

RAO BULLETIN 15 JANUARY 2009

- == VA Parkinson's Program [01] ----- (Study Offers Hope)
- == Colds ----- (Sleep Impact)
- == VA Appeals [05] ----- (Vet Consortium Pro Bono Program)
- == Tricare Dental Program [01] ---- (Eligibility & Enrollment)
- == Tricare Dental Program [02] ----- (Benefits & Costs)
- == COBRA ----- (Unemployed Health Insurance)
- == Glaucoma [01] ----- (Those at Risk)
- == Military Retiree/Survivor Population ----- (By State)
- == DoD Retiree Pay Offset [01] ----- (HR 333 Action Alert)
- == Coca Cola ----- (FDA Warning)
- == Disney's Armed Forces Salute] ----- (2009 Offer)
- == SBP Paid Up Provision [08] ----- (DFAS Challenge Form)
- == VA Hospitals ----- (New Hampshire Access)
- == Reserve Retirement Age [15] ----- (Extension Proposal)
- == Medicare Part D [32] ----- (Inflated Drug Prices)
- == Mobilized Reserve 6 JAN 09 ----- (1286 Increase)
- == Pay Dates ----- (2009)
- == VA NGO Gateway Initiative ----- (Partnership w/VCI)
- == VA Fraud [17] ----- (Boise Idaho)
- == Cold War Experiments Lawsuit ----- (VA Care Sought)
- == California Veteran' Home [02] ----- (Proposed New Rates)
- == IRS Collection Policy [02] ----- (Softer Line in 2009)
- == Varicose Veins ----- (Overview)
- == VA Secretary [10] ----- (Shinseki pledges)
- == TSP [12] ----- (DEC 08 rally)
- == VA Copay [05] ----- (Job Loss Impact)
- == VA Category 8 Care [09] ----- (JUN Enrollment Plan)
- == VA Category 8 Care [10] ----- (CBO Report Impact)
- == PTSD Purple Heart [02] ----- (Does not qualify)
- == VA Appointments [04] ----- (Unfilled appointments)
- == Burn Pit Lawsuit [01] ----- (Halliburton Denies Liability)
- == Tricare User Fee [28] ----- (CBO Report Options)
- == Vet Cemetery California [04] ----- (Bakersfield SITREP)
- == Oklahoma Vet Benefits ----- (Overview)
- == Low-calorie Sweeteners] ----- (Overview)
- == Low-calorie Sweeteners [01] ----- (Facts about Safety)
- == Nursing Homes [08] ----- (Rating System Criticized)
- == Vet Benefits (State) ----- (Some 2009 Changes)
- == VA Failures 2008 ----- (Suppression and Inaction)
- == VA Disability Verification Letters ----- (Sent to FL Vets)
- == Veteran Legislation Status 13 JAN 09 --- (Where we Stand)

=====

VA PARKINSON'S DISEASE PROGRAM UPDATE 01: Parkinson's disease is a progressive neurological disorder affecting some 1.5 million Americans, with 50,000 new cases diagnosed annually. VA treats at least 40,000 veterans with the disorder each year. Most patients are over age 50, but some forms of the disease can strike younger adults. Electrical stimulation of the brain -- a treatment in which a pacemaker-like device sends pulses to electrodes implanted in the brain -- is riskier than drug therapy but may hold significant benefits for those with Parkinson's disease who no longer respond well to medication alone. That is the conclusion of researchers from the Department of Veterans Affairs (VA) and National Institutes of Health (NIH) who conducted a six-year study comparing deep-brain stimulation (DBS) to medication, along with speech, physical or occupational therapy, given as needed. The results of the trial, the largest of its kind to date, appear in the 7 JAN Journal of the American Medical Association (JAMA). The study included 255 Parkinson's patients at seven VA medical centers and six university hospitals. The VA sites were Portland, OR, Seattle, San Francisco, Los Angeles, Houston, Richmond VA., and Philadelphia, all members of VA's network of Parkinson's Disease Research, Education and Clinical Centers.

The JAMA article also noted VA's nationwide system of hospitals and specialized centers of excellence make the Department uniquely capable of conducting such large, multi-site trials of new therapies and medical devices. VA's patient population is especially suited for trials of treatments for chronic disease in the elderly. Patients who took part in the study were on medication but no longer seeing improvements in symptoms such as tremors or stiffness. Many were also developing side effects from the drugs, such as involuntary face, arm or leg movements. Researchers followed the patients for six months, finding:

- Patients who received DBS gained an average of 4.6 hours per day of good motor control and few or no involuntary movements, compared with no gain for those on medical therapy alone;
- 71 percent of DBS patients showed significant gains in motor function, compared with only 32 percent of drug therapy patients; and
- Serious adverse side effects were nearly four times more common in the DBS group, but almost all of these effects in both groups were resolved during the six-month study. The most common side effects from DBS were infections, falls, depression, gait and balance problems, and pain.

Lead authors and study co-chairs were Frances Weaver, PhD, a researcher with the Center for Management of Complex Chronic Care at the Hines VA Hospital near Chicago, and Dr. Kenneth Follett, a neurosurgeon at the Omaha VA Medical Center and University of Nebraska. They emphasize that besides the higher likelihood of serious side effects with DBS compared with drug therapy, another drawback of the procedure is that, although it generally improves movement, it does little to help other Parkinson's symptoms such as depression, decline in mental ability, gait and balance problems, and trouble with gastrointestinal, urinary or sexual function. "The results of the study should not be over- or under-stated," said Dr. Michael Kussman, VA's Under Secretary for Health. "Still, there are many good candidates for DBS among patients with Parkinson's disease whom we treat in VA." The trial was sponsored by VA's Cooperative Studies Program and the National Institute of Neurological Disorders and Stroke, part of the National Institutes of Health. Additional support came from Medtronic, which makes the DBS system used in the study. [Source: VA News Release 13 Jan 09 ++]

=====

**COLDS:** U.S. researchers reported on 12 JAN 09 that people who sleep less than seven hours a night are three times as likely to catch a cold as their more well-rested friends and neighbors. The study supports the theory that sleep is important to immune function, said Sheldon Cohen and colleagues at Carnegie Mellon University in Pittsburgh. Volunteers who spent less time in bed, or who spent their time in bed tossing and turning instead of snoozing, were much more likely to catch a cold when viruses were dripped into their noses, they found. People who slept longer and more soundly resisted infection better, they reported in the Archives of Internal Medicine. "Although sleep's relationship with the immune system is well-documented, this is the first evidence that even relatively minor sleep disturbances can influence the body's reaction to cold viruses," Cohen said in a statement. "It provides yet another reason why people should make time in their schedules to get a complete night of rest."

Cohen's team tested 153 healthy volunteers, locking them in a hotel for five days after infecting them with a cold virus. They had been interviewed daily for the previous two weeks to get details on their sleep patterns. They were tested for cold symptoms after the five-day lockup and had blood tests for antibodies to the virus. The men and women who reported fewer than seven hours of sleep on average were 2.94 times more likely to develop sneezing, sore throat and other cold symptoms than those who reported getting eight or more hours of sleep each night. Volunteers who spent less than 92% of their time in bed asleep were 5 1/2 times more likely to become ill than better sleepers, they found. Sleep disturbance may affect immune system signaling chemicals called cytokines or histamines, the researchers said. "Experiments that explore the relationship between sleep and immune function often involve sleep deprivation or study subjects with sleep disorders, which are often rooted in psychiatric conditions that influence other aspects of health," Cohen added. "This research points to the role played by ordinary, real-life sleep habits in healthy persons." [Source: Reuters Maggie Fox article 13 Jan 09 ++]

=====

**VA APPEALS UPDATE 05:** The Veterans Consortium Pro Bono Program provides attorneys to veterans and their qualifying family members who have an appeal pending at the U.S. Court of Appeals for Veterans Claims (Court). If an appellant has filed an appeal with the Court, he or she can request assistance from The Veterans Consortium. They will review your BVA decision and your Department of Veterans Affairs (VA) claims file and if at least one meritorious issue to be argued before the Court can be identified they will refer your case to a volunteer attorney participating in the program who will represent you in your appeal at no charge to you. For assistance you must meet the following criteria:

- You are a veteran (or qualifying family members of a veteran)
- You have received an adverse decision from the Board of Veterans' Appeals (BVA);
- You have appealed that BVA decision to the U.S. Court of Appeals for Veterans Claims (the Court);
- You do not have an attorney to help you; and
- You ask us for assistance and you meet our program's financial eligibility guidelines;

The consortium will not:

- Provide general legal advice or information about the VA or the Court;
- Provide legal advice or representation concerning a claim pending at the BVA or at the VA regional office;
- Provide general legal advice or representation concerning a Federal Tort Claims Act (FTCA) claim;
- Provide general legal advice or representation concerning correction of military records or upgrading a military discharge.

Appellants who wish to contact the Veterans Consortium Pro Bono Program via email at [mail@vetsprobono.org](mailto:mail@vetsprobono.org) should use the phrase "Veteran's Request for Assistance" in the message subject line to avoid blocking by the Program's security software. If a docket number has already been assigned by the US Court of Appeals for Veterans Claims, that number may be included. Social security numbers (which are not docket numbers), should not be used or included in electronic correspondence. Otherwise mail or call Case Evaluation and Placement Component, 701 Pennsylvania Ave., NW, Suite 131, Washington, DC 20004 (202) 628-8164 or (888) 838-7727 or Fax: (202) 628-8169

The Veterans Consortium Pro Bono Program (Program) was created in 1992 by a grant from the Legal Services Corporation (LSC) as authorized by the U.S. Congress with a dual mission: to recruit and train attorneys in the fledgling field of veterans' law; and to provide assistance to unrepresented appellants at the U.S. Court of Appeals for Veterans Claims (Court). It is an ongoing cooperative effort by four national veterans service organizations - The American Legion, the Disabled American Veterans, the National Veterans Legal Services Program and the Paralyzed Veterans of America. The Veterans Consortium, Inc. is a 501(c)(3) non-profit corporation, incorporated under the laws of the District of Columbia. Every attorney who accepts a case from the Consortium receives an analysis of the case prepared by the Consortium's veterans' law specialists. Each attorney also receives extensive research materials published by LexisNexis (including the latest version of the Veterans Benefits Manual and a CD-ROM with an on-line research capability), as well as the assignment of a mentoring attorney to provide advice and assistance as may be required. Approximately 40% of the cases evaluated by the Program are accepted for referral to a volunteer attorney. An appellant whose case is not accepted into the Program receives substantive legal advice about his or her case and an explanation as to why the cannot place the appeal with a volunteer attorney. [Source: [www.vetsprobono.org](http://www.vetsprobono.org) Jan 09 ++]

=====

TRICARE DENTAL PROGRAM UPDATE 01: The Tricare Dental Program (TDP), administered by United Concordia, is a voluntary, high quality, cost-effective dental care plan for eligible active duty family members, National Guard and Reserve members and their families. The TDP is offered worldwide. Eligibility is based on the sponsor's information in the Defense Enrollment Eligibility Reporting System (DEERS). The sponsor should ensure that DEERS contains accurate and up-to-date information at all times. Eligibility is limited to the following:

- Retirees and their families are NOT eligible for the TDP; however, if you are a retiree, you and your eligible family members may enroll in the TRICARE Retiree Dental Program (TRDP) which is currently administered by Delta Dental.
- Active Duty service members are not eligible for the TDP.

## RAO BULLETIN 15 JANUARY 2009

- National Guard and Reserve members are eligible for the TDP while in reserve status. However if you are a National Guard or Reserve member with active duty orders for more than 30 consecutive days, you are not eligible for the TDP. Active Duty and activated Guard and Reserve members must receive dental care through the active duty military dental care system. Upon deactivation, National Guard and Reserve members are once again eligible for the program.
- If you are a former spouse, parent, parent-in-law, disabled veteran, or foreign military personnel, you are not eligible for the TDP.

Enrollment applications and initial premium payment must be received by United Concordia no later than the 20th day of the month for coverage to begin on the first day of the next month. Dental coverage may not begin until the first day of the second month if United Concordia receives the application after the 20th day of the month. If you have enrollment questions, call United Concordia at 1-888-622-2256. Your first month's premium is due with your enrollment application. Payments thereafter, must be made through a monthly payroll allotment or, in some cases, United Concordia may bill you or your sponsor directly. Your application may be denied if you have incorrect eligibility information in DEERS. The sponsor should review their DEERS information prior to submitting the enrollment application. There are three ways you can enroll in the TDP:

- Online: The sponsor may complete the TDP Online Enrollment/Change Form online at [http://www.tricare.mil/include/exitwarning.aspx?link=http://www.tricare dentalprogram.com/tdptws/enrollees/onlineservices/online\\_enrollment.jsp](http://www.tricare.mil/include/exitwarning.aspx?link=http://www.tricare dentalprogram.com/tdptws/enrollees/onlineservices/online_enrollment.jsp) using a credit card for the initial premium payment. You will receive a transaction number when you have completed the enrollment process.
- Mail: The sponsor may complete the TDP Enrollment/Change Form and mail it along with your initial premium payment to United Concordia at the following address: United Concordia/TDP, P.O. Box 827583 Philadelphia, PA 19182-7583. If the sponsor is not available to sign the enrollment/change form, an individual with a valid Power of Attorney (POA) may complete the form. A copy of the POA must be submitted with the form.
- Fax: The sponsor (or individual with a valid POA) may complete the TDP Enrollment/Change Form and fax with the initial payment (credit card only) to 1-888-734-1944.

Once enrolled, you must remain enrolled in the TDP for at least 12 months (with certain exceptions, such as loss of DEERS eligibility because of divorce, marriage of a child, etc.). After 12 months, enrollment continues on a month-to-month basis. Your sponsor (or individual with a valid POA) must contact United Concordia to disenroll from the TDP. If you are a National Guard or Reserve family member, your monthly premium will be reduced while your sponsor is on active duty. Family member enrollment is not dependent on your sponsor's enrollment so you may enroll in the TDP at any time. Your sponsor must have at least 12 months remaining on their service commitment at the time you enroll. If you are an eligible family member of a National Guard or Reserve member called to active duty for certain contingency operations, Tricare waives your 12-month enrollment commitment if you apply within 30 days of your sponsor's activation. For more information about dental benefits for National Guard and Reserve members and your families refer to [www.tricare.mil/reserve/dental.cfm](http://www.tricare.mil/reserve/dental.cfm) and [www.tricare dentalprogram.com](http://www.tricare dentalprogram.com), or call United Concordia's Monday through Friday 24-hour line at 1-800-866-8499. From outside the continental United States you can call United Concordia toll-free by, dialing your country code followed by 888-418-0466. Representatives are available

to help you in English, German, Italian, Spanish, Korean and Japanese. [Source: Tricare Fact Sheet 12 Jan 09 ++]

=====

TRICARE DENTAL PROGRAM UPDATE 02: The Tricare Dental Program (TDP) provides 100% coverage for diagnostic and preventive services, except for sealants. The following services are covered under the TDP with member cost-shares: Fillings, Root canals, Crowns, Implants, Extractions, Orthodontics, Periodontics, and general anesthesia. If you are an enlisted member in pay grades E-1 to E-4, you pay reduced cost-shares for endodontic (root canal), periodontic (gum and bone treatment), and oral surgery procedures. The TDP pays maximum annual benefit coverage of \$1,200 per enrollee per contract year for non-orthodontic services. Each contract year begins 1 FEB and ends 31 JAN of the following year. There is a \$1,500 lifetime maximum benefit per enrollee for orthodontic treatment. The TDP offers orthodontic services for children up to, but not including, age 21. If enrolled as a full-time student at an accredited college or university, the orthodontic age restriction is extended for children up to, but not including, age 23. For spouses and National Guard and Reserve members, the TDP offers orthodontic services up to, but not including, age 23. National Guard and Reserve members are encouraged to consult with their commanders before receiving orthodontic care to ensure compliance with Service policies, as orthodontic appliances could affect dental readiness.

