactions (e.g., just paying "up front" for whatever procedure the care provider and patient agree upon without accounting for results and cost of treatment). Obviously this has been and is an evolving process that is getting increased attention.

TRICARE SELECT CHANGES

"Working age" military retirees -- those under age 65 -- who use Tricare Select for their health care will start paying enrollment fees beginning next year, Defense Department officials announced Tuesday.

For the first time since the creation of Tricare Standard, now known as Tricare Select, retired beneficiaries who joined the military before 2018 will pay a monthly fee for their health care: \$12.50 for an individual or \$25 for a family.

The enrollment fees <u>do not apply</u> to activeduty family members on Tricare Select or Medicareligible retirees on Tricare for Life.

Defense health officials said these retirees can expect to hear from their regional contractors -- either Health Net Federal Services for Tricare West or Humana Military for Tricare East -- in the coming months instructing them on how to set up payments, either by allotment from their retired pay, electronic funds transfer, debit or credit card.

Tricare Open Season, the period during which Tricare beneficiaries can switch health plans, is scheduled for Nov. 9 through Dec. 14 this year.

BILL ON WOUNDED VETERANS RECREATION ACT

Veterans with service-connected disabilities would receive free lifetime admission to national parks and other federal lands – more than 2,000 locations nationwide – under a bill that passed the Senate unanimously June 22.

The Wounded Veterans Recreation Act would expand and clarify an existing program that grants an Access Pass to all U.S. citizens or permanent residents with a "permanent disability ... that severely limits one or more major life activities." A VA blog post and media reports from 2019 stated that veterans could claim the free pass under this program with any level of VA disability rating, but the law granting the benefit doesn't specifically mention VA ratings.

The Senate bill, introduced by Sens. Jeanne Shaheen (D-N.H.) and Susan Collins (R-Maine), updates the Federal Lands Recreation Enhancement Act to allow awarding the free lifetime pass to "any veteran who has been found to have a service-connected disability." The legislation moves onto the House for consideration. Rep. Raul Ruiz (D-Calif.) introduced a House version of the bill in October 2019.

CONCERNS ON MEDICAL SUPPLIES AND OVERSEAS DEPENDENCY

If the global pandemic has taught us anything, America needs to be more self-reliant and make its own medicines. As the coronavirus spread to the U.S., the federal government and hospitals struggled to buy medicines, ventilators, and masks. Soon, it became clear that all roads lead to China as the world's primary supplier.

Shortages of essential medicines began as early as February 2020, before the coronavirus peaked. The Food and Drug Administration (FDA) reported a drug was in severe shortage because of the coronavirus outbreak in China. To prevent hoarding, U.S. federal officials didn't release the name of the medicine. Other essential generic drugs have been rationed by drug wholesalers that supply hospitals.

The epicenter of the pandemic, Wuhan, is a major manufacturing hub for antibiotics. In severe cases of coronavirus, secondary bacterial infections can occur and antibiotics are necessary to treat them. China also produces 90 percent of the world's supply of key chemicals to make sedatives for people on ventilators and other generics needed to care for the seriously ill, according to pharmaceutical engineers and chemists.

As the coronavirus spread to more than 100 countries, everyone was competing for the same limited supply of medicines and personal protective gear.

In the competitive frenzy, the Chinese government banned the export of N95 masks destined for the U.S. It also nationalized a factory that was producing them. From late January to the end of February, China bought 2.2 billion face masks from countries around the world, a White House trade adviser said, contributing to shortages for U.S. doctors, nurses, and other health care workers and the public.

Many Chinese products sold to the United States and other countries were defective. In June, the U.S. Department of Justice charged a Chinese manufacturer with selling masks that didn't protect health care workers and the public. The U.S. was reportedly flooded with test kits from China that that gave inaccurate readings. Millions of supposedly sterile surgical gowns were recalled because they were found to be potentially contaminated, which could have increased the risk of spreading infection.

As for the safety of generic medicines, the FDA has been unable to conduct inspections of drug manufacturing plants in China and other countries because the agency recalled its inspectors earlier this year. This severely constrains its ability to protect the public.

In normal times the FDA is challenged by a complex global supply chain. In July 2018, the agency recalled blood pressure medicines taken by millions of Americans including U.S. service members and their families. They contained potentially cancer-causing chemicals used to make rocket fuel. A company in China was found to have a product containing more than 200 times the acceptable limit per pill.

As America was in a peak period of coronavirus cases, the Chinese government threatened to cut off medicines to the United States. Its official news outlet reported, "If China announces that its drugs are for domestic use and bans exports, the United States will fall into the hell of a new coronavirus epidemic."

