



THE KOREAN WAR VETERANS ASSOCIATION, INC.
OFFICE OF THE EXECUTIVE DIRECTOR
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**A Time to Remember and Honor
all who served and gave the ultimate sacrifice**



The following monthly update for May 2019 is submitted by the Executive Director of the Korean War Veterans Association of the United States of America.

IMPORTANT EVENTS IN 2019

- Memorial Day at the Korean War Veterans Memorial – May 27, 2019 – Washington, DC
- Start of the War Commemoration – Korean War Veterans Memorial – June 25, 2019 – Washington, DC
- Maryland Honors and Welcomes Home Their Korean War Veterans- July 23, 2019 – Annapolis, MD
- Korean War Veterans Association's General Membership Meeting – July 25 – 28, 2019 – Arlington, VA
- Korean/Cold War Annual Government Briefing – August 1 – 2, 2019 -Arlington, VA
- Veterans Day at the Korean War Veterans Memorial – November 11, 2019 – Washington, DC

2019 KWVA Revisit Korea Dates

The 2019 Korean War Veterans Association's annual Revisit Korea dates have been received. The recap:

22-28 June	Annual "6/25" Commemoration
24-30 July	Armistice Commemoration
25 Sep-1 October	Chosin/Changjin Commemoration
20-26 October	UN Commemoration Seoul and Busan
8-14 November	Seoul and Busan ("Turn toward Busan" Commemoration)

- * A change - Length of time between revisits reduced from five years to three.
 - * Those currently registered will soon get these dates to choose from.
 - * One veteran and one "companion".
 - * The widow or descendant of a deceased veteran or MIA eligible.
 - * All expenses in Korea paid for. 1/2 the veteran and 1/3 of the companion air paid for. (Reimbursed in Korea.)
 - * A doctors certificate of being able to travel is required.
 - * Death, disability, evacuation and cancellation insurance required.
 - * Those not registered should go to our web site miltours.com or KWVA.org, fill out and submit a registration form. We always select **"First come first served!"**
- Note: Registration Forms are also in the current issue of all "Graybeards."

For additional information email Jamie Wiedhahn at: jwiedhahn@miltours.com, phone: 703-590-1295

Welcome to WASHINGTON DC



Korean War Veterans Association Annual Meeting

July 24 – 28, 2019

Sheraton Pentagon City Hotel

900 South Orme Street

Arlington, VA 22204

For Reservations Please call 703-271-6603 (Hanna), Monday through Friday before 3:30PM or Derron Magee, 703-271-6636, Monday through Friday before 6:30PM.

Ask for the Group Rate: KOREAN WAR VETERAN – JULY 2019



- Complimentary shuttle to Reagan National Airport, Pentagon City Metro, and Fashion Centre Mall
- Hotel near the Pentagon, National Air Force Memorial and Arlington National Cemetery
- Room Rate is \$119.00 a night plus tax
- Annual Korean War Veterans Membership Meeting and Banquet
- Korean Armistice Day Ceremony at the National Korean War Veterans Memorial
- United States Army Twilight Tattoo and United States Marine Corps Evening Parade

Korean War Veterans Association Annual Meeting

Sheraton Pentagon City Hotel

Arlington, VA 22204

Agenda

Wednesday, July 24, 2019

- 9:00AM – 9:00PM Registration: Hotel Foyer
- 6:00PM – 8:30PM Twilight Tattoo ~ U.S. Army ~ Fort Myer, VA
- 8:00PM – 10:00PM Hospitality Room Open

Thursday, July 25, 2019

- 8:00AM - 5:00PM Registration/Information Desk Open
- 8:00AM – 12:00PM KWVA Board Meeting
- 10:00AM – 5:00PM Interviews: Korean War Veterans
- 1:00PM – 5:00PM Hospitality Room Open
- 6:30PM – 8:00pm Welcome Reception - Hotel

Friday, July 26, 2019

- 9:00AM - 5:00PM Registration/Information Desk Open
- 9:00AM – 12:00PM KWVA Annual Membership Meeting
- 1:00PM – 5:00PM Hospitality Room Open
- 5:30PM - 9:00PM U.S. Marines: 8th and I (Eye) Sunset Parade

Saturday, July 27, 2019

- 9:00AM - 4:00PM Information Desk Open
- 10:00AM – 11:00AM Armistice Commemoration-Korean War Memorial
- 11:30PM - 3:00PM "Reading the Names" – MOH Citations - KWVM
- 12:30 – 5:00PM Hospitality Room Open ~ Free Time
- 6:00 – 7:00PM KWVA Reception ~ Lobby of Ballroom
- 7:00 – 10:00PM KWVA Banquet ~ Hotel Ballroom

Sunday, July 28, 2019

- 8:00AM – 9:00AM Memorial Service/Buffer Brunch - Hotel

VETERANS CORNER: LEARN HOW TO DISPLAY THE FLAG



The next few months will see several patriotic holidays when you should display your American flag. The U.S. Flag Code has been changed over time and it can be confusing to know what is proper when displaying the American flag. To honor the death of an important person when your flag cannot be lowered to half-staff, display a black ribbon on the staff or pole. The ribbon is available through the American Legion. The American Legion has developed a Frequently Asked Questions (FAQ) site about flag etiquette: Visit Legion.org/flag/faq for more details.

MEMORIAL DAY

A Memorial Day commemoration ceremony at the Area Recreation Center will begin at 10:30 a.m. May 25 with the Normal and Bloomington American Legion posts 635 and 56 combined honor guard. Posting of the colors and the military flags, a rifle volley and playing of “taps” will be included. The public is invited and food will be served.

Also on May 25, East Lawn Memorial Gardens Cemetery is hosting a full military rites presentation by the combined honor guard. The presentation will include a horse-drawn hearse, rifle salute, taps and a bagpiper. Activities begin at 11:30 a.m. with brats and hot dogs. The presentation will start at 1:30 p.m.

Many events across Central Illinois recognize Memorial Day, which falls on May 27 this year. The parade in Bloomington steps off at 9 a.m. from Front and Lee streets and heads to Miller Park's bandstand, where the event concludes with the traditional rifle salute and the playing of “taps” performed by the combined honor guard. Following that, another ceremony is held at the Vietnam and Korean War monument at the northwest corner of Miller Park.

About noon, a full military rites ceremony will be at Evergreen Cemetery at the mausoleum.

Finally, at 2 p.m., a presentation of military rites by the honor guard will be conducted at the McLean County Nursing Home.

DID YOU KNOW?

Memorial Day, formerly known as Decoration Day, was enacted to honor troops who died in the Civil War. It was extended after World War I to honor all deceased veterans. The National Cemetery Administration, an arm of the U.S. Department of Veterans Affairs, maintains about 4.7 million graves at 136 national cemeteries and 33 soldiers' lots and monument sites in 40 states and Puerto Rico. The NCA will host ceremonies May 25-27 to commemorate fallen service members. VA is partnering with “Carry The Load” to honor fallen veterans along an 11,500-mile relay, visiting 26 national cemeteries. Follow the relay on Twitter and Facebook at #CarryTheLoad and #NoVeteranEverDies. The nonprofit group is dedicated to providing active, meaningful ways to honor and celebrate the sacrifices made by our nation's heroes; visit carrytheload.org. National cemeteries in Illinois include at the Danville, Illiana VA Medical Center; Camp Butler National Cemetery, Springfield; Quincy; Elwood; and the Rock Island Arsenal National Cemetery, Moline.



United States Military Holidays and Observances

The following shows various holidays, events and observances that are specific to the United States military, active duty personnel, veterans, reservists and military families (military spouse, military children).

January United States Military Holidays and Observances:

3rd Monday in

January: *Martin Luther King Jr.'s Birthday*

February United States Military Holidays and Observances:

February

19th: *Coast Guard Reserves Birthday*

February

20th: *President's Day*

March United States Military Holidays and Observances:

March 3rd: *Navy Reserves Birthday*

March 19th: *National Day of Honor*

March 30th: [Welcome Home Vietnam Veterans Day](#)

May United States Military Holidays and Observances:

Entire month of May:

[Month of the Military Child](#)

May 5th: *Gold Star*

Wives Day

May 14th: *Air*

Force Reserve Birthday

May 23rd: [Army](#)

[Reserves Birthday](#)

May United States Military Holidays and Observances:

Entire month of May: [National Military Appreciation Month](#)

May 8th: [V-E Day](#)

2nd Saturday through 3rd Sunday in May: [Armed Forces Week](#)

2nd Friday in May: [Military Spouse Day](#)

3rd Saturday in May: [Armed Forces Day](#)

May 22nd: [Maritime Day](#)

Last Monday in May: [Memorial Day](#)

June United States Military Holidays and Observances:

June 6th: [D-Day](#)

[Invasion Anniversary](#)

June 14th:

[U.S. Flag Day](#)

The

week that includes June 14th: *National Flag Week*

June 14th: [US Army Birthday](#)

June 23rd: [United States Coast Guard Auxiliary Birthday](#)

July United States Military Holidays and Observances: July 4th:

Independence Day (4th of July)

21st: [Department of Veterans Administration Created](#)

27th **National Korean War Veterans Armistice Day**

July 29th: [Anniversary of the Army Chaplain Corps](#)

July
July

August United States Military Holidays and Observances:

August 4th: [US Coast Guard \(USCG\) Birthday](#)

August 7th: [Purple Heart Day](#)

August 14th: **V-J Day**

August 14th: [National Spirit of '45 Day](#)

August 16th: [National Airborne Day](#)

August 29th: [Marine Corps Reserve Birthday](#)

September United States Military Holidays and Observances: September 11th:

[Patriot Day](#) (9/11 Remembrance Day)

[Constitution Day](#) (or **Citizenship Day**)

18th: [US Air Force \(USAF\) Birthday](#)

Friday in September: [National POW/MIA Recognition Day](#)

Last Sunday in September: **Gold Star Mother's Day**

September 17th:
September

3rd

October United States Military Holidays and Observances: October 13th: [US](#)

[Navy \(USN\) Birthday](#)

November United States Military Holidays and Observances: Entire

month of November: **National Military Family Month**

10th: [U.S. Marine Corps \(USMC\) Birthday](#)

November 11th: [Veteran's Day](#)

November

December United States Military Holidays and Observances: December 1st:

[Civil Air Patrol \(USAF Auxiliary\) Birthday](#)

7th: [Pearl Harbor Remembrance Day](#)

December 13th: **US National Guard Birthday**

December 14th: **National Wreaths Across America Day**

December

• **AUSTRALIAN REAR ADMIRAL NAMED DEPUTY COMMANDER OF UN COMMAND IN S. KOREA.**

Australian Rear Adm. Stuart Mayer has been named the new deputy commander of the U.S.-led United Nations Command in South Korea.