Under the TDP, basic restorative procedures and fillings have a cost-share of 20% for the member with the contractor paying the remaining 80% when getting care from a TDP network provider. For posterior (back) teeth the most common materials used for fillings are amalgam (silver) and composite resin (tooth-colored). Under the TDP, silver is the covered benefit for back teeth fillings. If you choose tooth-color for back teeth fillings, you must pay the difference between the cost of silver fillings and the cost of tooth-colored fillings. Tooth-colored fillings are covered for front teeth only. For example, suppose you need a filling on a back tooth and your dentist places a silver filling and the allowable reimbursement rate is \$100. Under the TDP, the contractor (United Concordia) pays 80% or \$80 cost-share and you pay 20% or \$20 cost-share. If your dentist places a tooth-colored filling on a back tooth at your request and bills \$140, the contractor still pays \$80 (the 80% cost-share for a silver filling allowable reimbursement rate of \$100)). You now pay \$60 (the \$20 silver filling cost-share plus the additional \$40 difference in billed charges). According to the American Dental Association, both silver and tooth-colored materials are safe and effective options for filling back teeth. Silver fillings are affordable and durable with a long history of safe and effective use. Tooth-colored fillings offer a more natural appearance, but are more expensive. You should discuss filling materials with your dentist prior to receiving treatment.

Monthly costs to the enrollee for the period 1 FEB though 31 JAN 09 will be:

- Active Duty/AGR Single Family Member \$12.12
- Active Duty/AGR Family Premium (more than one family member) \$30.29
- Active Duty/AGR Survivor (three year benefit) \$0.00
- Selected Reserve Sponsor \$12.12
- Selected Reserve (one family member - excluding Sponsor) \$30.29
- Selected Reserve Family Premium (more than one family member, excluding sponsor) \$75.73

RAO BULLETIN 15 JANUARY 2009

- Sponsor & Family Premium \$87.85
- Selected Reserve Survivor (three year benefit) \$0.00
- IRR Non-Mobilized Sponsor \$30.29
- IRR Non-Mobilized Single Premium (one family member - excluding sponsor) \$30.29
- IRR Non-Mobilized Family Premium (more than one family member - excluding sponsor) \$75.73
- Sponsor & Family Premium \$106.02

For complete benefits and cost-share percentages, refer to the United Concordia Web site at [www.TRICAREdentalprogram.com](http://www.TRICAREdentalprogram.com). [Source: Tricare Fact Sheet 12 Jan 09 + +]

=====

COBRA: The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1982 gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life even. Individuals are required to pay 102% of the policy's full cost. The cost of buying health insurance for those who try to purchase coverage through a former employer consumes 30% to 84% of standard unemployment benefits, according to a report released 9 JAN 09. Because few people can afford that, the authors say, the result is a growing number of people being hit with the double whammy of no job and no health coverage. "COBRA health coverage is great in theory and lousy in reality," said Ron Pollack, whose liberal advocacy group, Families USA, published the analysis. "For the vast majority of workers who are laid off, they and their families are likely to join the ranks of the uninsured." A health insurance policy for the typical single person consumes 30% of the average unemployment benefit, the survey found. In the District, Maryland and Virginia, the price of a standard COBRA family plan is three-fourths of the average unemployment check.

News that the unemployment rate jumped to 7.2% adds urgency to the problem, Pollack said, because employment and health insurance are often intertwined. For every 1% point rise in unemployment, the number of uninsured Americans climbs by 1.1%, according to an analysis last spring by the Kaiser Family Foundation, an independent research group. Pollack and House Speaker Nancy Pelosi (D-CA) said the new report highlights the need to include health insurance subsidies in the economic recovery package being crafted this month. "Without that," Pelosi spokesman Brendan Daly said, "they simply cannot afford to pay for temporary continuation of their health insurance." But Nina Owcharenko, a health policy analyst at the conservative Heritage Foundation, said it would be wiser to offer unemployed Americans a broad range of health insurance options, including high-deductible private policies or new state-based programs. Given how expensive COBRA is, she said, alternatives would "save the individual money and save taxpayer money." [Source: Washington Post Ceci Connolly article 10 Jan 09 ++]

=====

GLAUCOMA UPDATE 01: Glaucoma is a group of eye diseases that gradually steal sight without warning. Vision loss is caused by damage to the optic nerve. This

nerve acts like an electric cable with over a million wires and is responsible for carrying images from the eye to the brain. In the early stages of the disease, there may be no symptoms. Experts estimate that half of the people affected by it may not know they have it. Glaucoma is a very misunderstood disease. Often, people don't realize the severity or who is affected. Those at higher risk for glaucoma should get a complete eye exam, including eye dilation, every one or two years. Those with higher risk include African-Americans (6-8 times), seniors over age 60 (6 times), family history (4-9 times), Hispanics in older age groups (slightly), high dose steroid users (40% increase), eye injury, and diabetics. Four key facts about this disease are:

- It is a leading cause of blindness if left untreated. And unfortunately approximately 10% of people with glaucoma who receive proper treatment still experience loss of vision.
- It is not curable, and vision lost cannot be regained. With medication and/or surgery, it is possible to halt further loss of vision. Since glaucoma is a chronic condition, it must be monitored for life.
- Diagnosis is the first step to preserving your vision.
- Everyone is at risk - Older people are at a higher risk for glaucoma but babies can be born with glaucoma (approximately 1 out of every 10,000 babies born in the United States). Young adults can get glaucoma, too. African-Americans in particular are susceptible at a younger age.

There may be no symptoms to warn you. With open angle glaucoma, the most common form, there are virtually no symptoms. Usually, no pain is associated with increased eye pressure. Vision loss begins with peripheral or side vision. You may compensate for this unconsciously by turning your head to the side, and may not notice anything until significant vision is lost. The best way to protect your sight from glaucoma is to get tested. If you have glaucoma, treatment can begin immediately. Glaucoma is the second leading cause of blindness in the world, according to the World Health Organization. Estimates put the total number of suspected cases of glaucoma at around 65 million worldwide. In the United States:

- It is estimated that over 4 million Americans have glaucoma but only half of those know they have it.
- Approximately 120,000 are blind from glaucoma, accounting for 9% to 12% of all cases of blindness.
- About 2% of the population ages 40-50 and 8% over 70 have elevated IOP.
- Glaucoma is the leading cause of blindness among African-Americans and 6 to 8 times more common in African-Americans than Caucasians.
- African-Americans ages 45-65 are 14 to 17 times more likely to go blind from glaucoma than Caucasians with glaucoma in the same age group.
- The most common form, Open Angle Glaucoma, accounts for 19% of all blindness among African-Americans compared to 6% in Caucasians.
- Other high-risk groups include: people over 60, family members of those already diagnosed, diabetics, and people who are severely nearsighted.
- Estimates put the total number of suspected cases of glaucoma at around 65 million worldwide.
- In terms of Social Security benefits, lost income tax revenues, and health care expenditures, the cost to the U.S. government is estimated to be over \$1.5 billion annually.

[Source: Medicare Rights Center 12 JaN 08 ++]

=====



RAO BULLETIN 15 JANUARY 2009

MILITARY RETIREE/SURVIVOR POPULATION: The figures below give by state the number of retired military (1,983,467), the number of those retirees paid by DoD (1,859,677), and the number of survivors receiving SBP from DoD (287,284) at the end of fiscal year 2007. There is a difference between the total number of military retirees in a state and those paid by DOD – the difference is those military retirees who selected to carry their military longevity into federal civil service positions. The number of survivors receiving SBP payments does not reflect the thousands of survivors who have their SBP payments completely wiped out by DIC yet are eligible for Tricare:

Alabama: 53,982 - 51,037 - 7,736  
Alaska: 9,261 - 8,649 - 590  
Arizona: 53,497 - 50,327 - 7,400  
Arkansas: 25,381 - 23,706 - 3,982  
California: 170,320 - 158,155 - 32,710  
Colorado: 47,699 - 45,236 - 6,101  
Connecticut: 10,660 - 9,838 - 2,046  
Delaware: 7,986 - 7,640 - 1,025  
Dist of Col: 3,060 - 2,740 - 487  
Florida: 186,102 - 175,373 - 27,540  
Georgia: 86,998 - 82,475 - 11,040  
Guam: 1,846 - 1,761 - 161  
Hawaii: 15,701 - 14,783 - 1,957  
Idaho: 12,455 - 11,755 - 1,475  
Illinois: 34,779 - 31,925 - 4,952  
Indiana: 23,354 - 21,437 - 3,555  
Iowa: 11,393 - 10,541 - 1,828  
Kansas: 20,281 - 19,333 - 2,973  
Kentucky: 25,945 - 24,139 - 3,600  
Louisiana: 25,524 - 23,757 - 4,076  
Maine: 11,982 - 11,119 - 1,779  
Maryland: 49,878 - 46,401 - 6,471  
Mass: 19,164 - 17,312 - 4,561  
Michigan: 27,234 - 24,451 - 3,756  
Minn: 16,972 - 15,548 - 2,737  
Miss: 25,574 - 24,096 - 3,744  
Missouri: 36,025 - 33,656 - 5,142  
Montana: 8,326 - 7,785 - 903  
Nebraska: 13,547 - 12,812 - 1,581  
Nevada: 27,196 - 25,959 - 2,885  
New Hampshire: 9,433 - 8,808 - 1,504  
New Jersey: 20,419 - 18,498 - 4,600  
New Mexico: 21,274 - 20,001 - 2,697  
New York: 36,884 - 33,002 - 6,305  
No Carolina: 82,050 - 77,844 - 9,842  
No Dakota: 4,634 - 4,371 - 374  
Ohio: 43,479 - 39,579 - 6,310  
Oklahoma: 34,062 - 32,008 - 4,613  
Oregon: 21,321 - 19,517 - 3,778  
Penn: 46,953 - 44,068 - 8,378  
Puerto Rico: 9,638 - 8,409 - 1,641  
Rhode Island: 5,538 - 5,512 - 1,175

RAO BULLETIN 15 JANUARY 2009

So Carolina: 53,592 - 50,934 - 7,711  
So Dakota: 6,811 - 6,391 - 627  
Tenn: 49,597 - 46,820 - 6,579  
Texas: 183,005 - 173,326 - 24,645  
Utah: 14,250 - 13,468 - 1,890  
Vermont: 3,603 - 3,363 - 646  
Virginia: 141,295 - 135,537 - 15,831  
Virgin Islands: 364 - 343 - 30  
Washington: 69,839 - 66,107 - 9,501  
W. Virginia: 10,553 - 9,628 - 1,409  
Wisconsin: 18,944 - 17,363 - 2,864  
Wyoming: 4,833 - 4,568 - 469  
Foreign: 27,854 - 26,899 - 4,063  
[Source: DOD Actuary Data on the Military Retirement System FY 2007 ++]

=====

VA RURAL ACCESS UPDATE 07: The Department of Veterans Affairs (VA) has provided \$21.7 million to its regional health care systems to improve services specifically designed for veterans in rural areas. "This special allocation is the latest down payment on VA's commitment to meet the needs of veterans living in rural areas," said Secretary of Veterans Affairs Dr. James B. Peake. "VA will take to our rural veterans the health care services they have earned." Within the last year, VA has launched a major rural health initiative. The Department has already created a 13-member committee to advise the VA secretary on issues affecting rural veterans, opened three rural health resource centers to better understand rural health issues, rolled out four new mobile health clinics to serve 24 predominately rural counties, announced the opening of 10 new rural outreach clinics in 2009 and launched a fleet of 50 new mobile counseling centers.

The extra funding is part of a two-year VA program to improve the access and quality of health care for veterans in geographically isolated areas. The program focuses on several areas, including access to health care, providing world-class care, the use of the latest technology, recruiting and retaining a highly educated workforce and collaborating with other organizations. More specifically, the new funds will be used to increase the number of mobile clinics, establish new outpatient clinics, expand fee-based care, explore collaborations with federal and community partners, accelerate the use of telemedicine deployment, and fund innovative pilot programs. The new funds will be distributed according to the proportion of veterans living in rural areas within each VA regional health care system, called VISNs, for "Veterans Integrated Service Networks." VISNs with less than 3% of their patients in rural areas will receive \$250,000. Those with population of rural veterans between 3% and 6% will receive \$1 million each. And VISNs with more than 6% of their veterans population in rural areas will receive \$1.5 million. Special VA funding for rural health by VISN number and VISN Headquarters is as follows:

- #1. Bedford, Mass., \$1 million
- #2. Rochester, N.Y., \$1 million
- #3. New York, N.Y., \$250,000
- #4. Wilmington, Del., \$1 million
- #5. Baltimore, Md., \$250,000
- #6. Durham, N.C., \$1.5 million

RAO BULLETIN 15 JANUARY 2009

- #7. Atlanta, Ga., \$1.5 million
  - #8. Bay Pines, Fla., \$1 million
  - #9. Nashville, Tenn., \$1.5 million
  - #10. Cincinnati, Ohio, \$1 million
  - #11. Ann Arbor, Mich., \$1 million
  - #12. Chicago, Ill., \$1 million
  - #15. Kansas City, Mo., \$1.5 million
  - #16. Jackson, Miss., \$1.5 million
  - #17. Arlington, Texas, \$1 million
  - #18. Mesa, Ariz., \$1 million
  - #19. Denver, Colo., \$1 million
  - #20. Vancouver, Wash., \$1 million
  - #21. Palo Alto, Calif., \$1 million
  - #22. Long Beach, Calif., \$250,000
  - #23. Lincoln, Neb., \$1.5 million
- [Source: VA News Release 9 Jan 08 ++]

=====

THUNDERBIRDS 2009 SHOW SCHEDULE: The U.S. Air Force Air Demonstration Squadron, "Thunderbirds," has announced its 2009 air show schedule. In their 56th season, the Thunderbirds are scheduled to perform more than 73 shows in the United States, Puerto Rico and the Far East. Entering his second season, Lt. Col. Greg Thomas, the team's commander and leader, welcomes the opportunity to again represent the nearly 700,000 active duty, Air National Guard, Air Force Reserve and civilian Airmen, serving in the United States and overseas. Colonel Thomas will join 11 officers and more than 120 enlisted Airmen during the 2009 air show season. "We are focused on making this season thrilling for audiences from Ocean City, Maryland, to the Far East. Our team comes from over 30 specialties throughout the Air Force; they are proud to represent their fellow Airmen who continually execute the Air Force mission, which is to Fly, Fight and Win ... in air, space and cyberspace." A Thunderbirds aerial demonstration is a mix of formation flying and solo routines. The pilots perform approximately 40 maneuvers in a demonstration. The entire show, including ground and air, runs about one hour. The 2009 schedule is as follows:

MARCH

- 21-22 - Luke AFB, AZ
- 28-29 - MacDill AFB, FL

APRIL

- 4-5 - Keesler AFB, MS
- 18-19 - Ceiba, Puerto Rico
- 25-26 - Langley AFB, VA

MAY

- 2-3 - Robins AFB, GA
- 9-10 - Branson, MO
- 15-17 - Andrews AFB, MD
- 23-24 - Wantagh, NY (Jones Beach)
- 27 - USAF Academy, CO
- 30-31 - Ellsworth AFB, SD