The United States has witnessed a preview of bio warfare and the nation is unprepared. Eighty percent of the contents in the Strategic National Stockpile depend on Chinese components and suppliers. America would not rely on China to replenish the Strategic Petroleum Reserve. Neither should the nation's stockpile of life-saving medicines and supplies depend on a foreign country.

America must invest in domestic manufacturing to assure the nation has the industrial base to make products essential for survival. Members of Congress have raised concerns about U.S. dependence on China for medicines, and bipartisan bills have been introduced in the House and Senate to support U.S. manufacturing.

A "Buy American" executive order is under review that would encourage the Department of Defense, the VA, and the Department of Health and Human Services to use taxpayer money to buy American-made medicines and medical supplies necessary to respond in a public health emergency.

A valuable lesson of the pandemic is the urgency to be self-sufficient. The economy will receive a needed boost, investments in manufacturing will create jobs, and the nation's health security will be strengthened.

HOUSE BILL ON MEDICINE SUPPLIES

A new bill, H.R. 6885, the Safe and Secure Medicine Supply for Hardworking Americans Act has been submitted. This legislation aims to ensure that pharmaceutical products sold in the United States are safe, free of contamination by shoddy foreign manufacturers, and ultimately, provided by a secure American supply chain. The legislation includes tariffs on drugs from China and India, incentives to build a robust American pharmaceutical supply chain, and substantial penalties for the importation of tainted foreign pharmaceuticals.

NDAA STATUS

The FY 2021 National Defense Authorization Act (NDAA) is working through the House and Senate – the Senate Armed Services Committee (SASC) released its full text early June 24, and MOAA's government relations team has been poring over its 1,000-plus pages.

The early text and summaries from both chambers give us a glimpse at what we can expect the priorities to be for Congress and the administration in the new fiscal year. They also point to several MOAA-backed initiatives that will be part of NDAA negotiations going forward – we will need support from MOAA members and the wider military community to ensure these provisions reach the finish line.

Here's a breakdown of what's in the bill, what's not, and what's next:

The SASC on June 10 voted 25-2 to advance the NDAA to the Senate floor. Markups from the House Armed Service Committee are proceeding as scheduled, with the full committee markup scheduled for July 1.

The 2021 NDAA is focused on a theme of modernization, which includes the new Space Force service component and other readiness enhancements, moving the department away from existing legacy systems to more advanced technology platforms for conducting operations. Another common theme in each chamber: an assessment of our industrial base that requires a report in areas where we have an overreliance on China.

A growing national deficit from the COVID-19 pandemic response and recent increased military investments make the defense budget a likely candidate for future cuts. The good news is that MOAA's Virtual Storming the Hill event and advocacy for our military community is

already evident in the hearings and executive summaries. There are several promising provisions in the House and Senate versions of the NDAA that still must survive the NDAA conference to become law.

Both the House and Senate versions support active duty 3.0% pay raise tied to the Employment Cost Index.

Halting Cuts to the Military Health System

MOAA's Virtual Storming the Hill efforts paid off with the inclusion of two provisions in the FY 2021 NDAA HASC Personnel Subcommittee mark that would temporarily halt medical billet cuts and military treatment facility (MTF) restructuring with new reporting requirements. They are:

- A review of medical manpower requirements related to homeland defense missions and pandemic response. The bill also would prohibit any realignment or reduction of military medical end strength for one year after the date of enactment of the FY 2021 NDAA and requires an analysis of availability of civilian health care and mitigation planning for any care to be eliminated from MTFs due to medical billet cuts.
- by the Government Accountability Office (GAO) on the quality and availability of civilian providers. The bill also would prevent DoD from implementing the planned MTF restructuring for one year following a new report.

This is not a done deal, but it marks a positive development as MOAA seeks to halt cuts to military medicine to ensure congressional oversight of DOD's efforts and access to high quality care for beneficiaries at impacted MTFs. It will still take all of us to engage at the right opportunities to shepherd these and other provisions through the amendment process, chamber floor votes, and the conference committee. Please stay tuned MOAA updates and be ready to consider contact with legislators.

NOTE: The July MOAA magazine has letter inserts for consideration to send to Congress in regards to the proposed cuts to military medicine.

Once markups are complete, the HASC and SASC will post the approved language, and a window will open for members to propose amendments to the NDAA. The House and Senate will then appoint conferees to meet and negotiate a final NDAA version that resolves differences.



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