- **NEW SERGEANT MAJOR OF THE MARINE CORPS SELECTED:** Sgt. Maj. Troy E. Black has been selected to replace retiring Sgt. Maj. Ronald L. Green later this summer as the next Sergeant Major of the Marine Corps. Black now serves as the sergeant major of Manpower and Reserve Affairs. He enlisted in 1988 and has served as sergeant major of the Officer Candidates School, the 11th Marine Expeditionary Unit and 1st Marine Logistics Group. He also deployed for Operation Desert Storm/Desert Shield, Operation Iraqi Freedom and Operation Enduring Freedom.



SOCIAL SECURITY NEWS

Press Release

Monday, May 22, 2019
For Immediate Release

Mark Hinkle, Acting Press Officer
press.office@ssa.gov

NEWS RELEASE SOCIAL SECURITY

Social Security Combined Trust Funds Gain One Year Says Board of Trustees Disability Fund Shows Strong Improvement—Twenty Years

The Social Security Board of Trustees today released its annual report on the long-term financial status of the Social Security Trust Funds. The combined asset reserves of the Old-Age and Survivors Insurance and Disability Insurance (OASI and DI) Trust Funds are projected to become depleted in 2035, one year later than projected last year, with 80 percent of benefits payable at that time.

The OASI Trust Fund is projected to become depleted in 2034, the same as last year's estimate, with 77 percent of benefits payable at that time. The DI Trust Fund is estimated to become depleted in 2052, extended 20 years from last year's estimate of 2032, with 91 percent of benefits still payable.

In the 2019 Annual Report to Congress, the Trustees announced:

- The asset reserves of the combined OASI and DI Trust Funds increased by \$3 billion in 2018 to a total of \$2.895 trillion.
- The total annual cost of the program is projected to exceed total annual income, for the first time since 1982, in 2020 and remain higher throughout the 75-year projection period. As a result, asset reserves are expected to decline during 2020. Social Security's cost has exceeded its non-interest income since 2010.
- The year when the combined trust fund reserves are projected to become depleted, if Congress does not act before then, is 2035 – gaining one year from last year's projection. At that time, there would be sufficient income coming in to pay 80 percent of scheduled benefits.

“The Trustees recommend that lawmakers address the projected trust fund shortfalls in a timely way in order to phase in necessary changes gradually and give workers and beneficiaries time to adjust to them,” said Nancy A. Berryhill, Acting Commissioner of Social Security. “The large change in the reserve depletion date for the DI Fund is mainly due to continuing favorable trends in the disability program. Disability applications have been declining since 2010, and the number of disabled-worker beneficiaries receiving payments has been falling since 2014.”

Other highlights of the Trustees Report include:

- Total income, including interest, to the combined OASI and DI Trust Funds amounted to just over \$1 trillion in 2018. (\$885 billion from net payroll tax contributions, \$35 billion from taxation of benefits, and \$83 billion in interest)
- Total expenditures from the combined OASI and DI Trust Funds amounted to \$1 trillion in 2018.
- Social Security paid benefits of nearly \$989 billion in calendar year 2018. There were about 63 million beneficiaries at the end of the calendar year.
- The projected actuarial deficit over the 75-year long-range period is 2.78 percent of taxable payroll – lower than the 2.84 percent projected in last year's report.

- During 2018, an estimated 176 million people had earnings covered by Social Security and paid payroll taxes.
- The cost of \$6.7 billion to administer the Social Security program in 2018 was a very low 0.7 percent of total expenditures.
- The combined Trust Fund asset reserves earned interest at an effective annual rate of 2.9 percent in 2018.

The Board of Trustees usually comprises six members. Four serve by virtue of their positions with the federal government: Steven T. Mnuchin, Secretary of the Treasury and Managing Trustee; Nancy A. Berryhill, Acting Commissioner of Social Security; Alex M. Azar II, Secretary of Health and Human Services; and R. Alexander Acosta, Secretary of Labor. The two public trustee positions are currently vacant.

View the 2019 Trustees Report at www.socialsecurity.gov/OACT/TR/2019/.

Fact Sheet SOCIAL SECURITY

In 2019, about 64 million Americans will receive over one trillion dollars in Social Security benefits. Snapshot of a Month:

December 2018 Beneficiary Data

- o Retired workers 43.7 million \$64 billion \$1,461 average monthly benefit dependents 3.1 million \$2.3 billion
- o Disabled workers 8.5 million \$10.5 billion \$1,234 average monthly benefit dependents 1.6 million \$0.6 billion
- o Survivors 6 million \$7 billion Social Security is the major source of income for most of the elderly.
- o Nearly nine out of ten individuals age 65 and older receive Social Security benefits.
- o Social Security benefits represent about 33% of the income of the elderly. o Among elderly Social Security beneficiaries, 48% of married couples and 69% of unmarried persons receive 50% or more of their income from Social Security.
- o Among elderly Social Security beneficiaries, 21% of married couples and about 44% of unmarried persons rely on Social Security for 90% or more of their income. Social Security provides more than just retirement benefits.
- o Retired workers and their dependents account for 72% of total benefits paid.
- o Disabled workers and their dependents account for 13% of total benefits paid.

About 89 percent of workers age 21-64 in covered employment in 2017 and their families have protection in the event of a severe and prolonged disability.

Just over 1 in 4 of today's 20 year-olds will become disabled before reaching age 67.

68% of the private sector workforce has no long-term disability insurance.

- o Survivors of deceased workers account for about 15% of total benefits paid.

About one in nine of today's 20-year-olds will die before reaching age 67.

About 95% of persons aged 20-49 who worked in covered employment in 2017 have survivors insurance protection for their children under age 18 (and surviving spouses caring for children under age 16).

An estimated 175 million workers are covered under Social Security.

o 50% of the workforce in private industry has no private pension coverage.

o 36% of workers report that they and/or their spouse have not personally saved any money for retirement. – In 1940, the life expectancy of a 65-year-old was almost 14 years; today it is just over 20 years.

By 2035, the number of Americans 65 and older will increase from approximately 49 million today to over 79 million. There are currently 2.8 workers for each Social Security beneficiary. By 2035, there will be 2.2 covered workers for each beneficiary.

Armed Forces Retirement Home Now Accepting Applications

The Armed Forces Retirement Home (AFRH) – which offers affordable independent living to eligible veterans in its Washington, D.C., and Gulfport, Miss. locations, is now accepting applications for immediate residency. The 2019 the rate for independent living is 46.7% of the resident's gross monthly income or \$1,990.00, whichever is less. Veterans must be able to live independently upon admission to the AFRH.

This means being able to care for personal needs, attend a dining facility for meals, and keep all medical appointments. For those accepted into independent living, we also offer higher levels of care – including assisted living, long-term care, and memory support. 85% of our residents spent a career in the military, retiring honorably in the enlisted ranks following 20 or more years of service to our Nation. Military veterans from each service branch live at the Home. **The largest group represented served during the Korea and Vietnam eras.**

In Washington, DC, AFRH offers residents a scenic, wooded campus just minutes from downtown - home to museums, monuments, and a host of entertainment, sports and other cultural options. Amenities include a nine-hole golf course and driving range, walking paths, stocked fishing ponds, and modern recreation facilities.

In Gulfport, Miss. AFRH offers residents a beautiful view of the Gulf of Mexico, with an outdoor swimming pool, walking path to the beach, reflecting pool, art studio and modern media room. Many veterans choose to live at AFRH for the superior medical, dental and vision care offered, with amenities that include: private rooms with a shower, cable TV, three delicious daily meals prepared by licensed nutritionists in our modern dining facility, a wellness program and deluxe fitness center, movie theater, bowling center and hobby shops. Services include recreational activities and resident day trips, a full-service library, barber shop, 24 / 7 security, beauty salon, computer center, mailboxes, ATM, campus PX/BX and off-campus shuttle and public transportation.

17 Persons are eligible to become AFRH residents who:

Served as members of the Armed Forces, at least one-half of whose service was not active commissioned service (other than as a warrant officer or limited-duty officer)

The following categories will be considered. Veterans (male or female) who are:

- 60 years of age or over; and were discharged or released under honorable conditions with 20 or more years of active service. or
- Have a service-connected disability incurred in the line of duty in the Armed Forces. or
- Served in a war theater during a time of war declared by Congress or were eligible for hostile fire special pay and are suffering from injuries, disease or disability.

Those who served in a women's component of the Armed Forces before June 12, 1948 and are determined to be eligible for admission because of compelling personal circumstances will also be considered.

Married couples who meet eligibility requirements above are welcome, as are nonmilitary spouses of career-retired applicants.

Please call us for details! Veterans who have been convicted of a felony or are not free of drug, alcohol, or psychiatric problems are ineligible to become a resident.

For further information visit: <https://www.afrh.gov>

To request an application, visit: <https://www.afrh.gov/apply> Or contact the Office of Public Affairs at: admissions@afrh.gov or 1-800-422- 9988.

AFRH is fully accredited by The Joint Commission and the Commission on Continuing Care Retirement Communities.