JUNE

- 6-7 - Hill AFB, UT
- 13-14 - Ocean City, MD
- 20-21 - Dover AFB, DE

RAO BULLETIN 15 JANUARY 2009

27-28 – Helena, MT

JULY

4-5 — Battle Creek, MI

11-12 – Peoria, IL

18-19 – Dayton, OH

22 — Cheyenne, WY

25-26 – Milwaukee, WI

AUGUST

8-9 — Vienna, OH (Youngstown ARB)

15-16 – Chicago, IL

19 — Atlantic City, NJ

22-23 – Selfridge ANGB, MI

29-30 – Hillsboro, OR

SEPTEMBER

5-7 — Cleveland, OH

12-13 – Sacramento, CA

19-20 – Hickam AFB, HI

OCTOBER

September 22- October 26 Thunderbirds 2009 Far East

NOVEMBER

7-8 — Homestead ARB, FL

14-15 – Nellis AFB, NV

[Source: AFNS 30 Dec 08 ++]

=====

DOD RETIREE PAY OFFSET UPDATE 01: The Disabled Veterans Tax Termination Act HR 333 has been reintroduced in the house by Representative Jim Marshal. If enacted it would correct several wrongs enacted with the original concurrent receipt legislation in 2004. It would:

- Enfranchise those 400,000 retired members of the Armed Forces with disability ratings less than 50% to draw both their VA disability compensation and their military retirement pay under CRDP (Concurrent Retirement Disability Pay, 10 US Code Section 1414) without offset. If the disability was combat-related, these retirees were enfranchised for CRSC (Combat Related Special Compensation, 10 USC Section 1413a) with the 2008 National Defense Authorization Act.
- Enfranchise those 200,000 members of the Armed Forces who were retired for medical disability with less than 20 years service under 10 US Code, Chapter 61, to draw both their VA disability compensation and their earned military retirement pay under CRDP. If the disability was combat-related, these retirees were enfranchised for CRSC with the 2008 NDAA.
- Eliminate the 10-year phase in of CRDP which is currently in the 6th year and is 88% restored. In 2010, restoration will be 95% complete. Distributing the remaining 5% over 4 years is not cost effective.
- Cause the Department of Defense (DoD) to compute CRSC pay for Chapter 61 retirees as originally intended by Congress. These changes have been agreed upon by the DoD, the Military Officers Association of America, and the several Congressional Committees involved.
- While not stated in the legislation, such enfranchisement of these retirees to receive both their VA compensation and their earned military retirement pay would be consistent with President Obama's economic stimulation policies.

The Uniformed Services Disabled Retirees (USDR) association strongly urges all veterans to contact their representatives to support this bill. They offer a simple way to do this by going to their website [http://capwiz.com/usdr/issues/alert/?alertid=12406456&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=12406456&queueid=[capwiz:queue_id]) to review an editable letter that can be automatically forwarded via the site to Congress by entering the zip code of the sender. [Source: USDR Action Alert 9 Sep 09 ++]

=====

COCA COLA: The FDA has criticized the Cola Cola Company's labeling and promotion of Diet Coke Plus, which contains added magnesium, zinc, and B-vitamins. The agency's certified warning letter dtd 10 DEC requesting a response in 15 days was sent to Muhtar Kent, President and Chief Executive Officer states the product is in violation of the Federal Food, Drug, and Cosmetic Act. Specific violations are:

- To be labeled "plus," foods must contain at least 10% more of the relevant nutrients in an appropriate reference food.
- Diet Coke Plus's labeling does not identify any reference food.
- It is inappropriate to add extra nutrients to "snack foods such as carbonated beverages.

The product was launched in 2007 with an announcement that, "In addition to providing great, refreshing taste, Diet Coke Plus is a good source of vitamins B3, B6, and B12, and the minerals zinc and magnesium." the FDA's warning letter can be viewed at <http://www.casewatch.org/fdawarning/prod/2008/coke.shtml>. [Source: Consumer Health Digest #09-02 dtd 9 Jan 09 ++]

=====

DISNEY'S ARMED FORCES SALUTE: On 4 JAN the Walt Disney Company started its "Disney's Armed Forces Salute" offer. All active and retired military personnel, including activated members of the National Guard and Reserve are included. There are two separate offers: At Disneyland in California through 12 JUN 09 all qualified members can receive one complimentary three-day pass valid for admission to both Disneyland and Disney's California Adventure parks. Additionally the qualified member can also make a one-time purchase of adult or child three-day "Disney's Armed Forces Salute Companion tickets for up to five family members or friends for the price of a 1-day Park Hopper ticket. For more information for the Disneyland offer call (714) 956-6424.

At the Walt Disney World Resort in Florida, through 23 DEC 09, active or retired members may obtain one complimentary five-day "Disney's Armed Forces Salute" ticket with Park Hopper and Water Park Fun & More Options. This ticket is valid for five days of admission to all four theme parks, plus a total of five visits to either the Walt Disney water parks or the DisneyQuest Indoor Interactive Theme Park. Additionally, the member can purchase up to five 5-day "Companion" tickets for \$99 per ticket, plus tax. Although the Park Hopper or water park options are not valid for the "Companion" tickets, these options can be added for an additional \$25 per ticket, plus tax. For more info on the Disney World offer or to make reservations call the ITT ticket office on your base or refer to [http://bookwdw.reservations.disney.go.com/ibcwdw/en\\_US/specialOfferDetails?name=Promo&promotionCode=fy09military&market=fy09military&CMP=VAN-](http://bookwdw.reservations.disney.go.com/ibcwdw/en_US/specialOfferDetails?name=Promo&promotionCode=fy09military&market=fy09military&CMP=VAN-)

[WDWY09MilitaryOfferVanity](#). [Source: NAUS Weekly Update 9 Jan 09 ++]

=====

VET CEMETERY COLORADO UPDATE 01: Colorado Reps. John Salazar and Doug Lamborn are reintroducing legislation this week to establish a new national cemetery in southern El Paso County, possibly on the Kane Ranch property near Fountain CO. Having a new cemetery close to the large veterans population in the Colorado Springs-Pueblo region has been a goal of local veterans groups for years. What's different this year is Salazar (D-03-CO) who represents Pueblo has moved to the House Appropriations Committee, which oversees the federal budget. Last year, Salazar and Lamborn (R-05-CO) from Colorado Springs, were pushing against a reluctant Department of Veterans Affairs. The VA had resisted building a third national cemetery in Colorado for years, arguing that the current cemeteries at Fort Logan in Denver and at Fort Lyon near Las Animas were adequate. That resistance began caving in last year and with Salazar now in a position to guarantee there will be money for starting work on the cemetery, the cemetery project appears to have real traction in the new Congress. "We're looking for getting this cemetery under way in 2011," Salazar told reporters in a joint press conference Thursday with Lamborn.

Fort Logan in Denver will reach capacity much sooner than anticipated, so another cemetery is needed. The two lawmakers reached an agreement in 2007 that the new cemetery would be located in southern El Paso County. The VA balked at that as well, arguing that a new cemetery would be better located between Castle Rock and Colorado Springs. But the VA's days of arguing about the matter are probably over with Salazar sitting on the spending committee. Lamborn noted that the 400-acre Kane Ranch south of Fountain and near Interstate 25 has been offered to the VA for the cemetery site and that federal officials toured the land last November. "They were very impressed with the spectacular view of the Front Range and the rolling landscape," Lamborn said. The legislation approved by the House last year - but stalled in the Senate - puts the new Colorado cemetery of the list of new national cemeteries to be built around the nation. Last year, the VA already had committed to building nearly a dozen new cemeteries around the nation. [Source: The Pueblo Chieftain Peter Roper article 9 Jan 09 ++]

=====

VA HOSPITALS: U.S. Rep. Carol Shea-Porter (D-01-NH) has reintroduced a bill that would require the federal government to provide New Hampshire veterans with the same services that veterans in other states receive at their full-service hospitals. The bill would require that veterans in each of the 48 contiguous states have access to at least one full-service hospital of the Veterans Health Administration or receive comparable services provided by contract. New Hampshire is the only state that does not have a full-service VA hospital or comparable services through a military facility. Nor are there any national cemeteries in New Hampshire. There are more than 132,000 veterans in New Hampshire, and many are forced to travel out of state for medical care. At present the Manchester VA Medical Center and five outpatient clinics located in Conway, Littleton, Portsmouth, Somersworth, and Tilton provide care to New Hampshire veterans. In fiscal year 2007 they serviced 188,969 outpatient visits.

The Keene Sentinel NH newspaper reports veterans in need of hospital care

sometimes have to travel great distances for services that are available to vets in all other states. In JUN 08, VA Secretary James Peake "said the situation was just fine with him. I don't see trying to go to a full-service hospital, but rather what other services can we provide to meet the needs of veterans." Now there's a mangled phrase you're unlikely to hear anyone quote at a Veterans Day ceremony." The cavalry, however, may be on the way with Shea-Porter's bill and newly-elected US Sen. Jeanne Shaheen (D-NH) having made a call for a full-service VA facility" in the state as a key part of her campaign." Senator Judd Gregg (R-NH) "has not been prominent in the effort to secure in-state hospital care," but "we expect he will sharpen his position as the 2010 elections approach." [Source: WMUR & Keene Sentinel NH articles 8 Jan 09 ++]

=====

RESERVE RETIREMENT AGE UPDATE 15: Representative Joe Wilson (R-02-SC) wasted no time in continuing his efforts last session to correct the inequity in the 2008 NDAA that failed to recognize the service of our members who served in combat prior to 28 JAN 08. On 1 JAN Rep Wilson Introduced HR 208, which would make "qualifying deployed service" retroactive to include 9/11 deployed service in the eligibility for lowering the 60 year eligibility age to collect retirement pay. As you may recall, Section 647 of the NDAA for Fiscal year 2008 authorized the 60 year eligibility age to be reduced three months for each aggregate of 90 days served in support of a contingency operation or national emergency but it applied only to qualifying service rendered after 28 JAN 08, the date of the enactment of the bill. The National Guard Association of the United States (NGAUS) is tracking the progress of this bill this session and other efforts to equitably reduce the archaic 60 year eligibility age. A VFW resolution on the issue can be seen at [www.vfw.org/index.cfm?fa=caphill.level&eid=4047](http://www.vfw.org/index.cfm?fa=caphill.level&eid=4047). Concerned vets should contact their members of Congress and ask them to sign on as a cosponsor of H.R.208. To contact your elected official, go to: <http://capwiz.com/vfw/dbq/officials/>. [Source: NGAUS Leg Up 9 Jan 09 ++]

=====

MEDICARE PART D UPDATE 32: Switching to generic medicines can be a smart way to save money. People with Medicare, however, have to be careful that their Part D drug plan is not padding the bill for generic drugs. Under the Silver Script Value plan, a Cleveland resident taking two heart medicines, a drug to lower cholesterol, an antidepressant, a medicine for a gastrointestinal disorder, and a drug to treat pain from shingles would spend \$2,252 over the course of 2009, entering the Part D coverage gap in September. Once in the coverage gap (or doughnut hole), a SilverScript enrollee would pay the plan's full price for these generic medicines—over \$300 per month—for the rest of the year. For the savvy consumer, there are five drug plans in Cleveland that cost less than \$700 for the year for the very same drugs, less than a third of what a SilverScript member would pay. Enrollees in these plans never hit the coverage gap.

CVS Caremark, the pharmacy benefit manager that offers the SilverScript plans, is jacking up the cost of these and other generic medicines. Instead of using the price SilverScript pays the pharmacy for these drugs, it charges enrollees an inflated price that it pays itself for administering the benefit. Carvedilol, a heart medicine, costs over \$44 dollars under SilverScript, more than twice the price in other plans that charge enrollees the real pharmacy price.

RAO BULLETIN 15 JANUARY 2009

Gabapentin, for shingles pain, costs over \$100 under SilverScript; it costs under \$40 under competing plans. These high prices push SilverScript enrollees into the doughnut hole and stick them with higher prices once they have fallen into the coverage gap. This pricing scam, which is also employed by other drug plans and Medicare private health plans that offer drug coverage, has been going on since the start of the Part D benefit in 2006, and it will continue throughout 2009.

In 2010, thanks to a regulation issued by the Centers for Medicare & Medicaid Services (CMS) in JAN 09, the scam will come to an end. Medicare private health and drug plans will no longer be allowed to charge members drug prices that are higher than the rate they pay pharmacies. Problem solved? Not entirely. Consumers can still be victimized by this pricing scam when they use mail order pharmacies, many of which are owned by these pharmacy benefit managers or are partners in offering Part D drug plans. WellCare Classic, one of the cheapest drug plans for a Cleveland resident with Medicare who takes these 7 drugs, would cost \$444 for the year using retail pharmacies but \$1,997 using mail order. Consumers who use WellCare's mail order pharmacy, whose prices average twice the rate at retail pharmacies, get pushed into the doughnut hole in July. They never get out. CMS says in the recent regulation that it will keep an eye on such price discrepancies. They should. Such inflated prices are not just a bad deal for consumers; they cost taxpayers more money too. [Source: Weekly Medicare Consumer Advocacy Update 8 Jan 08 ++]

=====

MOBILIZED RESERVE 6 JAN 09: The Army, Air Force and Marine Corps announced the current number of reservists on active duty as of 6 JAN 09 in support of the partial mobilization. The net collective result is 1,286 more reservists mobilized than last reported in the Bulletin for 1 JAN 08. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. The total number currently on active duty in support of the partial mobilization of the Army National Guard and Army Reserve is 95,381; Navy Reserve, 5,908; Air National Guard and Air Force Reserve, 13,230; Marine Corps Reserve, 8,152; and the Coast Guard Reserve, 906. This brings the total National Guard and Reserve personnel who have been mobilized to 124,027 including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated can be found at <http://preview.defenselink.mil/news/Jan2009/d20090106ngr.pdf> . [Source: DoD News Release 011-09 7 Jan 08 ++]

=====

PAY DATES: Payday is always the first business day of the month. If the first of the month is a Saturday, Sunday, or a holiday, payday occurs the next business day. The paydays for 2009 are:

- Friday, January 2
- Monday, February 2
- Monday, March 2
- Wednesday, April 1
- Friday, May 1
- Monday, June 1
- Wednesday, July 1



RAO BULLETIN 15 JANUARY 2009

Monday, August 3  
Tuesday, September 1  
Thursday, October 1  
Monday, November 2  
Tuesday, December 1  
[Source: EANGUS Minuteman Update 8 Jan 08 ++]

=====

SBP PAID UP PROVISION UPDATE 08: For retirees who believe that they have paid into SBP for at least 30 years and are at least 70 years old, but are still having premiums withheld from their retired pay, a form is now available to challenge DFAS's finding. DD Form 2656-11 can be found at the DFAS web site by going to [www.dfas.mil/retiredpay](http://www.dfas.mil/retiredpay) and scrolling down to Paid Up SBP. In your Retiree Account Statement (RAS) there has been added a premium counter that states how many premiums payments DFAS believes remain before you reach paid up status. The season to challenge DFAS's conclusions is now 1 JAN through 30 JUN 09.  
[Source: TREA Washington Update 9 Jan 09 ++]

=====

VA NGO GATEWAY INITIATIVE: The Department of Veterans Affairs (VA) has announced a new partnership to help non-government organizations (NGOs) plan, improve and carry out their own programs on behalf of veterans, their families and their survivors. Under the new NGO Gateway Initiative, launched today with the Veterans Coalition Inc., a non-profit organization formed more than two years ago by several major national veterans groups, the Veterans Coalition is available to assist NGOs in identifying the unmet needs of veterans, families and survivors, working with VA to help minimize duplication of effort and confusion among NGOs with programs for veterans. In addition, the program will encourage continuous feedback from NGOs on issues such as physical and mental health, employment, and satisfaction with government services and benefits affecting veterans. VA will provide a senior-level, career federal employee to serve as an ombudsman to assist NGOs with their programs to serve veterans. To ensure a cooperative relationship, VA's deputy secretary will serve as a non-voting advisory liaison to the group's board of directors. The Veterans' Coalition Innovation Center (VIC) will be the group overseeing this initiative. Send questions/requests to [info@vetinnovation.org](mailto:info@vetinnovation.org) or call 703-236-0084. VA has a long tradition of working with national veterans service organizations on programs benefitting all veterans. VA also has had close relationships with private-sector groups, churches, charities and other non-profit organizations that provide housing for homeless veterans. This new gateway initiative is one more way to extend services to our veterans. [Source: VA News release 7 Jan 08 ++]

=====

FITNESS CENTERS: Now's a good time to exercise frugality and check out the many deals available. Fitness centers are slashing fees for current and new members, and even former members, for 2009. Strike up the nerve to ask for extras. Lapsed members of the upscale SportsClub/LA ([thesportsclubla.com](http://thesportsclubla.com)) were recently invited to return with no need to pay the one-time initiation fee, which can be at least \$600, and no membership dues for two months, a savings for some of at least \$330. Amid financial crunch, health clubs get in shape to keep members. Less high-end

clubs are also offering deals. Among them:

- A two-week free guest pass at Bally Total Fitness (ballyfitness.com), which recently filed for bankruptcy reorganization but says it plans to continue operations;
- One month free, then 50% off the monthly membership fee, through March 6 at Curves (curves.com);
- No enrollment fee at Gold's Gym (goldsgym.com);
- A 30-day money-back guarantee at L.A. Boxing (laboxing.com).