• **WIDOW'S TAX LEGISLATION REACHES MILESTONE, MORE SUPPORT NEEDED:**

The House and Senate have demonstrated momentous support to end the demeaning Survivor Benefits Plan (SBP) and Dependency and Indemnity Compensation (DIC) Offset. H.R. 553, [the Military Surviving Spouses Equity Act](#), has reached the 290 cosponsor threshold which triggers full House consideration. On May 21 and 22, 2019, the VFW will join members of Congress, other veterans service organizations, and survivor organizations to storm Capitol Hill to urge immediate congressional action on the Widow's Tax. [Contact your members of Congress](#). *More than 65,000 surviving military spouses and dependents are unjustly penalized because their loved ones made the ultimate sacrifice for our country. America must honor military survivors, NOT tax them!*

VETERANS AFFAIRS NEWS



- **HOW TO REPORT THE DEATH OF A RETIRED SOLDIER:** Contact the Department of the Army Casualty and Mortuary Affairs Operations Center anytime by calling (800) 626-3317. You will be immediately referred to a local Casualty Assistance Center, who will report the death to the Defense Finance and Accounting Service to stop retired pay and initiate the survivor benefits process. When reporting the death, please provide as much of the information below as you have:

- Full name
- Next of kin information
- Social security number and/or service number
- Circumstances surrounding the death
- Retirement date
- Copy of the death certificate
- Retired rank
- Copy of the Statement of Service (Last DD Form 214)



- **LOCATIONS OF VETERANS ADMINISTRATION HOSPITALS AND MEDICAL CENTERS:**

If you are looking for a VA Hospital or Medical Center near you, please click on to the attached site and each hospital and medical center is located under the state you line on.

<https://www.va.gov/directory/guide/allstate.asp>

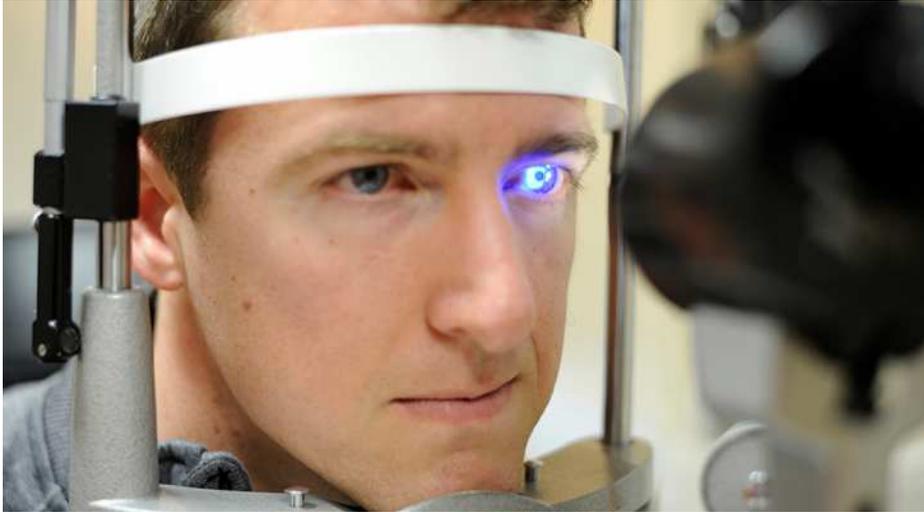
- **VA ON-LINE INFORMATION SITES:**

- The digital 2017 Benefits Book is here: https://www.va.gov/opa/publications/benefits_book.asp
- The Benefits Assistance Service (BAS) has a BAS also has a summary of VA benefits available here: https://www.benefits.va.gov/benefits/benefits_summary_materials.asp

- Veteran Data Pocket Card: Attached and at the following link: <https://www.va.gov/vetdata/docs/pocketcards/fy2018q1.pdf>
- VA Cemetery Factsheet on Weekend Burial: https://www.cem.va.gov/cem/docs/factsheets/NCA_Weekend_Burial_Program.pdf

• **GLAUCOMA? MEET VA DOCTOR WORKING TO IMPROVE VISION**

Dr. Mary Lynch receives Innovator Award for work that benefits Veterans



Many Veterans with glaucoma have benefited from the pioneering work of Dr. Mary Lynch of the [Atlanta VA medical center](#).

During her career, Lynch’s research has centered on innovative ways to deal with difficult problems in glaucoma.

(You may have to fire up your favorite search engine to understand...and appreciate...her remarkable achievements. There’s also a link to a video in this story which tells the story of her innovations...also in medical terminology...but very impressive!)

She wrote the first paper describing central nervous system side effects from beta-blocker eye drops. Her observations led her to work on the development of dropper tips that could produce smaller eye drops. This work has been incorporated into current dropper tip designs.

She also wrote the first paper describing the surgical treatment of pseudophakic malignant glaucoma: the creation of the unicameral eye that still is the basic principal of malignant glaucoma treatment.

Lynch also wrote the first paper describing the 360-degree suture trabeculotomy to treat congenital glaucoma. This option had a much higher success rate than other protocols and gave children a higher chance of achieving normal vision. The 360-degree trabeculotomy technique now has been expanded to include adults with glaucoma, including Veterans.



Dr. Mary Lynch

The American Glaucoma Society has named Lynch the 2019 recipient of the society’s prestigious Innovator Award. The award is given to one physician each year in recognition of his or her contributions to the field of glaucoma.

She is the first woman to receive this award.

In 1999, Lynch developed the EyePass in collaboration with her husband. The EyePass was the first trabecular bypass device for glaucoma and initiated a new category of glaucoma surgery: minimally invasive glaucoma surgery (MIGS). Last year, nearly 1500 Veterans received MIGS glaucoma surgery based on the pioneering work of Dr. Lynch.

As a physician with the Atlanta VA Medical Center, Lynch has a strong interest in improving eye care delivery and enhancing other aspects of life for aging Veterans who have poor vision.

Lynch is a professor of ophthalmology at Emory University School of Medicine/Emory Eye Center. She joined Emory and the Atlanta Veterans Affairs Medical Center in 1988.

“My husband, Reay Brown, and I were recruited to the Emory Eye Clinic in 1988 to run the glaucoma service,” Lynch says. “We were drawn to Emory’s rich tradition of clinical and bench research, the teaching opportunities afforded by Grady and VA, and the outstanding and collegial faculty.”

[This video](#) describes her distinguished career and achievements.

“Initially, I thought working at VA would be a temporary move and that I would return to Emory once the girls were grown,” Lynch says. “But VA proved to be a wonderful place to work with very grateful patients. Over time I was able to build up one of the largest sections in the hospital and expand the residency training program. I also became involved in national committees and was able to launch a number of innovative programs.”

She also established a foundation in memory of her daughter, Madeleine Jude Brown, who passed away in 2006. The [MJB Foundation](#) provides a four-year college scholarship to one or two high school students from Atlanta each year. As president of the foundation, Lynch has thus far mentored 12 students through their college journey.

The Emory Eye Center is [obviously very proud](#) of her honor.

Dr. Allen Beck, interim chair of ophthalmology and interim director of the Emory Eye Center:

“I will always remember her saying ‘We are making history!’ whenever we were performing circumferential trabeculotomy surgery. Congratulations to Mary for this outstanding award and her years of service to Emory and VA.”

- **FISCAL YEAR 2020 DEFENSE FUNDING BILL:**

On Tuesday, the House Appropriations Committee released their first draft of the 2020 defense funding bill. In total, the proposal would provide \$690.2 billion in new discretionary funds for the Department of Defense, an increase of \$15.8 billion above fiscal year 2019. Of that total number, \$622.1 billion would be allocated for base funding, an increase of \$15.6 billion above fiscal year 2019, and \$68.1 billion for Overseas Contingency Operations funding, an increase of \$165 million. Other provisions in the bill include a prohibition on transferring F-35s to Turkey and \$21.7 billion for 11 Navy ships. Additionally, it would provide funds for the advance procurement of the first Columbia-class submarine and three Virginia-class submarines. [Learn more about the fiscal year 2020 defense funding bill.](#)



HEALTH INFORMATION

OMEGA-3S: ARE THEY REALLY GOOD FOR YOUR HEART?

Omega-3 fatty acids are among the most popular dietary supplements on the market today. But their health benefits have been

controversial, mainly because of inconsistent research results. (Photo: ©iStock/BrianAJackson)

By Mike Richman

VA Research Communications

"It's not recommended that the general public use fish oil supplements, which haven't been shown to help prevent heart attacks or strokes. Consumption of fish should suffice."

Many studies have shown that eating fatty fish as part of a healthy, balanced diet keeps your heart strong and helps [lower the risk of heart disease](#), the leading cause of death in the United States. Fatty fish, such as salmon, mackerel, and tuna, are good sources for omega-3 fatty acids, which lower elevated levels of triglycerides, a major form of fat in the body. [Higher levels](#) of triglycerides in the blood can mean a greater risk of heart attack or stroke. The cardio and other reputed health benefits of omega-3s—which include [curbing stiffness and joint pain and preventing dementia](#)—have prompted millions of Americans to buy them as fish oil and algae supplements.

Omega-3 fatty acids are among the most popular dietary supplements on the market today. But the health benefits of these supplements have long been controversial, mainly because of inconsistent research results.

Are there prescription forms of omega-3s that are any better than the supplements available online and in stores?

The most common omega-3s that are prescribed to reduce the risk of heart disease are eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), both of which are in fish and fish oils, as well as alpha-linolenic acid (ALA), which is in certain nuts, seeds, and vegetables.

Dr. Salim Virani, a staff cardiologist at the Michael E. DeBakey VA Medical Center in Houston, hopes that omega-3s, especially those that are prescribed, can potentially produce major cardio benefits. He recently co-authored a review that summarized the findings and clinical implications from a series of omega-3 trials.

The [review](#) appeared online in the journal *Current Atherosclerosis Reports* in January 2019.

Virani and his colleagues devoted most of the review to a study on a fish oil that is available only by prescription: [icosapent ethyl](#). Researchers on the [REDUCE-IT](#) study found that icosapent ethyl, which is highly purified derivative of EPA, was tied to a lower risk of heart disease in patients with preexisting diabetes or cardiovascular disease, plus elevated triglyceride levels. The trial included more than 8,000 participants. During the five-year follow-up, 17 percent of the patients taking four grams a day of icosapent ethyl experienced a heart attack or stroke. Twenty-two percent of the patients on the placebo, which was mineral oil, had heart disease or stroke.

“Current data suggest that higher dosages of pure [EPA prescriptions] provide additional benefit” in the reduction of heart disease, Virani and his colleagues wrote. “Data from the randomized controlled trial REDUCE-IT, when viewed within the context of other trials, such as [JELIS](#), add to the growing body of evidence on the use of omega-3 fatty acid therapies in the treatment of [heart disease].

In his career, Virani has researched heart disease prevention through the use of lifestyle changes and treatments related to lipid disorders. The latter are high blood levels of triglycerides or LDL cholesterol, which is bad cholesterol, or both. Elevated concentrations of LDL can also lead to heart disease.

Virani, who is also an associate professor at the Baylor College of Medicine in Texas, discussed his work with *VA Research Currents*.

What should the general public know about consuming omega-3 fatty acids in a diet and via supplements for cardiovascular health?

Major guidelines from large academic societies, including the [American Heart Association](#) and the [American College of Cardiology](#), recommend a diet that includes vegetables, legumes, fruits, whole grains, and fish to reduce the risk of heart disease. Fatty fish, such as salmon and mackerel, are good sources of omega-3 fatty acids. As such, it's not recommended that the general public use fish oil supplements, which haven't been shown to help prevent heart attacks or strokes. Consumption of fish should suffice. The benefits from naturally produced omega-3s have been seen in patients with elevated triglycerides who were given prescription fish oil. We recommend that patients and the general public first consult with their health care providers to see if they are candidates for those therapies, rather than consume over-the-counter fish-oil tablets.

What is it about icosapent ethyl that makes it more effective in reducing heart disease than an over-the-counter supplement, and does it have major side effects?

Some scientists think that icosapent ethyl may have a special membrane stabilizing effect that other prescribed fish oils don't. Some people think that when you lower triglycerides with some other fish oils, LDL cholesterol levels may go up. But LDL cholesterol generally doesn't rise when you prescribe EPA, like the derivative used in the REDUCE-IT trial. Experts believe that that may be the reason, but it's not something that's proven. In terms of side effects, there was a small risk of increased bleeding among the patients in REDUCE-IT, as well as an increase in an irregular heartbeat called [atrial fibrillation, or AFib](#). But there was a much greater reduction in heart attacks and strokes, compared with an increase in these side effects.

Your review says, “Given the different formulations, dosages, and patient populations studied, cardiovascular outcome trials of omega-3 fatty acids have provided valuable insight into the use of these agents in cardioprotection.” What was the primary methodology for these studies?

The studies we reviewed were randomized controlled trials. Patients with a history of diabetes or cardiovascular diseases, such as heart attack or stroke, received prescription fish oil, compared with a placebo. The fish oil used was different in the trials. It's also important to note that in the more contemporary trials, such as REDUCE-IT and JELIS, these patients were already on other drugs—most importantly, statins—that are very important in reducing the risk of heart attack or stroke. The important message here is that in the right patient, omega-3 prescription fish oil may be helpful when taken, in addition to statin therapy. Patients should not think that omega-3s can replace their other cardiac medications. They should continue taking all other cardiac drugs, including statin therapy, even when they are prescribed a fish oil by their health care provider. If the medication needs to be adjusted, their health care provider will let them know.

Is there new information that helps resolve the debate over whether omega-3s indeed assist in heart function?

Most of the studies related to cardiac function have been small studies. Practice changing studies are generally large studies performed using a randomized trial design. For omega-3s, some of these large randomized trials have been completed, and some important ones are still ongoing. The ongoing trials will provide definitive evidence of which patients derive the most benefit from omega-3s and which types of omega-3s should be used. There is no current evidence to support widespread use of omega-3s by the general public for cardiovascular benefit.

Of the three main omega 3s—EPA, DHA, and ALA—which one stands out as having the greatest cardiovascular benefits, and will they be prescribed in greater number in the coming years?

They are all important. ALA is an essential fatty acid, so it must be consumed through dietary sources, mostly via nuts, vegetable oils, flax seeds, and leafy vegetables. EPA and DHA are largely derived from the diet, mainly from oily fish or fish oil supplements, although they can also be produced through ALA.

An increase in prescriptions in the coming years will depend on the results of an ongoing study called the [STRENGTH](#) trial. It's going to be as large as the REDUCE-IT study. Researchers on the STRENGTH trial are examining whether four grams daily of a lipid-controlling drug that contains both EPA and DHA reduces the risk of heart disease in statin-treated patients with high levels of triglycerides and low levels of HDL cholesterol, which is known as good cholesterol. The results for STRENGTH should be out in the next two to three years. If the results are positive, then the confidence doctors have in prescribing omega-3s will rise. If you have two studies that come back positive, that definitely improves your degree of certainty that a therapy will be beneficial. The cost of this is a big issue, as well. We discussed that in one of our other manuscripts that was just published in the journal [Circulation](#) of the American Heart Association. We provided the cost estimates in VA of prescribing the form of EPA used in the REDUCE-IT study to prevent heart disease or diabetes in patients with high levels of triglycerides.

- **VA AND PARTNERS HOPE APOLLO PROGRAM WILL BE LEAP FORWARD FOR PRECISION ONCOLOGY**



Clarence Massey (left) received treatment for his prostate cancer at the Brooklyn campus of the VA NY Harbor Healthcare System. He is seen here with radiation therapist Nader Girgis, who was part of his treatment team. (Photo by Mitch Mirkin)

Large-scale research effort involves VA, Department of Defense, National Cancer Institute

May 1, 2019

By Mitch Mirkin

VA Research Communications

As an Air Force mechanic in the 1960s, Clarence Massey worked on bombers and fighter jets in Vietnam. More than four decades later, in 2010, he became immersed in another battle. The resident of New York City's historic Harlem neighborhood underwent nine weeks of radiation therapy for prostate cancer.

The treatment itself wasn't too bad, he recalls, but the side effects hit him "like a ton of bricks," says Massey, now 72.

Massey's outcome was a good one. He gives credit to his VA doctors, but, he says, "Mostly I give credit to God. I'm blessed."

This computer-generated 3D model shows the structure of a protein encoded by tumor susceptibility gene 101. Mutations in this gene are common in breast cancer. (*Image via Wikipedia*)

In the years since Massey's bout with cancer, biomedicine has come a long way—especially when it comes to analyzing genes and proteins. VA and two federal partners—the Department of Defense and the National Cancer Institute—are looking to harness the power of this science through an effort dubbed APOLLO, in the spirit of the famous space mission that landed men on the moon. The research program is described in an [article now online](#) in the journal *Clinical Pharmacology & Therapeutics*.

The tri-agency project launched in 2016 under the federal [Cancer Moonshot](#), a broader effort likewise inspired by the space theme.

'Each patient is unique, each tumor is unique'

The full title of APOLLO sounds complex: Applied Proteogenomics Organizational Learning and Outcomes. But the overarching goal is simple: individualize cancer treatment. That's what "precision oncology" is all about. It's part of the personalized medicine movement. In cancer, the stakes are perhaps higher than with most other diseases.

The thinking is that lives will be saved—and plenty of nasty side effects spared—if doctors can target and kill tumors like smart bombs destroy enemy bunkers, using very specific information about the patients themselves, and about the cancers growing within them.

"Each patient is unique, and each tumor is unique."

"Each patient is unique, and each tumor is unique," explains [Dr. Craig Shriver](#), one of the architects of APOLLO. He directs the Murtha Cancer Center Research Program in the department of surgery at the Uniformed Services University of the Health Sciences, in Bethesda, Maryland.

APOLLO, he says, is a research project aimed at collecting and analyzing a wide array of data from cancer patients, analyzing it all with the help of sophisticated technology and scientists worldwide, and ultimately using the findings to determine the best precision treatment for a given patient. Importantly, the input will also include long-term outcomes of patients, and their responses to surveys as they progress through care.

The main beneficiaries in the short term will be Veterans and active duty troops, as cancer care at VA and military hospitals increasingly incorporates knowledge gained through APOLLO. But the knowledge will eventually filter into medical care at large, so cancer patients everywhere can see better treatment. Data-sharing resources developed by the National Cancer Institute or its partners will play a key role in that phase. These include the [Genomic Data Commons](#), the [Proteomic Data Commons](#), and [The Cancer Imaging Archive](#).

APOLLO capitalizes on the respective strengths of the three agencies in science and health care. NCI has cutting-edge expertise in the complex data-handling and analysis involved in proteogenomics, a relatively new field. DoD has a well-established pathology network for receiving and analyzing tissue samples—plus facilities for DNA and

RNA sequencing, and various platforms for analyzing proteins. VA offers clinical research expertise and infrastructure plus a large pool of patients with cancer.

APOLLO is starting operations at 10 military hospitals and one VA site (Palo Alto), with additional VA sites likely to be on board by late 2019. There is also one civilian hospital involved, Anne Arundel Medical Center in Maryland. Cancer patients at these facilities can agree to have their information—including molecular results from their tumors—added to the growing APOLLO research database. All information is coded, so patients are not personally identifiable to researchers. The enrollment target is 8,000 patients over five years.

Effort complemented by VA's Precision Oncology Program

The effort will work hand in hand with VA's Precision Oncology Program. Through POP, increasing numbers of VA patients with cancer are having their tumors genetically analyzed, so their physicians can prescribe more targeted therapies, or so they can be referred to appropriate clinical trials.

POP has its own research arm, called RePOP, supported by the Cooperative Studies Program within the VA Office of Research and Development, and run through the Boston CSP Center. RePOP is an active contributor to APOLLO. At a fall 2018 conference of the American Medical Informatics Association, a RePOP team described how they “successfully moved de-identified clinical, genetic, and imaging data for 113 consented [patients]” to the newly created Precision Oncology Data Repository within VA. From there, the data can be shared with other repositories, such as the Genomic Data Commons—created at the University of Chicago and supported by the National Cancer Institute—to support cancer research outside VA.