Joe Moore, chief executive of the International Health, Racquet & Sportsclub Assn., a fitness trade group says, "Gyms realize these are tough economic times, for themselves as well as their members. Even independent gyms are offering deals, so talk to the manager." Moore recommends that new and old gym members review benefits online or in the information package they are typically handed when they sign up. Go through the materials with a staff member to be sure you know what you're getting. Then ask for a little more -- gym membership in the U.S. was down 3% in 2007 (there are no numbers yet for 2008) and clubs might consider throwing in a free month, a bigger membership discount, passes for a workout buddy, free or discounted personal training sessions or a free trial for a service the club otherwise charges for, such as a pool.

Monthly fees at luxury gyms such as SportsClub/LA, Equinox (equinoxfitness.com) and many hotel fitness centers that take monthly members can run north of \$100. For hundreds to even \$1,000 or so less each year, consider giving up the plush carpet and free mouthwash. Many lower-priced chains can charge less because they leave out expensive amenities such as spa, cafe and baby sitting, but they still offer cutting-edge equipment and, often, classes. Some even offer access 24/7, which the high-end clubs don't usually match, or give access to any club in the network, useful for when you're traveling. Make sure to ask about all fees, however, and whether you can sign up month to month, rather than be locked into a full-year contract. And be sure to ask about cancellation rules, even for month-to-month contracts. Some clubs charge an enrollment fee but will often waive it if asked. Lower-priced national chains presently charge:

- Snap Fitness (snapfitness.com) -- 24/7 access. Fees about \$40 per month, deals on couple and family memberships. Month-to-month contract.
- Anytime Fitness (anytimefitness.com) -- access 24/7, key fee of about \$35, monthly rate about \$35. May require year contract plus initiation fee of about \$50. Ask for best deal.
- 24 Hour Fitness (24hourfitness.com). Monthly rate about \$29; may require year contract plus initiation fee of about \$50. Ask for best deal.

Additional tips:

- Out of work? If you're locked into a year-long contract, ask the club if it will freeze your membership until you start working again, at least for a few months.
- Check payment details before you hand over your check or credit card. Best bet is a club that bills each month rather than via a deduction from a credit or checking account, though many clubs will insist on the deduction. You also don't want to be locked into a year contract, if possible -- you could change your mind or move.
- Before you sign, be sure you're clear on what's free and what you pay extra for. If classes are extra, you may want to find a club that includes them in the membership fee.

RAO BULLETIN 15 JANUARY 2009

- Clubs often offer one or two personal training sessions free when you sign up. It's cool to have someone work with only you, but it's also expensive -- \$50 to \$300 per hour, on average. If that's not in your budget, consider these options: Ask for more free passes, ask trainers you like if they are ever on the floor to offer gratis coaching and find out if the club offers small training classes at rates well below the one-on-one sessions.
- Check your company benefits to see if free or discounted gym memberships are offered.
- Many health insurers offer discounts at specific gyms. Call the membership number on your insurance card or check the insurer's website.
- If your doctor prescribes a gym membership to help treat a problem such as arthritis, you may be able to use your flexible spending account -- a pretax account for medical expenses some firms set up for employees. Ask the doctor if a prescription is appropriate, then show it to the person at your firm who manages employee benefits and ask if your company will allow gym use to be covered by the account.

[Source: Los Angeles Times Francesca Lunzer Kritz article 5 Jan 09 ++]

=====

VA FRAUD UPDATE 17: A witness in a 2005 Idaho murder solicitation case will spend a year and a day in federal prison after being found guilty of defrauding the government of nearly \$100,000 in veterans' benefits. Elven Joe Swisher, 71, of Cottonwood Idaho, was convicted last year of wearing unauthorized military medals, presenting false statements and documents to the Department of Veterans Affairs and theft of government funds. Chief U.S. District Judge B. Lynn Winmill sentenced him 5 JAN to the prison term, as well as still-unspecified restitution and three years of supervision. Swisher was among at least eight people from the northwestern U.S. charged in 2007 with faking their military service in conflicts dating to World War II. Federal prosecutors say he falsely posed as a veteran of the Korean War. In 2005, Swisher was a witness in the federal trial of northcentral Idaho businessman David Hinkson, who was accused of plotting to kill a federal judge, prosecutor and tax agent. Hinkson was convicted of soliciting the murders of U.S. District Judge Edward Lodge, Assistant U.S. Attorney Nancy D. Cook, and Internal Revenue Service Special Agent Steven M. Hines. All three had been involved in a separate, federal tax case against Hinkson's water business. None of the officials was harmed.

Swisher sported a replica Purple Heart pin on his lapel while on the witness stand and testified that because of his combat exploits and claims of killing enemy soldiers in battle, Hinkson attempted to hire him. After Swisher was convicted of fraud in April, the 9th U.S. Circuit Court of Appeals in May ruled that Hinkson deserved a new trial because Swisher forged documents and lied in court about his military background. Federal prosecutors have asked the appeals court to reconsider, though no decision has been made. Before his conviction was overturned, Hinkson was sentenced to 43 years in prison. Jessica Fehr, an assistant U.S. attorney in Billings, Mont., said 6 JAN that Swisher's case wasn't given special priority because of its history. Her office handled the fraud case against Swisher after the Idaho office recused itself due to its past involvement in the Hinkson case. "It was reviewed and handled in the same manner as any other case that comes through our office," Fehr told The Associated Press. Swisher will likely be sent to a federal prison near Portland, Ore. He didn't immediately return a phone call seeking comment. Chris Bugbee, Swisher's attorney in Spokane,

Wash., told the AP he plans to appeal the case within 10 days. A major point of contention, Bugbee said, is the federal court's rejection in late 2008 of Swisher's request for a new trial.

In a separate fraud case a federal judge has sentenced a 52-year-old woman to five years probation for theft of public money and theft from an employee pension plan. U.S. District Judge Mary Ann Vial Lemmon sentenced Diane Stafford of Poydras on 7 JAN. She also ordered her to pay \$17,161 in restitution to the U.S. Department of Veterans Affairs and the Iron Workers Mid South Pension Fund. According to court records, Stafford admitted that after her companion died in FEB 06, she forged her deceased friend's signature on her veterans benefit checks and cashed the checks, totaling \$12,010. She also admitted cashing her father's pension checks totaling \$5,151, after he drowned during Hurricane Katrina in 2005. [Source: NavyTimes AP John Miller & KSLAS News articles 7 Jan 08 ++]

=====

COLD WAR EXPERIMENTS LAWSUIT: Six veterans who claim they were exposed to dangerous chemicals, germs and mind-altering drugs during Cold War experiments sued the CIA, Department of Defense and other agencies 7 JAN. The vets volunteered for military experiments they say were part of a wide-ranging program started in the 1950s to test nerve agents, biological weapons and mind-control techniques. They allege in their lawsuit filed in San Francisco federal court that they were never properly informed of the nature of the experiments and are in poor health because of their exposure. They are demanding health care and a court ruling that the program was illegal because it failed to obtain their consent. Marie Harf, a CIA spokeswoman, declined to comment on the lawsuit, which seeks class-action status on behalf of all participants allegedly exposed to harmful experiments without their knowledge. At least 7,800 U.S. military personnel served as volunteers to test experimental drugs such as LSD at the Edgewood Arsenal near Baltimore during a program that lasted into the 1970s, the lawsuit said. Many others volunteered for similar experiments at other locations, according to the lawsuit. "In virtually all cases, troops served in the same capacity as laboratory rats or guinea pigs," the lawsuit said.

One notorious CIA project from the 1950s and 1960s, code-named MK-ULTRA, involved brainwashing and administering experimental drugs like LSD to unsuspecting individuals. The project was the target of at least three Congressional inquiries in the 1970s, and at least one death has been attributed to MK-ULTRA. In 1988, the Justice Department agreed to pay eight Canadians a total of \$750,000 to settle their lawsuit alleging they suffered psychological trauma from CIA-financed mind-control experiments that included doses of LSD. Harf said that MK-ULTRA "was thoroughly investigated and the CIA fully cooperated with each of the investigations." The current lawsuit seeks to represent any veteran who suffered injuries or unwittingly participated in MK-ULTRA, though none of the named volunteers allege they participated in the project. The veterans in the lawsuit accuse government officials of denying them medals and other citations promised them for participating in the experiments. "We deserve amends," said Eric Muth, one of the veterans who attended a press conference in San Francisco.

Muth said he volunteered as a 17-year-old Army enlistee in 1957 in a program he thought was for testing new equipment for use with riot gas. Instead, Muth alleges, he was purposely given inadequate protective gear and exposed to several

dangerous chemicals to test their effectiveness as chemical weapons. Muth, 68, said that he continues to suffer flashbacks and suffers from breathing problems. Another veteran in the suit, Bruce Price, alleged that military doctors implanted something in a sinus cavity near his brain's frontal lobe in 1966 that remains there today. The veterans' lawyer, Gordon Erspamer, said he believes the implant was an attempted mind-control device. Price did not attend the press conference. The lawsuit does not seek monetary damages but demands health care for veterans allegedly denied access to Department of Veterans Affairs facilities because they could not prove their ailments were related to their military service. Vietnam Veterans of America, a veterans advocacy group, is also a plaintiff. The lawsuit claims that many of the volunteers' records have been destroyed or remain sealed as top secret documents. [Source: NavyTimes AP Paul Elias article 7 Jan 08 ++]

=====

CALIFORNIA VETERAN' HOME UPDATE 02: Gov. Arnold Schwarzenegger's new state budget proposal could potentially impact veterans across California, including those residing at the Veterans Home of California – Barstow. The budget for 2009-2010 proposes an increase of \$2.8 million in fees collected from veterans home residents to help alleviate the state budget crisis. The potential fee increase would result from eliminating the dollar cap that puts a ceiling on how much veterans are required to pay to live at the homes, use its facilities and receive medical care. Currently, veterans pay a percentage of their income ranging from 47.5% to 70% – according to the level of supervision and medical attention they need. Their fees have been capped in the past, but if the proposal passes, residents with higher incomes will have to dig deeper into their pockets. Approximately 17% of California veterans will be impacted if the fee hike passes, according to J.P. Tremblay, a deputy secretary at the California Department of Veterans Affairs.

Jamie Todd, administrator at the Barstow Veterans Home, said he anticipates that the potential fee hike will not affect many of his 176 residents, who are on fixed incomes of veterans pensions or Social Security, and only the more affluent who can afford it. "If the residents have the means to pay more, it creates resources for the state of California," he said. Eleven-year veterans home resident Tom Clark agrees. Clark said that the only additional source of income that residents usually earn is by working at the home as a member helper for around \$3 an hour – wages that aren't considered income. "You can't find a better place than this for the money," said the 75-year-old Clark. In addition to eliminating the cap, the proposal tacks on a few other changes. The proposal plans to increase fees for spouses of veterans who live at the homes to up to 90% of their income. There will also be a change to the current system that categorizes veterans into groups that determine how much they pay in residential fees according to the level of medical attention they require. The current three-category system that groups veterans has been expanded to four, with a new category – Residential Care for the Elderly – placed between the previously lowest two levels of care, and charging 55 percent of a resident's income.

Tremblay said the state created the new category because many veterans needed more care than the first category of independent living provided, but did not fall into the next category, assisted living, costing the state in medical expenses. The new system categorizes veterans more specifically, according to Tremblay. The last time the state has raised fees was in 1994, he said. "We've been fortunate to

keep them down and stable for a long time," said Tremblay. The Barstow Veterans Home is one of three veterans homes in California. The home in Yountville has approximately 300 veterans and the home in Chula Vista has 1,000, according to Tremblay. If the proposal passes the new rates Would Be:

- Independent living = 47.5% of income vs. \$1,200/month cap.
- Residential care for the elderly = 55% of income (New).
- Assisted living = 65% of income vs. \$2,300/month cap.
- Skilled nursing care = 70% of income vs. \$2,500/month cap.

[Source: California Department of Veterans Affairs 5 Jan 09 ++]

=====

IRS COLLECTION POLICY UPDATE 02: As the nation sinks deeper into recession, the IRS is offering to waive late penalties, negotiate new payment plans and postpone asset seizures for delinquent taxpayers who are financially strapped, but make a good-faith effort to settle their tax debts. IRS Commissioner Doug Shulman said 6 JAN that tax agents are being given new authority to work with victims of the nation's economic woes who are struggling to pay their bills. "We need to recognize that it's an extraordinary, challenging time," Shulman said in an interview. "We need to understand the taxpayers' perspective. We need to walk a mile in their shoes." It's unrealistic to expect some taxpayers to make timely payments in this economy, Shulman said. However, he cautioned that those seeking help will have to demonstrate their inability to pay. Those who fail to file tax returns, or who simply ignore collection notices, will not be eligible for help, he said. "The most important thing for people to do is to get on the phone or walk into an IRS office," he said. "The worst thing someone can do is go dark and not be in a discussion with us." Just last month, the agency announced a program making it easier for homeowners with an IRS lien on their property to refinance their mortgages or sell their homes.

With the filing season for 2008 tax returns opening this week, the IRS expects to process 250 million returns over the next few months, including 130 million from individuals. The new leniency program is geared toward people who have paid their taxes in the past, but who are now having facing a financial hardship. "This is not a free ride for people who can actually pay their taxes," Shulman said. The IRS doesn't know how many taxpayers might take advantage of the new program for stretching out payments on overdue taxes or even reducing their tax liability. But millions could be eligible. In the fiscal year ending last 30 SEP, the IRS took enforcement action against more than 3 million taxpayers. The actions included property liens and asset seizures, including homes, cars, bank accounts and garnishing wages. This year, even more taxpayers could fall behind in their tax payments as the economy continues to sour. Record numbers of homeowners are falling behind on mortgage payments and the U.S. economy is losing jobs at an alarming rate. Since the start of the recession last December, the economy has shed 1.9 million jobs, and the number of unemployed people has increased by 2.7 million – to 10.3 million now out of work.