If there's an explosion right now in precision oncology research, it's inspired in part by the real-world advances that have already taken place. Genetics has a firm foothold in routine cancer care. For instance, a cancer drug called irinotecan is given in lower doses to patients with colorectal cancer who test positive for a certain gene variant. Their bodies make less of an enzyme that metabolizes the drug. One recent boost to the field came last year when the Centers for Medicare & Medicaid Services approved coverage of a new type of genomic testing for patients with advanced cancer, so they could be matched with targeted therapies based on their genes.

But the ambitious APOLLO project will go far beyond genes. For starters, there are proteins to consider. Hence the “proteogenomics” part of APOLLO's name.

Shriver, a cancer surgeon and researcher who is also a retired colonel from the Army Medical Corps and decorated combat Veteran, uses a military analogy to explain the link between genes and proteins, and what it means in cancer.

Protein malfunctions as the culprits in cancer

“If you go back to basic high school biology,” says Shriver, “there are three molecular components of life: DNA, RNA, and protein. DNA is the instruction manual. The proteins are the action officers, the troops. They're out there in the cell doing all the work. And they may or may not listen to the boss [the DNA, or genes].

“Then you have the RNA—they're the messengers, the troops sending the message from the DNA to the proteins. But again, the proteins don't have to listen.”

In other words, cancer involves not only mutations—or abnormal changes—at the gene level, but foul-ups by proteins.

If you imagine genetic analysis being complicated, try adding proteins into the picture. It's like going from arithmetic to calculus.

There are some 25,000 genes in the human genome, but among them they code for more than 1 million different proteins. Proteins start off as long chains of amino acids. Once they get their marching orders from DNA, via RNA, they need to fold into intricate 3D shapes—unique combinations of coils, fans, zigzags, tubes—that enable them to carry out precise jobs within the cell. All the while, they undergo any number of chemical changes. The process is delicate and prone to error. “Proteins are finicky,” in Shriver’s words. When things go wrong, cancer, or other diseases, can result.

If APOLLO’s overall design is complex, sorting out what’s going on at the protein level is especially so. The task demands rigorous and consistent methods across all sites, and at all points in a patient’s care. For example, if a Veteran in APOLLO gets a biopsy, there are time constraints that don’t apply in routine cancer care.

“It’s a high-end bio-banking effort because these proteomics platforms require very meticulously acquired samples, beyond standard pathology practice,” says Shriver. “You just can’t walk into a VA which may have a great pathology team and say, hey, start doing this, because now you’ve got to worry about getting these samples within 30 minutes from the OR. They’ve got to be handled differently at the bench. The clinical diagnosis always takes priority and comes first, of course, but then the pathologists have to be comfortable with our expectation that any remaining, unused tissue from consenting patients be processed for research, including APOLLO.”

Looking at tumor biophysics

Genomic and proteomic findings are among hundreds of data points that will go into the APOLLO information base for each patient (see sidebar). Aside from an array of more conventional data—like patient demographics, radiology reports, and drug prescriptions—APOLLO will delve into “things that have never been looked at before” on a large scale, says Shriver.

One example is tumor biophysics. How does a tumor—a mass of cancer cells—behave from a biomechanical standpoint? What factors govern how those cells migrate from one body tissue to another—for example, from breast to bone?

That area is of special interest to Dr. Jerry S.H. Lee, one of APOLLO’s leaders and a chemical engineer by training.

He talks about how different body tissues have different “squishiness.” Cancer cells can move about more fluidly in one type versus another. When a cell exits a solid tumor and enters the blood circulation, it’s like “running onto 495 (the Capital Beltway)—although probably not during rush hour,” he says.

“Why and how does it do that? How much of that is a protein, and how much is destined by genes? How does the cell know, hey, this is my stop?”

Lee hopes APOLLO will unearth answers to these and other questions on the frontiers of cancer science. And he expects that one day, cancers will be classified not by where in the body they take root, but by their unique genetic and overall biochemical signatures. And drugs will be developed and marketed accordingly. “It won’t be, here’s a lung cancer drug, here’s a prostate cancer drug. But rather, here’s a drug that targets this molecular signature,” says Lee.

He points to two recent FDA approvals for drugs targeting genetic biomarkers as evidence of the practicality of this vision. Regarding its 2017 approval for Keytruda, the FDA said it was the first time the agency had “approved

a cancer treatment based on a common biomarker rather than the location in the body where the tumor originated.” The second such approval came in 2018, for a drug sold as Vitrakvi. The FDA commented at that time on the emerging trend toward cancer drugs that are “tissue agnostic,” meaning they work regardless of where in the body the cancer exists, as long as a certain biochemical pathway is involved.

APOLLO to apply lessons from Cancer Genome Atlas

Lee, today an associate professor at the University of Southern California and a member of VA’s National Research Advisory Council, previously served more than a decade at NCI, where he helped shape The Cancer Genome Atlas and the Clinical Proteomics Tumor Analysis Consortium. He says lessons learned during those projects will be used to avoid pitfalls in APOLLO.

For example, he says not enough attention was paid to ensuring clean data from the outset. There was too much noise that had to be filtered out later on, through great effort on the part of the Genomic Data Commons. There were often “batch effects”—variations among genetic samples due to differing conditions between one lab or technician and another. Lee was lead author on an August 2018 commentary in the journal *Cell* that discussed lessons learned from past work and presented best practices for “data harmonization.”

Another obstacle was that computer networking technology was simply not robust enough yet to keep up with the fast pace of the research.

Lee: “At one point in the middle of the program—and this is 2011 and 2012—we were actually FedExing terabyte drives from site to site because that was faster than the bandwidth we had at that time to upload and download the datasets.”

Shriver was also involved in The Cancer Genome Atlas. Like Lee, he learned firsthand about the need to establish optimal data curation from the outset. There’s a different mindset now, he says, among those in the forefront of cancer informatics.

“Our goal in APOLLO is to make sure the data are pristine,” he says.

Another edge of APOLLO over the earlier project is that it will include longitudinal data from patients—for example, pathology samples, radiology images, or other clinical data gathered several times over the course of the illness—rather than data collected only at a single time.

As the repository grows, in all its complexity—multiple layers of molecular results for each patients, plus a plethora of clinical and demographic data—Shriver anticipates that robots and artificial intelligence will play a role in sorting it all out. As of last summer, such technology, through a public-private partnership, had already helped pinpoint the right genetics-based treatment for more than 2,700 Veteran cancer patients.

Vietnam Veteran Clarence Massey is thankful his battle with cancer is long behind him. For others in his cohort who are destined to face a similar challenge, APOLLO and its deep dive into the science of cancer may mean better treatment, and added years of life. For younger men and women—those who served in the most recent deployments, and those yet to enlist—it’s an even stronger bet that APOLLO will yield a payoff, should they face cancer in their lifetime.

In fact, Shriver is optimistic that APOLLO will have real-world impact relatively soon. Asked when APOLLO will produce tangible results to guide the care of Vets or soldiers with cancer, Shriver replies, “It’s too early now. But talk to us in about a year.”

APOLLO team sets ambitious goals for data-gathering

While genes and proteins are the focus of APOLLO, the project is gathering a far greater array of information. The picture for each cancer patient will be something akin to a 1,000-piece jigsaw puzzle. An [article](#) in *Clinical Pharmacology & Therapeutics* lists at least 10 categories of data to be collected for each participant. Each category of data has numerous subcategories within it, and each of those might be collected at multiple time points during the course of a patient's illness. The APOLLO team say the scope of the data-gathering is largely unprecedented in cancer research. Here's a rundown:

- **Baseline data**, to include demographics and a basic health history and profile.
- **Surgical treatment**, to include facts like tumor size and procedural details.
- **Pathology findings**
- **Molecular data**, analyzing DNA, RNA, and proteins across multiple platforms.
- **Clinical imaging**
- **Drug therapies**
- **Radiation therapies**
- **Outcome assessments**, for both living and deceased patients.
- **Epidemiologic data**, to include reports on lifestyle and past military deployments.
- **Patient-reported outcomes**, to include standardized measures of quality of life, mental health, and other factors.

• **SENATE CONFIRMATION HEARING FOR DEPUTY SECRETARY OF VETERANS AFFAIRS:**

The Senate Committee on Veterans' Affairs held a hearing to discuss the nomination of James M. Byrne to be Deputy Secretary of Veterans Affairs. Byrne has more than 20 years of public service experience, including service as a deployed Marine infantry officer and a U.S. Department of Justice international narcotics prosecutor. Committee members questioned the nominee on VA's plans to implement the VA MISSION Act, VA's plan to provide benefits to Blue Water Navy veterans, and VA's suicide prevention efforts.

NEWS PERTAINING TO THE KOREAN PENINSULAR



• BOLTON: TRUMP WANTS SOLO, NOT MULTI-PARTY TALKS WITH NORTH KOREA

By: *The Associated Press*



Secretary of State Mike Pompeo, center, flanked by national security adviser John Bolton, left, and White House press secretary Sarah Sanders, right, listen during the meeting between President Donald Trump and Japanese Prime Minister Shinzo Abe in the Oval Office of the White House in Washington, Friday, April 26, 2019. Susan Walsh/AP)

WASHINGTON — The U.S. has little interest in joining other countries in a multi-nation effort to get North Korea to give up its nuclear weapons, [President Donald Trump](#)'s national security adviser said Sunday.

The United States is not trying to exclude other nations from nuclear talks with Pyongyang, John Bolton told "Fox News Sunday," but "I think it's not what our preference is."

"I think Kim Jong Un, at least up until now, has wanted the one-on-one contact with the United States, which is what he has gotten," Bolton said, adding that Trump is open to possibility of a third summit with Kim.

Following their talks in Russia on Thursday, President Vladimir Putin suggested the revival of a multilateral approach to the denuclearization negotiations, which have failed in the past. Putin said Kim is willing to give up nuclear weapons, but only if he gets ironclad security guarantees supported by a multinational agreement.