The leniency program is an extraordinary step by the IRS, said Ellis Reemer, head of tax litigation at the law firm of DLA Piper. IRS agents, he said, are generally well-meaning public servants who want to work with taxpayers but are often bound by policies that limit their discretion. "This is not a normal course of events," Reemer said. "This is an institutional determination that we are in very difficult economic times." The program was described as the "give the tax man

a heart plan," said Steve Ellis, vice president of Taxpayers for Common Sense, a budget watchdog group. Ellis said the program makes sense given the state of the economy, but he cautioned that it should be closely monitored for consistency and fairness. "You don't want people to get off the hook and not pay their fair share," he said. "They need to make sure that it's consistent." The IRS is doing the same thing many private creditors are doing. She said the mortgage crisis, Wall Street meltdown and job losses have left many families unable to pay their bills, said Sharon Price, policy director of the National Housing Conference. However, she worried that many taxpayers won't know how to access the benefits. "The problem is, will it be consistent and how will people find out about it?" Price said. To help explain the leniency program, the IRS has posted answers to common taxpayer questions on its Web site, <http://www.irs.gov>. The advice under "What if I can't pay my taxes?" begins with some reassuring words: "Don't panic." [Source: Yahoo News AP Writer Stephen Ohlemacher article 6 Jan 08 ++]

=====

**AUTISM:** Autism is a complex neurodevelopmental disability that typically appears during the first three years of life and affects a person's ability to communicate and interact with others. It is defined by a certain set of behaviors and is a "spectrum disorder" that affects individuals differently and to varying degrees. There is no known single cause for autism, but increased awareness and funding can help families cope with it. Autism is treatable, but medically necessary treatment comes at great expense and is often not covered by insurance. On 17 SEP 08 H.R.6930 'The Military Family Autism Equality Act' was introduced in the House by Congressmen Jim Moran (D-VA) and Jeff Miller (R-FL). Autism Society of America (ASA) President Lee Grossman joined with the Congressmen in announcing the bipartisan legislation that would help military retirees get health care coverage for autism therapy said, "All those affected by autism should be able to receive appropriate, medically necessary care. The Autism Society of America strongly supports this legislation, which would provide quality care to families that have made tremendous sacrifices for our country." Rep. Moran commented, "Caring for an autistic child is expensive. Military families already stretched thin by the high costs associated with the disease and long deployments overseas are often left with a choice no parent wants to face: provide expensive treatments for their child or keep their family clothed and fed. The Military Family Autism Equality Act would eliminate that painful decision, making autism care available for all military families, active or retired."

As a way to support military families affected by autism, the Department of Defense (DoD) introduced the Extended Care Health Option (ECHO) program to offer coverage for Applied Behavioral Analysis (ABA), a treatment for the symptoms of autism. ABA therapy has been shown to be effective in reducing the \$3.2 million estimated cost of lifetime care by two-thirds, according to a Harvard School of Public Health report. The ECHO benefit provides up to \$2,500 per month with a maximum of \$30,000 per year for this important therapy. Unfortunately, by law, the ECHO benefit is not made available to military retirees. This policy leaves approximately 8,800 children with autism of military retirees without access to needed care. H.R. 6930 would provide our nation's military retirees with the exact same ECHO coverage for their dependent children." Rep. Jeff Miller stated, "This bipartisan bill to extend needed medical coverage for children of military retirees with autism is long overdue and I'm pleased Congressman Moran and I were able to address this issue together."

ASA, the nation's leading grassroots autism organization, exists to improve the lives of all affected by autism. They do this by increasing public awareness about the day-to-day issues faced by people on the spectrum, advocating for appropriate services for individuals across the lifespan, and providing the latest information regarding treatment, education, research and advocacy. For more information on ASA's efforts in support of this legislation contact Carin Yavorcik for ASA at 301-657-0881 x 115 or [cyavorcik@autism-society.org](mailto:cyavorcik@autism-society.org) or refer to [www.autism-society.org](http://www.autism-society.org). For more information on how to support this legislation contact Austin Durrer for Congressman Moran at 202-225-4376 or [Austin.Durrer@mail.house.gov](mailto:Austin.Durrer@mail.house.gov); or Dan McFaul for Congressman Miller at 202-225-4136 or [dan.mcfaul@mail.house.gov](mailto:dan.mcfaul@mail.house.gov). With the close of the 110th congress H.R.6930 which only had 20 cosponsors along with its Senate complimentary bill S.3621 which had no cosponsors died. Both will need to be reintroduced in the 111th Congress. Those concerned are requested to send a letter to their representative asking him or her to support and cosponsor the Military Family Autism Equality Act. [Source: ASA Press Release 16 Sep 08 ++]

=====

**VARICOSE VEINS:** Varicose veins are a common problem, especially among woman, and occur when blood pools and causes the veins in the leg to swell. Long veins carry blood from the ankles, up the legs, and back to the heart. The calf and other muscles compress the veins to push the blood up the leg, while one-way valves inside the veins keep the blood from flowing back down. If these valves become incompetent or ineffective, the blood can pool backward. This pooling causes the veins to fill and swell. These large blue veins in the legs are called varicose veins. They can cause several additional symptoms.

- Legs might ache.
- Ankles can swell from the pooled fluid.
- Eventually the skin around the ankles, can become thin, itch, and have a brownish color.
- In serious cases, open ulcers can develop on the inner side of the ankles.

Many people have a genetic predisposition to varicose veins, but some simple behavioral changes often can prevent the more serious consequences. A first step in treatment is to prevent blood from pooling in the legs. Avoid crossing your legs, because this puts added pressure on the veins and decrease blood flow. Try not to stand still for long periods. Walking helps the calf muscles pump the blood upwards, but high heeled shoes decrease the movement of the feet (and thus the pumping action). Techniques to manage varicose veins include wearing compression stockings to put pressure around the leg and help keep the blood from pooling at the ankles. Various types of stockings are available – support hose help, as do over the counter compression stockings. When more compression is needed, a health care provider can write a prescription specifying the size and amount of compression. Stockings should be worn all day but removed during the night.

For more serious varicose veins, surgical and other treatments are available that will remove the veins or block them (often with scar tissue). This forces the blood to flow through collateral veins that might have healthier valves. Two methods to generate scarring are Sclerotherapy which involves injecting chemicals into the veins to create the scars and Thermal Ablation which involves using electrodes attached to a small catheter that is inserted in the vein. An electric



current run through the electrodes causes the scarring. Lasers can also be used for ablation. Other treatment options include bypass surgery and valve repair. Treatment might be viewed as a necessary medical procedure or a cosmetic procedure, depending upon the severity of the disease. Note that cosmetic procedures are rarely covered by health insurance whereas, treatment for medical reasons usually is covered. [Source: MOAA Ask the Doctor rear ADM. Joyce Johnson, D.O. article Jan 09 ++]

=====

VA SECRETARY UPDATE 10: Retired Gen. Eric K. Shinseki pledged to move quickly to fix gaps in health care if confirmed as Veterans Affairs secretary, saying he will reopen benefits to hundreds of thousands of middle-income veterans denied during the Bush administration. In a 54-page disclosure obtained 6 JAN by The Associated Press, President-elect Barack Obama's choice to head the government's second largest agency also urged Congress to set VA funding a year in advance to minimize political pressures. And the former Army chief of staff said he will step down from the corporate boards of defense contractors to alleviate potential conflicts of interest. "If confirmed, I would focus on these issues and the development of a credible and adequate 2010 budget request during my first 90 days in office," Shinseki wrote to the Senate Veterans Affairs Committee, noting that VA funding in the past created "significant management difficulties" that delayed medical care. The Senate committee is scheduled to hold Shinseki's confirmation hearing on 14 JAN. If confirmed, he will be the first Asian-American to hold the post of Veterans Affairs secretary.

Shinseki, 66, said he had resigned from the boards of Honeywell International Inc., which holds billions in contracts with the U.S. Army, as well as Ducommun Inc., which services defense contractors such as Boeing Inc. by manufacturing parts for aircraft. Because he will continue to receive undisclosed sums of deferred compensation from those firms, Shinseki said he will also recuse himself from any VA decisions involving those companies. The former Army chief of staff also said he will stop doing business at his consulting company Pegasus Associates Inc. and will resign positions at Guardian Life Insurance Company of America, First Hawaiian Bank and DC Capital Partners. Shinseki, who was once vilified by the Bush administration for questioning its Iraq war strategy, said a top goal will be to fulfill Obama's campaign promise to expand care to veterans who were denied access due to cost-cutting. Such "Priority 8" veterans, whose income exceeded roughly \$30,000 annually, were blocked from enrollment in the VA system in January 2003. During the presidential campaign, Obama promised to restore benefits to the "Priority 8" veterans and to improve overall funding at the VA. The VA was roundly criticized during the Bush administration for underestimating the amount of money needed to treat thousands of injured veterans returning from Iraq and Afghanistan.

Since Obama's election, the VA has indicated it was taking initial steps to send additional money to VA hospitals and clinics later this month to implement a new enrollment plan possibly by June. "I believe the prudent approach will be to validate the estimated number of these veterans, giving appropriate consideration to the potential impact of current economic factors, and then assess the capacity of facilities and staffing and then quickly create a plan to phase these veterans into VA for care," Shinseki wrote. In his questionnaire, Shinseki also pledged to:

- Cut down six-month waits for disability benefits in part by switching from paper applications to "an integrated, all electronic claims processing system." Shinseki said his starting point will be achieving VA's strategic goal of roughly 145 days, a benchmark that has eluded the agency despite years of promises by current VA Secretary James Peake and his predecessor, Jim Nicholson.
  - Initiate an "independent, thorough" review to ensure that the VA will not delay rollout of millions of dollars in new GI benefits in August. The VA initially suggested it might not be able to meet the deadline, but after criticism insisted it could handle the needed improvements to its information technology systems. At least 520,000 veterans are expected to take advantage come this fall, up from about 250,000 currently.
  - Work more closely with the departments of Housing and Urban Development, Labor and the Small Business Administration to increase economic opportunities for veterans and reduce homelessness.
- [Source: NavyTimes AP Hope Yen article 6 Jan 09 ++]

=====

VA HEARING AIDS/EYEGLASSES UPDATE 01: A new directive allows VA to provide glasses and hearing aids to those who are not service connected for those conditions (Priority Groups 6-8). In the past these were available only to those service connected for the condition. These services are now considered part of the preventative care package for all veterans enrolled in the VA who meet certain criteria. The link [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1789](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1789) outlines the requirements for obtaining eye glasses and hearing aids. Veterans who are enrolled in the VA health care system are eligible for battery replacement and repair of hearing aids even though those aids were purchased from a private source. Even though glasses and hearing aids may be provided at no charge, there may be a co-pay required for those in group 6-8. Audiology is a specialty clinic with a \$50 dollar co-pay for some services. There is no co-pay for the devices or the batteries. Nor are there any charges for visits for the purpose of adjusting, repairing or modifying hearing aids. [Source: VHA DIRECTIVE 2008-070 dtd 28 Oct 08 ++]

=====

TSP UPDATE 12: All the funds in the Thrift Savings Plan finished DEC 08 with solid gains, bringing hope to some investors who experienced significant losses in 2008.

- The I Fund, which invests in international stocks, posted the highest gains -- 7.66% -- in December, among the 401(k)-style plan's five basic investment options. December's growth alleviated the fund's tough 12-month loss of 42.43%.
- The S Fund, which invests in small- and mid-size companies by tracking the Dow Jones Wilshire 4500 Index, grew 4.68% last month. The fund's overall value is down 38.32% since DEC 07.
- The F Fund of Fixed-income bonds earned 3.73% last month. The fund also posted the strongest gains for 2008, at 5.45%.
- The C Fund, composed of common stocks on the Standard & Poor's 500 Index of the largest domestic companies, rose 1.07% last month. But the fund experienced significant 12-month losses of 36.99%.
- The G Fund of government securities, which is the TSP's most reliable

investment option, posted minimal gains in December, rising 0.24%. The fund had an overall increase of 3.75% in 2008.

The TSP also has life-cycle options, a blend of the five basic funds that automatically grows more conservative as investors near retirement. Those designed for younger employees earned the most in December, because they invested more heavily in the I, C and S funds. L 2040, intended for employees with a target retirement date around 2040, increased 3.63%; L 2030 rose 3.24%; L 2020 gained 2.82%; and L 2010 increased 1.66%. The L Income Fund, designed for employees with planned retirements in the very near future, gained 1.21% for December. All the L funds lost value in 2008 with those designed for younger employees posting the steepest losses. In 2008 L 2040 lost 31.53%; L 2030 fell 27.5%; L 2020 was down 22.77%; L 2010 dropped 10.53%, and L Income fell 5.0%.

[Source: GOVExec.com Brittany R. Ballenstedt article 6 Dec 09 ++]

=====

VA COPAY UPDATE 05: For veterans struggling financially due to a job loss or decreased income, the Department of Veterans Affairs (VA) offers an assortment of programs that can relieve the costs of health care or provide care at no cost. "With the downturn in the economy, VA recognizes that many veterans will feel the effects," said Secretary of Veterans Affairs Dr. James B. Peake. "Therefore, it is important that eligible veterans learn of the many ways VA has to help them afford the health care they have earned." Veterans whose previous income was ruled too high for VA health care may be able to enter the VA system based upon a hardship if their current year's income is projected to fall below federal income thresholds due to a job loss, separation from service or some other financial setback. Veterans determined eligible due to hardship can avoid copays applied to higher-income veterans. The 2009 Financial Income Thresholds for VA Health Care Benefits can be found at <http://www.va.gov/healtheligibility/Library/pubs/VAIncomeThresholds/VAIncomeThresholds.pdf>. Qualifying veterans may be eligible for enrollment and receive health care at no cost. Also eligible for no-cost VA care are most veterans who recently returned from a combat zone. They are entitled to five years of free VA care. The five-year "clock" begins with their discharge from the military, not their departure from the combat zone. Each VA medical center across the country has an enrollment coordinator available to provide veterans information about these programs. Veterans may also contact VA's Health Benefits Service Center at 1-877-222 VETS (8387). [Source: VA Press Release 6 Jan 08 ++]

=====

VA CATEGORY 8 CARE UPDATE 09: House appropriators were buoyed by a Veterans Affairs Department briefing that outlined how fiscal 2009 funding will be used to enroll about 265,000 vets who have been denied VA health services since 2003. A \$375 million provision was included in the fiscal 2009 VA spending bill measure (PL 110-329) to allow the department to bring into the system more "Priority 8" veterans – those who typically earn more than \$30,000 a year. The funding aims to expand the enrollment of Priority 8 veterans by 10%. Priority 8 refers to a subcategory of veterans who can receive VA health care in exchange for modest co-payments, and also valuable discounts on prescription drugs. "Reopening the doors of the VA system to veterans who have earned these benefits sends a clear message that we honor and respect their service and sacrifice to country," said Rep. Chet Edwards, D-Texas, chairman of the House Appropriations Military Construction,

Veterans Affairs and Related Agencies Subcommittee. "This needed expansion of VA benefits to middle income veterans is just one example of how millions of veterans will benefit from the historic funding increases of the last two years."

New Priority 8 veterans were blocked from enrolling for VA benefits in JAN 03 if their income exceeded approximately \$30,000 annually. Priority 8 veterans who were already enrolled in the system before JAN 03 were allowed to remain in the system. The VA told members of the subcommittee 5 JAN that funding will be formally disbursed to VA hospitals and clinics later this month in order to implement the new enrollment plan by June. In the meantime, the VA will work with the Office of Management and Budget to author new regulatory authority and propose it as a rule in the Federal Register. As the regulatory authority is developed, the VA's enrollment system will be modified to allow enrollment for veterans whose income exceeds the current threshold by 10% or less. Returning eligibility to Priority 8 veterans has been a priority for a number of high profile members of Congress, including Edwards and House Veterans' Affairs Committee Chairman Bob Filner, D-Calif. President-elect Barack Obama also pledged during his campaign to return eligibility to all Priority 8 veterans.