The U.S., North Korea, China, South Korea, Russia and Japan began so-called six-party negotiations in August 2003. North Korea accepted a deal in September 2005 to end its nuclear weapons program in exchange for security, economic and energy benefits. But disagreements between Washington and Pyongyang over financial sanctions imposed on the North temporarily derailed the six-nation talks before North Korea conducted its first nuclear test in October 2006.

The disarmament talks resumed a few weeks later and the six governments reached a deal in February 2007 where North Korea would receive an aid package worth about \$400 million in return for disabling its nuclear facilities

and allowing international inspectors to verify the process. A final attempt to complete an agreement to fully dismantle North Korea's nuclear program fell through in December 2008 when the North refused to accept U.S.-proposed verification methods.

Trump's two high-profile meetings with Kim — first in Singapore and then in late February in Hanoi — have yielded no denuclearization roadmap. In Russia, Kim strongly criticized Washington for taking a "unilateral attitude in bad faith" in Hanoi that he said caused the diplomatic standstill, North Korea's state-run Korean Central News Agency said Friday.

Bolton said Trump is still looking at the possibility of a third summit with Kim.

"He feels pretty strongly about it," Bolton said. "He's said repeatedly he thinks he has a good relationship with Kim Jong Un and the six-party approach failed in the past."

Bolton also said Trump also does not favor Kim's desire for a step-by-step approach to denuclearization where North Korea would get some sanctions relief in exchange for taking steps toward denuclearization.

"I think if you look at the past policies, the answer to that is no," Bolton said. "The past policies that have tried a step-by-step approach have all failed. Kim or his father have gotten economic relief and then somehow have never gotten around to that commitment to denuclearize."

NORTH KOREAN LAUNCH SHOWED POTENTIAL TO REACH CAMP HUMPHREYS, EXPERTS SAY



North Korean leader Kim Jong Un observed a live-fire drill Saturday in the east coast town of Wonsan.

By [KIM GAMEL](#) | STARS AND STRIPES Published: May 8, 2019

SEOUL, South Korea — Did North Korea test a short-range ballistic missile over the weekend?

Experts say it's clear the answer is yes, despite South Korea's refusal to confirm any more than the firing of "several short-range projectiles" including a "new type of tactical guided weapon."

The defense ministry in Seoul has expressed concern about Saturday's launch and urged Pyongyang to halt acts that escalate military tensions on the divided peninsula.

But military authorities played down the possibility that it was a short-range ballistic missile, despite North Korean photographs and a lucky image captured by a San Francisco-based commercial satellite company that experts say clearly show it was.

“Technically all missiles are projectiles, but this absolutely was a short-range ballistic missile,” said Jeffrey Lewis, director of the East Asia Nonproliferation Program at the Middlebury Institute in Monterey, Calif.

North Korea insisted Wednesday that it was a “routine and self-defensive military drill” aimed at checking the operating ability of the weapons, according to the state-run news agency.

Camp Humphreys in range

Lewis said preliminary modeling showed the missile was about 3 feet in diameter with a range of up to 280 miles, which could give it the potential to carry a 1,100-pound warhead to the main U.S. military base in South Korea, although that capability has not been confirmed.

“We don’t have a lot of performance data about it,” he said Wednesday in a telephone interview. “But if the missile performs like a missile of that size and shape should, it is capable of putting a nuclear weapon on Camp Humphreys from North Korea.”

Some 28,500 U.S. servicemembers are stationed in the South, which remains technically at war with the North after their 1950-53 conflict ended in an armistice instead of a peace treaty.



North Korean leader Kim Jong Un smiles in a photo released by the Korean Central News Agency, Wednesday, April 17, 2019.

The semantics matter because a ballistic missile of any size would violate U.N. Security Council resolutions, which ban the technology and include economic sanctions aimed at halting the North’s nuclear weapons program.

The firing of a short-range missile would not, however, violate a self-imposed moratorium in which North Korean leader Kim Jong Un promised not to conduct nuclear or long-range missile tests as part of disarmament talks.

The North Koreans also fired 240 mm and 300 mm multiple rocket launchers into the sea on Saturday, officials said. The North’s Korean Central News Agency reported the same.

But weapons tests often are designed to deliver a political message as well, and Saturday’s launch was seen as a warning that the North’s patience is wearing thin amid stalled nuclear talks with the United States.

Seoul has been caught in the middle between its longtime ally the United States and its desire to maintain the calm that has come with a diplomatic offensive after a series of North Korean nuclear and missile tests in 2016-17 raised fears of a new war.

South Korea’s defense ministry told the National Assembly on Tuesday that it did not see the launch as provocative and there was a high possibility the projectiles weren’t missiles based on flying distances, the Yonhap News Agency quoted a lawmaker as saying.

Diplomatic concerns

The South Koreans are likely “just trying to preserve this notion that North Korea has not been overly provocative,” said Michael Elleman, director of non-proliferation and nuclear policy at the Washington, D.C.-based International Institute for Strategic Studies.

“I think that’s a false argument and I also worry that if this particular system has the characteristics of the Iskander it presents some real strategic challenges that will test missile defenses,” he added.

He and others said the missile appeared to be similar to a Russian model known as an Iskander and was likely in early developmental stages.

RELATED ARTICLES



[North Korean live-fire drills raise pressure on US over stalled nuclear talks](#)



[North Korea fires projectiles into sea in new challenge for US](#)

“I suspect that it was either an Iskander or a clone of the Iskander that the North Koreans have somehow built,” he said. “But the fact that they haven’t really tested it and there’s no other development activity associated with this particular missile, it wouldn’t be very accurate yet.”

The satellite image captured by Planet Labs showed a thick, smoky plume of exhaust at 10:54 a.m. Saturday coming from the Hodo peninsula, which is near the east coast city of Wonsan.

Photos released by the North Koreans also showed a single missile being fired from a truck as Kim looked on through binoculars.

“It’s pretty hard to fake the contrail in the satellite imagery,” said Melissa Hanham, a nonproliferation expert at the One Earth Future Foundation’s Datayo Project.

The U.S. administration also played down the threat, with President Donald Trump tweeting that Kim “knows that I am with him & does not want to break his promise to me. Deal will happen!”

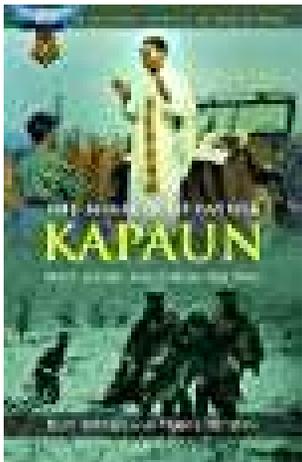
Secretary of State Mike Pompeo later noted the launch did not cross any international boundaries.

“They landed in the water east of North Korea and didn’t present a threat to the United States or to South Korea or Japan,” he said Sunday on ABC’s “This Week” program. “And we know that they were relatively short-range.”

Lewis said the U.S. administration’s response likely would be seen in Pyongyang as a green light to conduct similar, low-level tests.

“There’s not going to be any consequence for this so I would presume that if you were Kim and you felt that you had a particular need to test these systems, then you kind of have a permission slip to do it,” he added.

This Month's Book Review



The Miracle of Father Kapaun: Priest, Soldier and Korean War Hero

Emil Kapaun-priest, soldier and Korean War hero-is a rare man. He has been awarded the Medal of Honor, the nation's highest military award, and is also being considered by the Vatican for canonization as a saint.

As remarkable as this double honor are the non-Catholic witnesses who attest to Father Kapaun's heroism: the Protestants, Jews and Muslims who either served with the military chaplain in the thick of battle or endured with him the unbelievably brutal conditions of a prisoner of war camp. As

journalists Roy Wenzl and Travis Heying discovered, all of these Korean War veterans, no matter their religion, agree that Father Kapaun did more to save lives and maintain morale than any other man they know.

Then there are the alleged miracles-the recent healings attributed to Father Kapaun's intercession that defy scientific explanation. Under investigation by the Vatican as a necessary step in the process of canonization, these cures witnessed by non-Catholic doctors are also covered in this book.

In tracking down the story of Father Kapaun for the Wichita Eagle, Wenzl and Heying uncovered a paradox. Kapaun's ordinary background as the son of Czech immigrant farmers in Kansas sowed the seeds of his greatness. His faith, generosity and grit began with his family's humility, thrift and hard work. **Lavishly Illustrated with 32 pages of Photos.**

"The Father Kapaun story has long been in need of more widespread knowledge. It is a priestly life of service and dignity. The record of military chaplains is a special category in the service of God and the men who fight, even a service to their enemies, as is the witness of Father Kapaun's death in a prison camp reminds us."

- **James V. Schall, S.J.**, Georgetown University

"Father Emil Kapaun was a modern American priest-hero whose unique and inspiring story should be known to every Catholic."

- **James Hitchcock**, Author, *History of the Catholic Church*

KOREAN WAR VETERANS MEMORIAL WALL OF REMEMBRANCE

Help us commemorate those who served and sacrificed.

To make a contribution, please visit:



WWW.KOREANWARVETSMEMORIAL.ORG

The Korean War Veterans Memorial Foundation, Inc. is a non-profit, tax exempt foundation chartered in the District of Columbia as a 501C3 Foundation.

Donations made to the Foundation are justified as a tax deduction by the donor

• **KOREAN WAR VETERANS MEMORIAL WALL OF REMEMBRANCE**

Are you aware that the Korean War Veterans Memorial Foundation (a non-profit Foundation chartered in the District of Columbia) is seeking funding to place the names of the 36,574 fallen veterans on a Wall of Remembrance (WOR) to be added to the National Korean War Veterans Memorial in our Nation's Capital, so as to honor all who gave their all during that War? That Wall of Remembrance will finally give credence to the Memorial's theme that "Freedom is not Free." Just as Huntsville honors its veterans from every war, so will the Foundation honor our nation's veterans fallen in battle during the Korean War.

Someone once said that "our nation owes a debt to its fallen heroes that we can never fully repay, but we can honor their sacrifice" and that the Foundation seeks to do. It was just last December when the Foundation's efforts to shepherd legislation through numerous Congresses finally succeeded in having the legislation signed into law (Public Law 114-230) to build that Wall - using solely private, tax-deductible, funding. If you are

interested in writing another or follow up story on particularly the Korean War Veterans to let your community know of the Foundation's efforts, please get back in touch with me.



DPAA News



- **MESSAGE FROM DIRECTOR, DEFENSE POW/MIA ACCOUNTING AGENCY**

With the DPRK having had no communications with the U.S. since the Hanoi Summit, DPAA's ability to meet with the North Korean Army (KPA) to arrange, or even discuss, recovery operations with them has been further hindered. A very disappointing outcome (on several levels) is that we have reached the point where we can no longer effectively plan, coordinate, and conduct field operations in the DPRK this fiscal year (FY).

We are taking a tactical pause and in a couple months, assuming Secretary Pompeo continues to allow for the remains issue to be on a separate track, we'll assess optimal steps/timing to reengage the KPA so as to plan for potentially a full field schedule in FY20.

I would like to recognize and thank you all for the key role you played in ensuring this critical issue has been prominently included in the Administration's engagements with the DPRK, as well as communicating DPRK operations' funding requirements to the Congress.

Best regards,
Kelly McKeague

Director, Defense POW/MIA Accounting Agency

VA: (703) 699-1101

HI: (808) 448-4500 (x-3005)

Fulfilling Our Nation's Promise

- **DPAA ANNUAL MEETINGS**

The Defense POW/MIA Accounting Agency (DPAA) conducts periodic updates and annual government briefings for families of American servicemembers who are missing in action (MIA). These events are designed to keep family members informed of the U.S. government's worldwide mission to account for those still missing and to discuss in detail the latest information available about their specific cases.

At the annual and monthly update meetings, speakers include senior officials, experts, and scientists who work in the wide range of tasks associated with the POW/MIA mission. During the meetings, there are formal

presentations, question and answer sessions, and one-one-one discussions between government officials and family members.

DoD has conducted these update programs since 1995, reaching more than 17,000 family members face-to-face.

Family Updates: Up to eight times a year, government officials meet with MIA family members who live within a 350-mile radius of major metropolitan areas across the country. These meetings are designed to address the individual needs of the family members while bringing information to their communities. Government officials also meet one-on-one with family members to discuss the details of each of their cases. About 150-200 family members and 30 government officials attend each meeting.

Annual Briefings: Two briefings are held annually in the Washington, D.C. area. One is for Vietnam War families and the other is for **Korean and Cold War families**. The location of these events makes it possible for senior government officials to attend and for families to access Washington-based offices related to POW/MIA matters. At these briefings, family members have the opportunity to meet with numerous civilian and military specialists of the government whose expertise includes: foreign government negotiation, formulation of national policy, remains recovery and identification, DNA science, archival research and intelligence analysis.

2019 Family Update Schedule*	
Date	Location
January 26	Birmingham, AL
March 23	San Jose, CA
March 23	San Antonio, TX
May 27	Salt Lake City, UT
May 18	Omaha, NE
June 19-22	Washington, D.C.**
August 01-02	Washington, D.C.***
September 07	Dayton, OH

2020 Family Update Schedule*	
Date	Location
November 16	San Juan, PR
January 25	Las Vegas, NV
March 22	Portland, OR
March 21	Miami, FL
May 18	Little Rock, AR
May 16	Chicago, IL
June 17-20	Washington, D.C.**
August 6-7	Washington, D.C.***
September 12	Colorado Springs, CO

* Family Member Updates are tentative and subject to change

*** The Korean and Cold War Annual Government Briefings

[REGISTER NOW](#)

The Family Updates are tailored to meet the needs of attendees representing losses from all conflicts.

Please register early so that analysts may prepare to discuss your specific cases.

- [Hotel Information](#)
- [Casualty Office Contacts](#)
- [Sample Agenda](#)

• **PENTAGON SUSPENDS EFFORTS TO RECOVER TROOP REMAINS FROM NORTH KOREA**

The Pentagon has suspended talks with North Korea [about recovering more remains](#) of missing American soldiers from the Korean War — one of the key pledges to come out of the first summit between President Trump and North Korean leader Kim Jong Un in Singapore last June. More than 7,800 Americans remain unaccounted from the war and the remains of more than 5,000 Americans are believed to be located in North Korea, according to officials.

• **NORTH KOREA DRAGGING FEET ON PLEDGE TO TURN OVER AMERICAN REMAINS**

Chuck Prichard, a spokesman for the Defense POW/MIA Accounting Agency, confirmed the suspension in an emailed statement to Fox News.

“[North Korean] officials have not communicated with DPAA since the Hanoi Summit,” Prichard said. “As a result, our efforts to communicate with the Korean People's Army regarding the possible resumption of joint

recovery operations for 2019 has been suspended. We have reached the point where we can no longer effectively plan, coordinate, and conduct field operations in [North Korea] during this fiscal year, which ends on September 30, 2019.” Prichard said they “are assessing possible next steps in resuming communications with the KPA to plan for potential joint recovery operations to be scheduled during Fiscal Year 2020. “Reuters was first to report the suspension. [Fox News first reported](#) in February the freeze in discussions with North Korea as Pentagon officials accused the regime of dragging their feet after only one delivery of remains more than six months ago.

Last summer, in line with the Trump-Kim summit in June, the North turned over 55 boxes of what it said were the remains of an undetermined number of U.S service members killed in the North during the 1950-53 war. Thus far, three American service members have been identified from those remains.

Since then, the Trump administration has made no discernable progress toward a deal on eliminating the North's nuclear weapons. Although the remains recovery effort is technically separate from the nuclear talks, it appears to have become entangled in the broader disagreement between Washington and Pyongyang over nuclear weapons and other efforts to improve relations.

“We would be delighted if we could get more remains turned over to us,” Dr. John Byrd said in an interview with Fox News earlier this year.

The Trump administration has previously touted the recovery of remains as an accomplishment of the summit.

“We’re not seeing missiles being tested and flying over other countries. The remains are coming home,” White House Press Secretary Sarah Sanders said in February on “Fox & Friends.”

MIA UPDATE: This week, the Defense POW/MIA Accounting Agency announced new identifications. Returning home with full military honors are:

Army Pfc. Herschel M. Riggs, killed during the Korean War, was accounted for on March 21, 2019.

(Official DoD release will be updated following Primary Next of Kin briefing.)

In July 1950, Riggs was an infantryman with Headquarters Company, 19th Infantry Regiment, 24th Infantry Division, involved in combat actions against North Korean forces near Taejon, South Korea. Riggs was declared missing in action on July 16, 1950, when he could not be accounted for by his unit. Following numerous battlefield searches, the American Graves Registration Service was unable to locate Riggs' remains and he was declared deceased on July 31, 1953.

DPAA is grateful to the Department of Veterans Affairs for their partnership in this mission.

Army Sgt. 1st Class Elden C. Justus, killed during the Korean War, was accounted for on April 16, 2019.

(Official DoD release will be updated following Primary Next of Kin briefing.)

In late November 1950, Justus was a member of Headquarters Battery, 57th Field Artillery Battalion, 7th Infantry Division. Approximately 2,500 U.S. and 700 South Korean soldiers assembled into the 31st Regimental Combat Team (RCT), which was deployed east of the Chosin Reservoir, North Korea, when it was engaged by overwhelming numbers of Chinese forces. By December 6, the U.S. Army evacuated approximately 1,500 wounded service members; the remaining soldiers had been either captured or killed in enemy territory. When Justus could not be accounted for by his unit at the end of the battle; he was reported missing in action as of Dec. 6, 1950.

For more information about DPAA, visit www.dpaa.mil, find us on social media at www.facebook.com/dodpaa, or call 703-699-1420/1169.

Army Pfc. Sterling Geary, Jr., killed during the Korean War, was accounted for on April 8, 2019.

(Official DoD release will be updated following Primary Next of Kin briefing.)

In November 1950, Geary was a member of Company B, 1st Battalion, 35th Infantry Regiment, 25th Infantry Division, which was engaged in battle with the Chinese People's Volunteer Forces in North Korea. He was declared missing in action on Nov. 27, 1950 when he could not be accounted for by his unit following fighting at Hill 234, and Tong-dong Village, North Korea.

Army Cpl. Charles S. Lawler, killed during the Korean War, was accounted for on May 13, 2019.

(Official DoD release will be updated following Primary Next of Kin briefing.)

In early November 1950, Lawler was a member of Company M, 3rd Battalion, 8th Cavalry Regiment, 1st Cavalry

Division, engaged against enemy forces near Unsan, North Korea. He was reported missing in action on Nov. 2,

1950, when he could not be accounted for by his unit.

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or call 703-699-1420/1169.