The new income thresholds will range from \$32,342 for an unmarried veteran and adding \$2,222 for each dependent. Geographic income ceilings also will rise. Vets meeting these income parameters 2008 incomes will be able to enroll in VA health care when revised regulations take effect sometime before 30 JUN. Veterans who applied for VA enrollment on or after Jan. 1 this year, and were rejected as Priority 8 veterans, need not reapply. Their applications, which already show their 2008 incomes, will be reconsidered and, if they fall under new higher thresholds, enrollment will be approved. Applicants denied enrollment for having Priority 8 income before 2009 will have to reapply because VA needs to see income information for 2008. More details on enrollment eligibility expansion are available online at [www.va.gov/healthel](http://www.va.gov/healthel) igibilityor by calling 1-877-222 VETS (8387).

[Source: CQ Today Online News Matthew M. Johnson article 6 Jan 09 ++]

=====

VA CATEGORY 8 CARE UPDATE 10: In an interview, Rep. Chet Edwards (D-17-TX), Chairman of the Military Construction and Veterans Affairs Appropriations Subcommittee, dismissed the CBO cost-cutting ideas aimed at raising veterans' out-of-pocket costs or bouncing two million vets from the VA health system because they suffer from no service-related conditions. "Some of these don't have the chance of a snowball in hell of being passed by Congress," Edwards said. "CBO was simply doing its job to outline what the options are. But a number of those are dead before arrival." The CBO director who led work on health care options, Peter R. Orszag, is nominated to be Obama's budget director. But Obama had pledged during his election campaign to allow all veterans back into the VA health system. He criticized the Bush administration's decision in 2003 to bar new enrollments by Priority 8 vets, those judged to have adequate incomes and no service-related conditions. Obama said it was unfair that the VA was "picking and choosing" which veterans got VA care. Edwards predicted that Obama will stand by that pledge.

But Edwards also has advised the president-elect to reopen Priority 8 enrollment only gradually. It's a view shared by some major veterans' service organizations. "If we open the doors too quickly," Edwards said, "we would flood

the system, undermine quality of health care and lengthen waiting times for doctor appointments." Chairmen of the House and Senate veterans' affairs committee echoed Edwards' dismissal of cost-saving actions aimed at wallets of veterans, saying they face stiff resistance from Congress and the new president. "We can't be raising fees and narrowing access at a time when health care is so necessary," said Rep. Bob Filner (D-51-CA). Sen. Daniel Akaka (D-HI), Senate committee chairman, said he doesn't "anticipate" sufficient support in Congress for CBO options targeting veterans. All three Democratic lawmakers – Akaka, Filner and Edwards – said Obama is committed to making improvements to quality of life for veterans, service members and their families. "I know we're facing a lot of budget challenges and people will be asked to sacrifice," Edwards said. "But veterans have already sacrificed enough in service to their country.

Rep. Steve Buyer (R-04-IN), ranking Republican on the VA committee, said reopening enrollment to Priority 8 veterans doesn't make sense with the VA health system still facing many wartime and modernization challenges. Buyer said the focus should remain on improving care and access to the "core constituency" Priority Groups 1 through 6, those veterans who either have combat wounds, service-related disabilities or are indigent. "That's the central mission of the VA. That's the purpose of its being," Buyer said. Priority 7 and 8 veterans should told, "If we have capacity, you're welcome," he said. Buyer said it's telling how he got "blistered" by veterans' service organizations when he first took this position while serving a few years back as committee chairman. Yet Disabled Americans Veterans and other groups now express similar worries about access to care for higher priority veterans. Democrats in Congress and some "Democratic-led" veteran groups, he said, are giving Obama "wiggle room" from his campaign pledge to open VA care to all veterans on the day he takes office, Buyer said. Buyer predicted the fiscal crisis and ballooning deficits will have the Obama administration recommending higher VA medical co-payments and fees for lower priority veterans, just as the Bush administration did. He also predicted Obama will be persuaded by his Office of Management and Budget to have VA delay its opening the VA health care to 258,000 new enrollees. "The challenge we have in this town, in this environment, is to manage expectations. [So] it's reasonable that the implementation timeline will slip," Buyer said. VA officials still plan on eligibility expansion by late June. [Source: Military Update Tom Philpott article Jan 08 ++]

=====

PTSD PURPLE HEART UPDATE 02: The Purple Heart will not be awarded to service members suffering from post-traumatic stress disorder, the Pentagon confirmed 5 JAN 09. "It's not a qualifying Purple Heart wound," said Defense Department spokeswoman Eileen Lainez, although she added that "advancements in medical science may support future re-evaluation." The decision, reached 3 NOV but not made public until now, followed months of evaluation by military and outside officials. That evaluation was spurred when Defense Secretary Robert Gates was asked at a May press conference whether he would support awarding the Purple Heart to PTSD sufferers. Gates said the idea was "clearly something that needs to be looked at." His undersecretary for personnel and readiness, David S.C. Chu, decided against making such awards after conferring with the Pentagon's Awards Advisory Group, which includes "awards experts" from the Office of the Secretary of Defense, the Joint Staff, the military services, the Institute of Heraldry and the Center for Military History, according to Lainez. Gates concurred with that

decision, Lainez said.

The Purple Heart "recognizes those individuals wounded to a degree that requires treatment by a medical officer, in action with the enemy or as the result of enemy action where the intended effect of a specific enemy action is to kill or injure the service member," Lainez said. PTSD "is not a wound intentionally caused by the enemy from an outside force or agent, but is a secondary effect caused by witnessing or experiencing a traumatic event," she said. According to the National Institute of Mental Health, PTSD is an anxiety disorder that can develop "after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened." The affliction is one of several reported in high numbers among veterans returning from duty in the Iraq and Afghanistan wars, both marked by long tours and high exposure to combat trauma. Lainez stressed that the Pentagon "is working hard to encourage service members and their families to seek care for PTSD, by reducing the stigma and urging them to seek professional care." Service members diagnosed with PTSD still warrant appropriate medical care and disability compensation. Lainez listed several additional factors in the Pentagon's decision:

- Based on the definition of a wound, "an injury to any part of the body from an outside force or agent," other Purple Heart award criteria, and 76 years of precedent, the Purple Heart has been limited to award for physical wounds, not psychological wounds;
  - PTSD is specifically listed as an injury not justifying award of the Purple Heart in Title 32 of the Code of Federal Regulations.
  - The requirement that a qualifying Purple Heart wound be caused by "an outside force or agent" provides a fairly objective assessment standard that minimizes disparate treatment between service members. Several members could witness the same traumatic event, for instance, but only those who suffer from PTSD would receive the Purple Heart.
  - Current medical knowledge and technologies do not establish PTSD as objectively and routinely as would be required for this award at this time.
  - Historically, the Purple Heart has never been awarded for mental disorders or psychological conditions resulting from witnessing or experiencing traumatic combat events – for example, combat stress reaction, shell-shock, combat stress fatigue, acute stress disorder, or PTSD.
- [Source: NavyTimes William H. McMichael article 5 Jan 09 ++]

=====

VA APPOINTMENTS UPDATE 04: A retired master sergeant warns that an automated system for re-minding veterans about medical appointments will do nothing to help fix scheduling problems that contribute to waiting lists at De-partment of Veterans Affairs hos-pitals and clinics. Frederick Montney III of Newark DE who spent 22 years in the Marines before retiring in 1996, said the automated tele-telephone system used at the Wilm-ington Delaware VA hospital is more of a pain than an aid. The 51-year-old former commu-nications chief, who has a 40% disability rating and uses VA for service-connected health prob-blems, said the appointment sys-tem "is pretty screwed up." An example, he said, is a recent chest X-ray he received while he was in the hospital for other rea-sons. After receiving the X-ray, Mont-ney says he continued to receive calls from VA for two full weeks reminding him of the appoint-ment. Montney said he called the lab to ask that the appointment re-minder be canceled. That resulted in his receiving automated calls that he had missed the appoint-ment, he said. "It's gotten so bad that I don't

even bother trying to call an actual person to square it away because it never does, and it only makes me more frustrated," he said, calling the system "pretty much a joke."

Montney's remarks come in response to a report from the VA inspector general that found an estimated 4.1 million unkept appointments in the VA health care system in fiscal 2008. The situation resulted from a combination of veterans not showing up and VA's problems with giving canceled appointments to other patients. Montney's experience may show why telephone reminders do not seem particularly effective. The inspector general report found no statistical difference in missed appointments between clinics that called patients to remind them of appointments and those that did not. Unfilled appointments, which the report called "missed opportunities" to provide health care, is an issue high on the agenda for the House and Senate veterans' affairs committees for 2009 as lawmakers push for ways to cut the backlog of veterans awaiting treatment. Doing a better job of scheduling would be a way to get more patients seen in VA facilities without dramatically increasing personnel and operations costs. [Source: NavyTimes Rick Maze article 12 Jan 09 ++]

=====

BURN PIT LAWSUIT UPDATE 01: Joshua Eller, who worked as a civilian computer-aided drafting technician with the 332nd Air Expeditionary Wing filed suit against KBR and its former parent company, Halliburton, saying the contractors exposed everyone at Joint Base Balad, Iraq, to unsafe water, food and hazardous fumes from the burn pit there. Eller said service members, contractors and third-country nationals may have been sickened by contamination at the largest U.S. installation in Iraq, home to more than 30,000 service members, Defense Department civilians and contractors. According to the lawsuit, filed 26 NOV in U.S. District Court for the Southern District of Texas, "Defendants promised the United States government that they would supply safe water for hygienic and recreational uses, safe food supplies and properly operate base incinerators to dispose of medical waste safely. Defendants utterly failed to perform their promised duties." Eller and his attorneys are seeking to have the lawsuit declared a class action. Diana Gabriel, a spokeswoman for Halliburton, said her company is improperly named in the suit. "As such, we expect Halliburton to be dismissed from the action as Halliburton has no responsibility, legal or otherwise, for the actions alleged," Gabriel said. "It would be inappropriate for Halliburton to comment on the merits of a matter affecting only ... KBR."

Halliburton announced in APR 07 that it had cut ties with KBR, which had been its contracting, engineering and construction unit since the 1960s. Heather Browne, spokeswoman for KBR, said her company has not been formally served with this litigation, so we are not commenting at this time. The suit asks that the plaintiffs be given monetary compensation and that KBR and Halliburton be stripped of all revenue and profits earned from their pattern of constant misconduct and callous disregard for the welfare of Americans serving and working in Iraq. Eller filed his claim after he deployed in FEB 06 for 10 months. The lawsuit claims he developed skin lesions that subsequently spread, filled with fluid and burst. He said they went away, then reappeared, followed by blisters on his feet that made it painful for him to walk. He said they healed, but continue to return every three to four months. Then, Eller said, he experienced vomiting, cramping and diarrhea, and continues to suffer severe abdominal pain. The suit claims that

KBR:

- Failed to comply with military standards for performing water quality tests and properly treating or chlorinating water.
- Served spoiled, expired and rotten food to troops, as well as dishes that may have been contaminated with shrapnel, even after the problems were called to the attention of KBR food service managers. The food included chicken, beef, fish, eggs and dairy products, which caused cases of salmonella poisoning, according to the suit.
- Shipped ice in mortuary trucks that "still had traces of body fluids and putrefied remains in them when they were loaded with ice" that was served to U.S. troops.
- Failed to maintain a medical incinerator at Joint Base Balad, which has been confirmed by two surgeons in interviews with Military Times about the Balad burn pit.

Instead, according to the lawsuit and the surgeons:

- Medical waste, such as needles, amputated body parts and bloody bandages were burned in the open-air pit.
  - Wild dogs in the area raided the burn pit and carried off human remains. The wild dogs could be seen roaming the base with body parts in their mouths, to the great distress of the U.S. forces.
  - On at least one occasion, KBR employees tried to improperly dispose of medical waste at an open-air burn pit by backing a truck full of waste up to the pit and emptying the contents onto the fire. The truck caught fire allowing defendants' fraudulent actions to be discovered by the military.
- [Source: NavyTimes Kelly Kennedy article 12 Jan 09 ++]

=====

TRICARE USER FEE UPDATE 28: A new report from the Congressional Budget Office shows why some military retirees and veterans could face higher out-of-pocket costs if the Obama administration and Congress take bold moves to reform the U.S. health system and to make federal health programs more efficient. Among 115 "options" presented, though not endorsed, in the CBO report, several focus on raising TRICARE out-of-pocket costs for retirees and one for families. Others would tighten access to VA hospitals and clinics, or raise VA health fees, for veterans with no service-connected conditions. Working-age military retirees will find here some of those familiar cost-saving ideas endorsed by the Bush administration to raise TRICARE fees, co-payments and deductibles for retirees under age 62 and their spouses. But other options are new and, if enacted into law, would raise health costs for Medicare-eligible military retirees and for active duty families. One option suggests having the VA health system disenroll millions of current users who have no service-related injuries or ailments.

Every two years CBO presents daring options for Congress and the executive branch to weigh in trying to control federal spending. The new report, "Budget Options, Volume 1: Health Care," is unusual in that it focuses entirely health care, an Obama policy priority, and its arrival is unscheduled. It's also significant that the CBO director who led this work was Peter R. Orszag, President-elect Obama's nominee to be his director of the Office of Management and Budget. OMB is responsible for assembling the president's annual budget request to Congress. How bold will his economic team be? "We are going to go through our



federal budget, as I promised during the campaign, page by page, line by line, eliminating those programs we don't need and insisting that those that we do need operate in a sensible, cost-effective way," Obama said in November as he announced Orszag's nomination to join his cabinet. "We're also going to focus on one of the biggest, long-run challenges that our budget faces, namely the rising cost of health care in both the public and private sectors," Obama continued. "This is not just a challenge but also an opportunity to improve the health care that Americans rely on, and to bring down the costs that taxpayers, businesses and families have to pay. That is what [OMB] will do in my administration." Obama added, "Peter doesn't need a map to tell him where the bodies are buried in the federal budget. He knows what works and what doesn't, what's worth our precious tax dollars and what is not."

Indeed, in the CBO report's preface, Orszag gets special thanks for having conceived the report and being instrumental in its development. Many of its options deal with adjustments to Medicare, Medicaid, private health insurance rules and the Federal Employees Health Benefit Plan for federal civilians. Most ideas are aimed at cutting costs but some would enhance benefits. The 226-page report can be read online at <http://www.cbo.gov/ftpdocs/99xx/doc9925/12-18-HealthOptions.pdf>. Here are some options that would touch military people and veterans:

- TRICARE for Working-Age Retirees (Option 96) – Fees, co-payments and deductibles would be raised for retirees under 62 to restore the relative costs paid when TRICARE began in 1995. TRICARE Prime enrollment would be raised to \$550 a year for individuals from \$230. Retiree families would pay \$1100 versus \$460 today. Co-pays for doctor visits would climb to \$28 from \$12 and users of TRICARE Standard and TRICARE Extra would pay an annual deductible of \$350 for an individual and \$700 for families. Congress has declined to support such increases for the past three years.
- Fees for Active Duty Families – Dependents of active duty members enrolled in TRICARE Prime, the managed care network, would pay new fees equal to 10% of the cost of health services obtained either in military treatment facilities or through civilian network providers. Total out of pocket costs would be capped, however. To help offset these costs, dependents would receive a \$500 non-taxable allowance annually. Those who elect to use alternative health insurance, rather than TRICARE, could apply the \$500 toward their health insurance premiums, co-payments or deductibles. CBO estimates these fees would save \$7 billion over 10 years and encourage Prime enrollees to "use medical services prudently." It also would entice more spouses to enroll in employer-provided health plans instead of TRICARE. The downside, CBO said, would be financial difficulties for some Prime enrollees despite the cap on out-of-pocket costs. Also, CBO said, spouses induced to rely on employer health plans could see health coverage interrupted during military assignment relocations.
- TRICARE-For-Life Fees (Option 97) – The military's health insurance supplement to Medicare could see higher user costs. Under this option, beneficiaries would pay the first \$525 of yearly medical costs plus one half of the next \$4725 of costs charged to Medicare. So the extra out-of-pocket cost for TFL users would be up to \$2887.50 a year. This amount would be indexed to rise with Medicare costs. The change would save \$40 billion over 10 years. But CBO said it also could discourage some patients from seeking preventive care or proper

management of chronic conditions. So it could negatively affect some patients' health.

- Tighten VA Enrollment – The VA healthcare system would be directed to disenroll 2.3 million Priority Groups 7 and 8 -- individuals who are not poor and have no service-related medical needs. Estimated savings would be \$53 billion over 10 years but Medicare spending would rise by \$26 billion in the same period as elderly among these vets shifted to Medicare. CBO said 90 percent of these vets have other health care coverage. But this change could leave up to 10% unable to find affordable care.  
[Source: Military.com Tom Philpott article 31 Dec 08 ++]

=====

VET CEMETERY CALIFORNIA UPDATE 04: The Department of Veterans Affairs (VA) has awarded more than \$2.8 million to a Jamestown CA contractor to develop the first phase of the Bakersfield National Cemetery in Arvin CA. The contract to Combined Effort Inc. is to develop a 15-acre first phase of the 500-acre site. Construction is expected to begin in early 2009. The early burial area will provide two years of burial services and comprise approximately 1,500 full-casket gravesites and 1,800 in-ground cremation sites. The cemetery staff will work initially from a temporary office, committal service shelter and equipment facility until the construction project is completed. In addition to the construction contract, VA awarded a \$691,000 contract to complete the design of the cemetery's first phase to Huitt-Zollars Inc. of Irvine. The new cemetery's site was donated by Tejon Ranch, a 426-square-mile agricultural and industrial complex along Interstate 5 in Kern County. It will serve approximately 200,000 veterans in central California. The complete first phase of the cemetery will include roadways, an administration and public information center, a maintenance complex, an assembly area, a memorial walkway, two committal service shelters and public restrooms. Interment areas will include approximately 4,800 full-casket gravesites, 4,000 pre-placed crypts, 4,000 in-ground cremation sites and 3,000 columbarium niches. Other infrastructure improvements will include utilities, fencing, landscaping and an irrigation system.

Veterans with a discharge other than dishonorable, their spouses and dependent children are eligible for burial in a national cemetery. Other burial benefits for eligible veterans include a burial flag, a Presidential Memorial Certificate and a government headstone or marker - even if they are not buried in a national cemetery. In the midst of the largest cemetery expansion since the Civil War, VA operates 125 national cemeteries in 39 states and Puerto Rico, in addition to 33 soldiers' lots and monument sites. More than 3.4 million Americans, including veterans of every war and conflict - from the Revolutionary War to the current wars in Iraq and Afghanistan - are buried in VA's national cemeteries. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at [www.cem.va.gov](http://www.cem.va.gov) or by calling VA regional offices at 1-800-827-1000. Information about the Bakersfield National Cemetery is available by calling the cemetery at (661) 632-1894. [Source: VA News Release 31 Dec 08 ++]

=====

OKLAHOMA VET BENEFITS: The Oklahoma Department of Veterans Affairs Claims and

## RAO BULLETIN 15 JANUARY 2009

Benefits Division provides numerous services to the state's veterans and their dependents. Their primary function is to assist veterans and their dependents with their claims before the U.S. Department of Veterans Affairs. Claims worked through the Muskogee Claims Office help claimants obtain compensation and pension benefits. Oklahoma DVA Service Officers and Claims Officers are accredited with a number of service organizations in order to better represent the claimant with their claims and appeals. The Claims Officers will assist in the appeals process, and if necessary, represent the claimant at a personal hearing before the U.S. Department of Veterans Affairs Hearing Officer. The Muskogee Claims Office also handles lifetime hunting & fishing permits, special veterans' license plates, and the Financial Assistance Program. The Claims & Benefits Veterans Service Representatives (VSR), covers the entire state on an itinerant basis, providing a service to veterans and their dependents within their home communities. Claims for compensation, pension, education, and medical benefits originate at the local level. The VSR's counsel the clients, assist in completing forms, and advise in determining the evidence needed. Claims are then forwarded to the Claims Office located in the U.S. Department of Veterans Affairs Regional Office in Muskogee, Oklahoma. There the claims are reviewed by a staff of Claims Officers and sent to the USDVA for eventual adjudication.

State veteran benefits include:

- Tax Exemption for 100% Disabled Veterans for sales tax, excise tax (Motor Vehicles Only), and ad valorem tax (Spouse included for ad valorem tax only)
- No fee hunting and fishing permits for legal residents with 60% or more disability.
- Reduced auto tag fees.
- State Veterans Employment Preference.
- National Guard Tuition Waiver Program
- Emergency/Disaster Financial Assistance Program to provide aid to needy veterans and their dependents.
- Intermediate to skilled nursing care and domiciliary care at seven veterans centers for its wartime veterans. These centers are located in Ardmore (175 nursing care beds), Claremore (302 nursing care beds) , Clinton (148 nursing care beds- & 8 domiciliary beds), Lawton (200 nursing care beds) , Norman (301 nursing care beds), Sulphur (132 nursing care beds), and Talihina (175 nursing care beds).

According to state Sen. Andrew Rice a bill has been filed in the state Senate to help Oklahoma military veterans get health insurance. He noted that thousands of veterans do not qualify for health care through the U.S. Veterans Affairs Department because they make too much money to qualify for means-tested federal programs. However, they also do not earn enough to afford private coverage. The bill would expand the Insure Oklahoma program to include certain qualified veterans between the ages of 19 and 64 on a limited income who are either on active duty or have been honorably discharged. Insure Oklahoma was enacted in 2004 and began operations in 2005 to provide premium subsidies to small employers (2-50) with low wage workers. Through the program, the employer pays only 25% of the premium of the low-wage worker, the employee pays up to 15% of the premium and the state pays the remainder. Originally, low-income was defined as 185% of the federal poverty level (FPL) but in NOV 07 the cap was increased to 200% FPL. It is funded by a tobacco tax and federal funds based on a Medicaid Health Insurance Flexibility and Accountability waiver. Participating insurers and their qualified products are listed on the Insure Oklahoma website [www.insureoklahoma.org](http://www.insureoklahoma.org).

[Source: AP article 30 Dec 08 ++]

=====

**LOW-CALORIE SWEETENERS:** Low-calorie sweeteners (sometimes referred to as non-nutritive sweeteners, artificial sweeteners or sugar substitutes) are ingredients added to food to provide sweetness without adding a significant amount of calories. In fact, they can also play an important role in a weight management program that includes both good nutrition choices and physical activity. According to the International Food Information Council (IFIC) they have a long history of safe use in a variety of foods ranging from soft drinks, to puddings and candies, as well as the table-top packet version. They are some of the most studied and reviewed food ingredients in the world today and have passed rigorous safety assessments. In the U.S., the most common and popular low-calorie sweeteners allowed for use today are acesulfame potassium (Ace-K), aspartame, neotame, rebaudioside A (Reb A or rebiana), saccharin, and sucralose. When added to food, these low-calorie sweeteners provide a taste that is similar to that of table sugar (sucrose), and are generally several hundred to several thousand times sweeter than sugar. They are often referred to as intense sweeteners. Because of their intense sweetening power, these sweeteners are used in very small amounts and thus add only a negligible amount of calories to foods and beverages. As a result, they practically eliminate or substantially reduce the calories in products such as diet beverages, light yogurt and sugar-free pudding.

Low-calorie sweeteners do not promote dental caries or obesity and they are safe for all segments of the population, including people with diabetes. Research indicates that people who incorporate foods sweetened with low-calorie sweeteners in their diet actually consume fewer calories than those who do not. Additionally, low-calorie sweeteners may help individuals to be more satisfied with their eating plans, helping them to lose weight and keep it off. While a few studies have suggested that low-calorie sweeteners may cause weight gain, they have not changed general scientific consensus that low-calorie sweeteners can aid in weight management. In JAN 08 researchers at Purdue University found that consumption of saccharin led to increased appetite and weight gain in rats. Due to sample size and flaws in the study design, many experts agree that the results cannot be applied to humans. In addition, clinical studies in humans conducted over the past 20 years have shown that using low calorie sweeteners can help with weight loss/maintenance. A 2006 review of aspartame's role in weight management demonstrated a weight loss of 0.2kg/week (or 0.4 lb) when aspartame-sweetened products were substituted for those sweetened with sugar. Similar findings were seen in a 1997 study published in the American Journal of Clinical Nutrition, which found that aspartame helps with weight loss and long-term weight maintenance. Experts agree that successful weight management requires more than just calorie reduction—moderation along with sensible eating habits and physical activity are integral in reaching an optimal weight. [Source: FDIC Facts <http://ific.org/publications/factsheets/lcsfs.cfm> Dec 08 ++]

=====

**LOW-CALORIE SWEETENERS UPDATE 01:** Low-calorie sweeteners are thoroughly tested and carefully regulated by federal authorities and international regulatory and scientific organizations to ensure the safety of foods, beverages and other products that contain them. Also, food manufacturers are required to list low-

calorie sweeteners on the product label. The acceptable daily intake (ADI) must be considered prior to approval for any food ingredient, including low-calorie sweeteners. The ADI is defined as the estimated amount (expressed in milligrams per kilogram of body weight per day) that a person can safely consume on average every day over a lifetime without risk. Worldwide evaluation concludes that (consumer) intake of low-calorie sweeteners is in fact well below the ADIs set for these ingredients. Moreover, regulators around the world typically set ADIs at levels 100 times less than levels found to be safe in key animal model studies. These studies include daily exposure for up to a lifetime. In the United States, the ADI is set by the U.S. Food and Drug Administration (FDA). Internationally, ADIs are set by the Joint Expert Committee on Food Additives (JECFA) of the United Nations' World Health Organization (WHO) and the Food and Agriculture Organization (FAO) and the European Union's European Food Safety Authority (EFSA).

#### Real Facts About Low-Calorie Sweeteners:

- Low-calorie sweeteners do not increase the risk of cancer. Studies show that low-calorie sweeteners do not cause cancer. A recent epidemiological study by the National Cancer Institute (NCI) showed that aspartame use is not associated with any increased risk of cancer, even among individuals who have high aspartame intakes.
- While two recent studies by a group of Italian researchers reported a link between aspartame and cancer in rats, the FDA found significant shortcomings in the design and interpretation of both studies, and has stated several times (as recently as APR 07) that it does not plan to change its position on the safety of aspartame. The safety of aspartame was again confirmed in SEP 07, when a panel of experts published a safety report on aspartame in *Critical Reviews in Toxicology*, which found "no credible evidence that aspartame is carcinogenic." Studies on other low-calorie sweeteners have also shown them not to be cancer-causing.
- Low-calorie sweeteners do not increase the risk of other diseases. For example, the aspartame safety report mentioned above also concluded that aspartame does not cause seizures and has no adverse effects on behavior, cognitive function, or neural function.
- All FDA-approved low-calorie sweeteners are safe for consumption by pregnant women and children. However, the advice of a physician and/or dietitian is recommended to ensure that dietary plans including low-calorie sweeteners meet the desired calorie and nutrient goals.

#### Low-Calorie Sweeteners Approved for Use in the U.S:

- Acesulfame-K (Ace-K): FDA concluded that the safety of Ace-K, used in Sunett and Sweet One, is consistent with research findings from other countries. It is 200 times sweeter than sugar. EFSA's reexamination of the sweetener in 2000 reaffirmed its safety. No human health problems associated with the consumption of Ace-K have been reported in the literature, despite more than 15 years of extensive use in many countries. Ace-K is not broken down by the body and is eliminated unchanged by the kidneys. It has no effect on serum glucose, cholesterol or triglycerides and people with diabetes may safely include products containing Ace-K in their diet.
- Aspartame (NutraSweet & Equal): Discovered in 1965, FDA approved Aspartame, used in NutraSweet and Equal, for use in dry foods in 1981 and its use in beverages in 1983. It is 180 times sweeter than sugar. In 1996, FDA approved aspartame, used in NutraSweet and Equal, as a general purpose sweetener,

concluding that it could be used in all categories of foods and beverages. Due to anecdotal reports and unscientific allegations, the safety of aspartame was reevaluated and confirmed again in 2002 by both the French Food Safety Agency and EFSA. Additionally, in 2006, the AFC Panel of EFSA evaluated a long-term study on the carcinogenicity of aspartame and concluded that, based on the current data available, there is no reason to further review the safety of aspartame. Aspartame has been proven safe for the general population, except for individuals with a rare hereditary disease known as phenylketonuria (PKU), who must restrict their intake of phenylalanine from all sources including aspartame. Foods containing aspartame as an ingredient must include a statement on the label advising phenylketonurics.

- **Neotame:** Neotame was approved by FDA in JUL 02 as a general purpose sweetener. This intense sweetener is approximately 7,000 times sweeter than sugar. Neotame has also received favorable evaluation by JECFA and is approved for use in other countries, including most parts of Eastern Europe, Australia, Russia, Mexico and several South American countries. Prior to its approval for use as a general purpose sweetener, neotame was subjected to well over 100 extensive scientific studies. These studies included toxicity, developmental and reproductive and carcinogenicity research. Human studies were also conducted and "no significant effects of neotame were observed."

- **Rebaudioside A (Reb A or rebiana):** The newest of the low-calorie sweeteners rebaudioside A, used in Truvia and PureVia, is a steviol glycoside purified from the leaf of the stevia plant. It is 200 times sweeter than sugar. In DEC 08 FDA stated it had no objection to the conclusion of an expert panel that rebaudioside A is generally recognized as safe (GRAS) for use as a general purpose sweetener. Prior to this, stevia-based dietary ingredients were only permitted for use as dietary supplements in the U.S. Rebaudioside A is a natural, zero-calorie sweetener, and is approximately 200 times sweeter than sugar. Stevia and steviol glycosides have a long history of use in several countries, including Japan and Paraguay, for both food and medicinal purposes. The safety of rebaudioside A for human consumption has been established through rigorous peer-reviewed research, including metabolism and pharmacokinetic studies, general and multi-generational safety studies, intake studies and human studies. Additionally, in JUN 08 JECFA conducted a multi-year review of all the available scientific data on high purity steviol glycosides, including rebaudioside A, and concluded that it is safe for use as a general purpose sweetener.

- **Saccharin:** Originally discovered in 1878 saccharin, used in Sweet 'N Low, Sweet Twin and Sugar Twin, is the oldest low-calorie sweetener approved for use in the marketplace today. It is 300 times sweeter than sugar. Over thirty years ago, a study found a link between saccharin and stomach cancer in rats. This caused FDA to propose that saccharin be banned and to mandate a warning label on products containing saccharin. However, subsequent research has shown no link to stomach cancer from saccharin consumption in humans and, based on federal legislation in 2001, products containing saccharin no longer have to carry a warning label. In addition, the National Toxicology Program of the National Institutes of Health (NIH) recommended in its "Report on Carcinogens, 9th Edition" that saccharin be removed from the list of potential carcinogens, and the California Environmental Protection Agency (EPA) also removed saccharin from its Proposition 65 list of carcinogens. Today saccharin is still safely and widely used, often in combination with other sweeteners.