DIRECTORIES

U.S. Department of Veterans Affairs

VA Regional Office (Benefits)	800.827.1000	VA.gov
Office of the Secretary	202.273.4800	VA.gov
Office of the Inspector General	202.461.4702	https://www.va.gov/oig
Office of the National Cemetery System	202.461.6240	www.cem.va.gov
Arlington National Cemetery	703.607.8585	www.arlingtoncemetery.mil
Board of Veterans Appeals	202.565.5436	www.bva.va.gov
Central Office (Main Switchboard)	202.273.5400	
Funeral Arrangements & Eligibility	703.607.8585	www.cem.va.gov
Government Life Insurance	800.669.8477	www.insurance.va.gov
Personal Locator	202.273.4950	

Other Veteran Government Agencies

Department of Defense	703.545.6700	https://www.defense.gov
Veterans Employment & Training Office	202.693.4700	https://www.dol.gov/vets
Small Business Administration (VA)	202.205.6600	https://www.sba.gov

Congressional Committees

Senate Committee on Veterans Affairs	202.224.9126	www.veterans.senate.gov
House Committee on Veterans Affairs	202.225.3527	https://veterans.house.gov
Congressional Rural Health Care Coalition	202.225.6600	www.ruralhealthinfo.org

Other Veteran Related Offices and Agencies

U.S. Court of Appeals for Veterans Claims	202.418.3453	uscourts.cavc.gov
Questions on specific Cases	202.501.5970	
National Organization for Vets Advocates (Attorneys)	877.483.8238	https://vetadvocates.org
USO	888.484.3876	https://www.uso.org

POW/MIA

Department of Defense, POW/MIA Affairs	703.699.1169	http://www.dpaa.mil/
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Incarcerated Veteran

Federal Bureau of Prisons	202.307.3198	https://www.bop.gov
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PTSD (Post Traumatic Stress Disorder)

VA Readjustment Counseling Service	202.273.8967	www.benefits.gov/benefits/benefit-details/317
VA PTSD Information	802.296.6300	www.ptsd.va.gov
VA PTSD Help – In Crisis – Suicide Prevention	800.273.8255	www.veteranscrisisline.net
National Center for PTSD – Behavioral Science Division	857.364.4172	www.ptsd.va.gov/PTSD/about/divisions

Locator and Reunion Services

Army Worldwide Locator	866.771.6357	hqdainet.army.mil/mpsa/per_locator.htm
Navy Times Locator Services	901.874.3388	https://www.navytimes.com
Personnel Locator	800.333.4636	

Archives

Air Force Support Office	202.404.2264	www.afhistory.af.mil
Marine Corps Historical Office	703.432.4877	guides.grc.usmcu.edu/archives
National Archives – Military Records	866.272.6272	www.archives.gov/research/military
Naval Historical Center (Operations Archives)	202.433.3170	www.history.navy.mil
United States Army Center of Military History	866.272.6272	www.history.army.mil

Women Veterans

Women in Military Service-America Memorial Foundation	703.533.1155	www.womensmemorial.org
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Arlington National Cemetery: (877) 907-8585
<http://www.arlingtoncemetery.mil>

Armed Forces Retirement Home: (800) 422-9988; <http://www.afrh.gov>

Army & Air Force Exchange Service: www.shopmyexchange.com **Army**

Echoes: <http://soldierforlife.army.mil/retirement/echoes>
 Editor's e-mail address: ArmyEchoes@mail.mil

Army Echoes Blog: <http://soldierforlife.army.mil/retirement/blog>

Army Emergency Relief: (866) 878-6378; <http://www.aerhq.org>

Army Facebook: <https://www.facebook.com/USArmy>

Army Flickr: <http://www.flickr.com/photos/soldiersmediacenter/>

Army Homepage: <http://www.army.mil>

Army Live Blog: <http://armylive.dodlive.mil/>

Army mobile phone apps: <http://www.army.mil/mobile/>

Army Retirement Services: <http://soldierforlife.army.mil/retirement>

Army Stand To!: <http://www.army.mil/standto/>

Army Lodging Program: (877) 711-8326; <http://www.pal.army.mil>
 Reservations: <http://www.ihgarmyhotels.com>

Army Twitter: <https://twitter.com/USArmy/>

Army YouTube: <http://www.youtube.com/usarmy>

Casualty Assistance Checklist for Retired Soldiers: <http://soldierforlife.army.mil/retirement/docs/Post/CasualtyAssistanceChecklist.pdf>

Chief of Staff, Army Retired Soldier Council:
<http://soldierforlife.army.mil/retirement/RetireeCouncil>

Combat-Related Special Compensation: (866) 281-3254 opt.4;
<https://www.hrc.army.mil/TAGD/CRSC>

Commissary: <http://www.commissaries.com>

Concurrent Retired & Disability Pay: (800) 321-1080,
<http://www.dfas.mil/retiredmilitary/disability/crdp.html>

Consumer Financial Protection Bureau: (855) 411-2372
<http://www.consumerfinance.gov/>

Death — Report a Retired Soldier's Death: Call HQDA Casualty Operations Center, (800) 626-3317; from overseas, call (502) 613-3317 collect.
<https://www.hrc.army.mil/TAGD/Reporting%20A%20Death>

DS Logon: <https://myaccess.dmdc.osd.mil/identitymanagement/>

Funeral Honors (Military): Army Coordinator: (502) 613-8218
<https://www.dmdc.osd.mil/mfh/>

ID Card Facilities: (800) 538-9552; Nearest facility: www.dmdc.osd.mil/rsl

Legal Assistance Locator (Military): <http://legalassistance.law.af.mil/content/locator.php>

Long Term Care Insurance: (800) 582-3337 <http://www.ltcfeds.com/>

MyArmyBenefits: <http://myarmybenefits.us.army.mil/>
 Help Desk: (888) 721-2769 (9 a.m. to 5 p.m. EST Monday - Friday);

Survivor Outreach Services: (855) 707-2769, <https://www.sos.army.mil/>

Reserve Component Retirements (888) 276-9472
<https://www.hrc.army.mil/TAGD/Reserve%20Component%20Retirements>

RC Application for Retired Pay: Human Resources Command; ATTN: AHRC-PDR-RCR; 1600 Spearhead Division Ave.; Dept 482; Ft Knox, KY 40122-5402; (888) 276-9472; download the application from:
<https://www.hrc.army.mil/Default.aspx?ID=13664>

Soldiers Magazine: <http://soldiers.dodlive.mil/>

Space-Available Travel: <http://www.amc.af.mil/Home/AMC-Travel-Site>

Soldier for Life on Facebook: www.facebook.com/CSASoldierForLife

Uniformed Services Former Spouse Protection Act:
<http://soldierforlife.army.mil/retirement/usfspa>

 **U. S. Army Retired Lapel Button and Badge:** Type "Soldier for Life" into the search box at <https://www.shopmyexchange.com>

Veterans Service Records — Replace DD Form 214, awards:
 Retired 4/1/1996 or later: Visit <http://soldierforlife.army.mil/retirement/>, Click on "Army White Pages" at the bottom, then log in. Next click on "Click Here to Access Your Army Record."

Retired 3/31/1996 or earlier: Call Human Resources Command at (888) 276-9472 or visit <http://vetrecs.archives.gov> National Personnel Records Center (Military Personnel Records); 1 Archive Drive. St. Louis, MO 63138-1002

DFAS (800) 321-1080 (M-F, 8 a.m. to 6 p.m. EST) <http://www.dfas.mil/>
 myPay (888) 332-7411; <https://mypay.dfas.mil/mypay.aspx>
 Retiree/Annuitant web page <http://www.dfas.mil/retiredmilitary.html>

Social Security (800) 772-1213 <http://www.socialsecurity.gov/>; If overseas, contact the American Embassy/consulate, or visit <http://www.socialsecurity.gov/foreign/phones.html>.

Medicare (800) 633-4227 <http://www.medicare.gov>

TRICARE <http://www.tricare.mil>

Health Beneficiary Counseling Assistance Coordinator:
<http://www.tricare.mil/bcacdcao>, or nearest military treatment facility

TRICARE North: (877) 874-2273; <http://www.hnfs.com>; CT, DC, DE, IL, IN, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH, PA, RI, VT, VA, WI, WV, some ZIPs in IA, MO, TN

TRICARE South: (800) 444-5445; <http://www.humana-military.com/>
 AL, AR, FL, GA, LA, MS, OK, SC, TN (except 35 TN ZIP codes near Ft Campbell), and TX (except the extreme SW El Paso area)

TRICARE West: (877) 988-9378; <https://www.uhcmilitarywest.com/>; AK, AZ, CA, CO, HI, ID, IA (except 82 Iowa ZIP codes near Rock Island, IL) KS, MO (except the St. Louis area), MN, MT, ND, NE, NM, NV, OR, SD, SW TX, UT, WA, WY

TRICARE Overseas: (888) 777-8343; <http://www.tricare-overseas.com>

TRICARE for Life: (866) 773-0404; TDD (866) 773-0405
<http://tricare.mil/Plans/HealthPlans/TFL.aspx>

TRICARE Pharmacy Home Delivery: (877) 363-1296;
<http://www.tricare.mil/homedelivery/>

TRICARE Network Pharmacy: (877) 363-1303; <http://www.express-scripts.com>

TRICARE Retiree Dental Plan: (888) 838-8737; <http://www.TRDP.org>

US Family Health Plan: <http://www.usfhp.com/>

Armed Forces Recreation Centers <http://www.armymwr.com>

Hale Koa Hotel, Hawaii: (800) 367-6027; <http://halekoa.com>

Edelweiss Resort, Bavaria: 011-49-8821-9440
<http://www.edelweisslodgeandresort.com>

Shades of Green, Florida: (888) 593-2242; (407) 824-3665
<http://www.shadesofgreen.org/reservations.htm>

Dragon Hill, Korea: 011-822-790-0016 <http://www.dragonhillodge.com>

Veterans Affairs (VA) Information <http://www.va.gov>

Burial & Memorial Benefits: <http://www.cem.va.gov/> (877) 907-8199

Benefits and Services: (800) 827-1000 (Retired Soldiers overseas should contact the American Embassy/consulate); TDD (800) 829-4833
<http://benefits.va.gov/benefits/>

GI Bill: (888) 442-4551; <http://www.benefits.va.gov/gibill/>

Health Care Benefits: (877) 222-8387; <http://www.va.gov/health>

Insurance: SGLI/VGLI: (800) 419-1473; All other insurance: (800) 669-8477

Sister Service Publications for Retired Service Members

Air Force Afterburner: <http://www.Retirees.af.mil/afterburner/>

Coast Guard Evening Colors: <http://www.uscg.mil/ppc/retnews/>

Marine Corps Semper Fi: <https://www.manpower.usmc.mil/> then click Career/Retired Marines, then Semper Fidelis Newsletter

Navy Shift Colors: <http://www.navy.mil/> then click Links/Shift Colors

Respectfully submitted,

James R. Fisher

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Korean War Veterans Association, USA