- **Sucralose:** In 1999, the FDA approved sucralose, used in Splenda, as a general purpose sweetener for use in all categories of foods and beverages. It is 600 times sweeter than sugar. The research on sucralose's safety has also been

reviewed by JECFA and EFSA, which both concluded it is safe for human consumption. More than 100 scientific studies have been conducted on sucralose to determine its safety and use prior to government approval. The FDA and EFSA both reviewed studies in diabetics using sucralose and found that sucralose has no adverse health on blood glucose control. Additionally, FDA and other experts have found no adverse health effects with regard to sucralose use.

[Source: FDIC Facts <http://ific.org/publications/factsheets/lcsfs.cfm> Dec 08 ++]

=====

NURSING HOMES UPDATE 08: The American Health Care Association (AHCA) said the Centers for Medicare and Medicaid Services' (CMS') new "Five-Star" rating system unveiled 18 DEC is premature and problematic due to the fact that it is premised upon a flawed survey system that does not measure quality, lacks the inclusion of other important quality elements that help consumers make informed decisions, and includes inaccurate data. "While AHCA is committed to enhancing quality in our nation's nursing homes, we do not believe that an index which is based on the flawed survey system will provide consumers with the accurate, timely information they need to assess the quality of a facility," stated Bruce Yarwood, President and CEO of AHCA. "Just as every one of our nation's nursing home residents deserves the highest quality nursing home care, consumers deserve accurate, consistent and comparable data when choosing a nursing facility for a loved one." The AHCA President and CEO made the key observation that "Five-Star" will not achieve its goal of providing better tools to consumers nationwide as individuals will not be able to use this system to compare facilities across states.

Fundamentally, AHCA disagrees with the fact that the "Five Star" system places the most importance on the survey component when determining a facility's overall quality rating. The association pointed out shortcomings with the rating system, including the fact that the staffing component fails to reflect all caregivers within a facility. Yarwood also noted that the index itself fails to include the critical input of residents and staff who have received and provide care in any given facility. "Quality improvement is a dynamic, ongoing process – and its quantification must reflect the many variants that go into the delivery of care," Yarwood continued. "Today's survey system does not specifically measure quality – it assesses compliance with federal and state regulations. While the survey system is not unimportant, we believe that customer satisfaction – and how a resident and family members judge the actual care being provided in a particular facility – is a superior indicator of the quality of care and quality of life experienced by residents." Yarwood cited the JUN 08 My InnerView, Inc. national report on customer satisfaction with nursing facilities, which indicated that 83% of the respondents rated overall satisfaction with their nursing home as "excellent" or "good" and fully 82% of the respondents said they would recommend the facility to others. Yarwood noted one of the keys to improving the collaborative process between providers and a regulatory authority – and a key to helping facilities in need of improvement – is expanding the concept of transparency beyond just facilities to include the survey and enforcement process itself.

AHCA has been working in coalition with other long term care providers including CMS, quality improvement experts, medical professionals, and consumers on the Advancing Excellence in America's Nursing Homes campaign, which builds on the ongoing Quality First initiative. "Our profession has helped lead the

nation's healthcare sector in terms of quality improvement, and we are committed to continuing our strong working relationship with CMS to advance a transparent survey process that recognizes quality, provides the resources for facility improvement, enhances every facility's efforts to improve patient care, and mirrors our profession's own quality improvement initiatives." The American Health Care Association represents nearly 11,000 non-profit and proprietary facilities dedicated to continuous improvement in the delivery of professional and compassionate care provided daily by millions of caring employees to 1.5 million of our nation's frail, elderly and disabled citizens who live in nursing facilities, assisted living residences, subacute centers and homes for persons with mental retardation and developmental disabilities. For more information refer to [www.ahca.org](http://www.ahca.org). [Source: AHCA Press Release 18 Dec 08 ++]

=====

VET BENEFITS (STATE): Most veterans get some basic federal benefits including health care, low-interest home loans, life insurance and tuition help. Every state also offers some benefits to veterans ranging from free or reduced tuition at state colleges or universities to tax break. New legislation will benefit veterans in Oklahoma, California, New York, and potentially Ohio and North Dakota. Voters in OK/CA/NY overwhelmingly supported ballot measures on 4 NOV to approve benefits by amending their state constitutions. In 2009:

- Some disabled war veterans in Oklahoma will no longer pay property taxes. State Rep. Scott Inman (D), who co-authored the latest Oklahoma ballot initiative and sits on the House Veterans Committee said, "Oklahoma is considered one of the most veteran-friendly states because of the number of benefits offered to veterans and their (spouses); but there are more things Oklahoma and all other states could do to help those who served." Oklahoma's new provision, which passed with 85% of the vote, exempts disabled war veterans or their surviving spouses from personal property taxes, beginning 1 JAN 09. To qualify, a veteran has to be head of the household and have an honorable discharge with a permanent disability contracted while on active duty. Other bills that could reduce state revenue always have some critics, Inman said, but there was little opposition to the bill that led to this constitutional amendment.
- California voters passed with 63% of the vote a proposal to allow the state to borrow nearly \$1 billion to continue providing low-interest farm and home mortgage loans for veterans. California, which has offered the loans for 87 years, is among five states with similar programs. The state has made more than 420,000 loans to veterans and expects to make 3,600 with money generated by the 2008 ballot measure, said Jerry Jones, chief of legislation and public affairs for the state Department of Veterans Affairs. The few who opposed the ballot initiative feared that taxpayers would foot the bill if veterans defaulted on their loans. Jones said this has never happened because the state backs the bonds.
- New York voters approved by 77% of the vote a proposal that will help disabled veterans score higher on exams for civil service jobs. As of 1 JAN, the state will boost scores based on the veteran's wartime injury. "The higher the veteran is on the list, the more likely it is he or she will be hired," said Jim McDonough, director of the New York State Division of Veterans Affairs.
- While Ohio already offers all veterans from any state free in-state college tuition, Republican lawmakers there passed a bill in DEC 08 that would use the state's "rainy day" fund to pay for veterans' bonuses. The bill calls for bonuses up to \$1,000 for those who served in the 1990-91 Persian Gulf War and the



wars in Iraq and Afghanistan. Veterans serving elsewhere during the conflicts would receive up to \$500. Family members of those killed in action would receive \$5,000. However, Ohio Gov. Ted Strickland (D) said he plans to veto the bill, and instead wants to fund the \$200 million program by issuing debt through bonds.

- Looking ahead, North Dakota lawmakers plan to take up a bill in the 2009 legislative session that grants in-state tuition to any veteran in the country who attends a public college in the state.

[Source: Stateline.org Amanda DeBard article 31 Dec 08 ++]

=====

VA FAILURES 2008: On 19 DEC, millions of Americans were exposed on the "Dr. Phil" show to the antithesis of service many of our wounded warriors have received upon their return to civilian life. The honorable Rep. Bob Filner, chairman of the House Committee on Veterans Affairs, decried that "the American people assume we (the VA) are taking care of our kids ... we are not." He pointed out that the nearly one million new veterans from the wars in Afghanistan and Iraq are dealing with a backlog of nearly 800,000 benefit claims. Moreover, Mr. Filner cited unethical conduct at the VA including shredding and deceitful post-dating of many hundreds of benefit claims at several sites. He further pointed out notorious VA communications to conceal suicide rates and encourage alternative diagnoses to post-traumatic stress disorder (PTSD), thereby threatening health care benefits for many thousands of returning soldiers suffering from PTSD. Unfortunately, congressional oversight is hindered, according to Mr. Filner, because it depends upon self-disclosure of wrongdoing by the VA, and if they want to cover-up, they can cover-up. Just as intrinsic failures of self-regulation by lending institutions set the stage for the nation's economic debacle, insulated cultural problems at the VA are in need of reform and stronger external oversight, beyond the VA's own inspector general.

Although the VA has a budget of nearly \$100 billion, the "system is designed not to help them (veterans) but to support the bureaucracy," according to Col. David Hunt of FOX News. For example, at Central Texas Veterans Health Care System, suppression and inaction to disclosures of fraud, waste, plagiarism, and cronyism fell upon deaf ears to protect the inner circle of involved management and shortchange victims of traumatic brain injury (TBI). Consequently, attempts to bring to light misdoings by management at the only dedicated TBI brain imaging and treatment research program in Texas resulted not in remedies, but reprisals and covert plans for considering closure of the program without explanation. Thus, such a burial would also conceal the transgressions. The VA modus operandi prevailed, characterized by Mr. Filner, as "Deny, deny, deny, then cover-up, cover-up, then down play it, then hopefully years later people will forget about it." Fortunately a unified protest to the possible shutdown of the TBI Program in mid-DEC from Sen. John Cornyn and Reps. John Carter, Lloyd Doggett, Michael McCaul, and Lamar Smith may thwart the tactic of "throwing the baby out" (closing the TBI program) and keeping the dirty bath water (managers responsible for misconduct and mismanagement).

The Rand Corp. estimates that nearly 300,000 returning soldiers suffer from PTSD or depression and up to 320,000 have sustained TBI. The Institute of Medicine has also recently underscored long-term consequences of TBI including dementia, depression, impaired family relations, and unemployment. According to National Alliance to End Homelessness, nearly one out of four homeless (1-out-of-3 men) in

America are veterans though they only represent about 11% of the general population. Dr. Robert Van Boven, a neurologist-scientist who serves as director of a VA TBI program in Texas and author of this article said, "As we celebrate the New Year and a new beginning for our nation, let us pray and remember the over 4,200 men and women who perished in battle in Iraq and Afghanistan, the over 140,000 soldiers who cannot be with their families at this time, and pledge our commitment to our wounded warriors so that they may achieve recovery and lead fulfilling lives. The next wave of potential homeless must not follow this horrific fate for their service to our country. We are in dire need of sensitive methods to diagnose and treat TBI. Speak out for increased accountability, transparency, and integrity in our VA system, in service to those who risked their lives so that we can enjoy our holidays and freedom. Our heroes deserve no less." [Source: Washington Times Dr. Robert Van Boven article 31 DEC 08 ++]

=====

VA DISABILITY VERIFICATION LETTERS: The Department of Veterans Affairs (VA) announced 31 DEC it has sent out disability verification letters for the first time to more than 265,000 Florida veterans and surviving spouses who may be eligible for state or local tax exemptions. "We are working with the state of Florida to ensure veterans get the information they need to take advantage of the state's annual tax relief," said St Petersburg VA Regional Office Director Barry Barker. Numerous state's tax laws across the nation provide veterans and their surviving spouses with state, county or local tax relief. VA assists veterans to receive these benefits by providing letters verifying their military service and disability evaluations. Although people can obtain these verification letters at any time by contacting their nearest VA regional office, VA performed a special computer run to automatically generate these letters for veterans. Florida veterans do not have to make a special request to obtain this verification. Any veteran who receives VA disability compensation, but does not receive a letter or has any questions about the information contained in the letter should contact their local VA Regional Office by calling VA's number 1-800-827-1000. VA encourages veterans and their families to check the letters carefully and contact VA if they have any concerns. Florida veterans and survivors are advised to contact their county property tax appraiser's office on the Internet at <http://dor.myflorida.com/dor/property/appraisers.html> or tax collectors office at <http://dor.myflorida.com/dor/property/taxcollectors.html> with any questions about Florida state tax abatement programs. Last year, VA paid nearly \$2.9 billion in compensation and pensions to eligible veterans and surviving spouses in the state. In addition to the VA regional office in St Petersburg, the Department operates seven major medical centers, 43 outpatient clinics, five benefits offices, and 12 Vet Centers on behalf of Florida's 1.8 million veterans. [VA Press Release 31 Dec 08 ++]

=====

HAVE YOU HEARD: Will Rogers, who died in a plane crash with Wylie Post in 1935, was probably the greatest political sage the USA has ever known. Following are a few of his observations:

1. Never slap a man who's chewing tobacco.
2. Never kick a cow chip on a hot day.
3. There are 2 theories to arguing with a woman...neither works.

4. Never miss a good chance to shut up.
5. Always drink upstream from the herd.
6. If you find yourself in a hole, stop digging.
7. The quickest way to double your money is to fold it and put it back in your pocket.
8. There are three kinds of men: The ones that learn by reading. The few who learn by observation. The rest of them have to pee on the electric fence and find out for themselves.
9. Good judgment comes from experience...and a lot of that comes from bad judgment.
10. If you're riding' ahead of the herd, take a look back every now and then to make sure it's still there.
11. Lettin' the cat outta the bag is a whole lot easier'n puttin' it back.
12. After eating an entire bull, a mountain lion felt so good he started roaring. He kept it up until a hunter came along and shot him. The moral: When you're full of bull, keep your mouth shut.

ABOUT GROWING OLDER...

First ~ Eventually you will reach a point when you stop lying about your age and start bragging about it.

Second ~ The older we get, the fewer things seem worth waiting in line for.

Third ~ Some people try to turn back their odometers. Not me, I want people to know 'why' I look this way. I've traveled a long way and some of the roads weren't paved.

Fourth ~ When you are dissatisfied and would like to go back to youth, think of Algebra.

Fifth ~ You know you are getting old when everything either dries up or leaks.

Sixth ~ I don't know how I got over the hill without getting to the top.

Seventh ~ One of the many things no one tells you about aging is that it is such a nice change from being young.

Eighth ~ One must wait until evening to see how splendid the day has been.

Ninth ~ Being young is beautiful...but being old is comfortable.

Tenth ~ Long ago when men cursed and beat the ground with sticks, it was called witchcraft. Today it's called golf.

And finally ~ If you don't learn to laugh at trouble, you won't have anything to laugh at when you are old.

=====

VETERAN LEGISLATION STATUS 13 JAN 09: Refer to the Bulletin's Veteran Legislation attachment for or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th Congress. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our

RAO BULLETIN 15 JANUARY 2009

representatives know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](http://www.thecapitol.net/FAQ/cong_schedule.html) for future times that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 13 Jan 09 ++]

=====

Lt. James "EMO" Tichacek, USN (Ret)  
Director, Retiree Assistance Office, U.S. Embassy Warden & IRS VITA Baguio City RP  
PSC 517 Box RCB, FPO AP 96517  
Tel: (951) 238-1246 in U.S. or Cell: 0915-361-3503 in the Philippines.  
Email: [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net) Web: [http://post\\_119\\_gulfport\\_ms.tripod.com/rao1.html](http://post_119_gulfport_ms.tripod.com/rao1.html)  
AL/AMVETS/DAV/FRA/NAUS/NCOA/MOAA/USDR/VFW/VVA/CG33/DD890/AD37 member

BULLETIN SUBSCRIPTION NOTES:

== To subscribe first add the above RAO email addree to your address book and/or white list and then provide your full name plus either the post/branch/chapter number of the fraternal military/government organization you are currently affiliated with (if any) "AND/OR" the city and state/country you reside in so your addree can be properly positioned in the directory for future recovery. Subscription is open to all veterans, dependents, and military/veteran support organizations. This Bulletin was sent to 66,455 subscribers.

== To automatically change your email addree or remove yourself from Bulletin distribution click the below or send a message which includes your full name plus your old & new email.

---

Change address / Leave mailing list: <http://ymlp134.com/u.php?YMLPID=gquyswgsgyewqygjwq>  
Hosting by YourMailingListProvider