RAO BULLETIN
1 March 2009

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MOBILIZED RESERVE 24 FEB 09: The Department of Defense announced the current number of reservists on active duty as of 24 FEB 09. The net collective result is 2867 more reservists mobilized than last reported in the Bulletin for 15 FEB 09. 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 94,696; Navy Reserve, 6,382; Air National Guard and Air Force Reserve, 15,489; Marine Corps Reserve, 7,299; and the Coast Guard Reserve, 728. This brings the total National Guard and Reserve personnel who have been activated to 124,594, 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://www.defenselink.mil/news/Feb2009/d20090224ngr.pdf. [Source: DoD News Release 122-09 25 Feb 09 ++]

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VA BUDGET 2010: President Obama's first proposed budget for the Department of Veterans Affairs (VA) expands eligibility for health care to an additional 500,000 deserving Veterans over the next five years, meets the need for continued growth in programs for the combat Veterans of Iraq and Afghanistan, and provides the resources to deliver quality health care for the Nation's 5.5 million Veteran patients. The 2010 budget request is a significant step toward realizing a vision shared by the President and Secretary of Veterans Affairs Eric K. Shinseki to transform VA into an organization that is people-centric, results-driven and forward-looking. If accepted by Congress, the President's budget proposal would increase VA's budget from $97.7 billion this fiscal year to $112.8 billion for the fiscal year beginning 1 OCT 09. This is in addition to the $1.4 billion provided for VA projects in the American Recovery and Reinvestment Act of 2009. The 2010 budget:

- Represents the first step toward increasing discretionary funding for VA efforts by $25 billion over the next five years. The gradual expansion in health care enrollment that this would support will open hospital and clinic doors to more than 500,000 Veterans by 2013 who have been regrettably excluded from VA medical care benefits since 2003.
- Provides the resources to achieve this level of service while maintaining high quality and timely care for lower-income and service-disabled Veterans who currently rely on VA medical care.
- Provides greater benefits for Veterans who are medically retired from active duty, allowing for the first time all military retirees to keep their full VA disability compensation along with their retired pay.
- Provides the resources for effective implementation of the post-9/11 GI Bill – providing unprecedented levels of educational support to the men and women who have served our country through active military duty.
- Supports additional specialty care in such areas as prosthetics, vision and spinal cord injury, aging, and women's health. New VA Centers of Excellence will focus on improving these critical services.
- Addresses the tragic fact of homelessness among Veterans. It expands VA's current services through a collaborative pilot program with non-profit organizations that is aimed at maintaining stable housing for vulnerable Veterans at risk of homelessness, while providing them with supportive services to help them get back on their feet through job training, preventive care, and other critical services.
- Provides the necessary investments to carry VA services to rural communities that are too often unable to access VA care.
- Expands VA mental health screening and treatment with a focus on reaching Veterans in rural areas in part through an increase in Vet Centers and mobile health clinics. New outreach funding will help rural Veterans and their families stay informed of these resources and encourage them to pursue needed care.

[Source: VA News Release 26 Feb 09 ++]

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VA MEDICAL FOSTER HOME: VA's new medical foster home (MFH) program is helping veterans with home care and assistive devices when they are too old or infirm to live alone. It has been implemented at a number VA facilities and VHA plans to expand their program to 31 more sites. MFH is a unique partnership of adult foster home and Home Based Primary Care (HBPC), or Spinal Cord Injury Home Care (SCI-HC) serving those veterans that are in need of greater care. The program is designed to help veterans when they no longer can live alone. The veteran can choose to live in a home-like environment while they continue to receive their primary healthcare through the VA. In the past, many veterans living alone with no family support would have had to be placed into a nursing home. MFH offers a safe, favorable, and less costly alternative. MFH finds a caregiver in the community who is willing to take a veteran into their home and provide 24-hour supervision as well as needed personal assistance. The expectation is that this is a long-term commitment, where the veteran may live for the remainder of his/her life. Veterans who enter MFH are enrolled for VA healthcare and all meet one or more criteria for nursing home as well as HBPC criteria and must be enrolled in that program.

The cost of the MFH is the responsibility of the veteran who pays for his care using his own personal funds that may include a monthly benefit check from the VA; the veteran may receive concurrent home hospice care. All homes will be required to meet VA guidelines and any applicable state requirements. The benefits of this program are that sponsors are able to give back to our Nation's veterans, augment their income, and gain companionship while veterans are able to live in a compassionate and home-like environment, with needed supervision and support. The caregivers are paid on average $1200 to $2400 per month to provide this care. This includes room and board, 24-hour supervision, assistance with medications, and whatever personal care is needed. MFH is a very cost-effective alternative to nursing home placement and an opportunity for the caregiver to work from home. More than 400 veterans have been placed in MFH homes thus far. This program has been very successful at VA Medical Centers across the country and is currently implemented in:

- Augusta, GA 706-733-0188 x 7579
- Bay Pines, FL 727-398-6661 x 2609
- Boston, MA 857-203-5681
- Fayetteville, AR 479-587-5805
- Little Rock, AR 501-257-2048
- Memphis, TN 901-523-8990 x 7748
- Miami, FL 305-575-7000 x 3674
- Salem, VA 540-982-2463 x 2147
- Salt Lake City, UT 801-582-1565 x 2180
- San Juan, PR 787-641-7582 x 19800
- Sioux Falls, SD 605-333-6861
- St Louis, MO 314-652-4100 x 66387
- Tampa, FL 813-903-3611

If you have questions, know of community members who might be interesting in serving as a caregiver, or of a veteran in need of MFH assistance contact the MFH Coordinator at your local VA Medical Center. For veterans in need of any other services, contact the nearest VA Medical Center and ask for the Social Work Service: http://vaww1.va.gov/directory/guide/home.asp?isFlash=1 . To determine availability of MFH in your area, contact (813) 610-0859 (east of the Mississippi) or (612) 396-8666 (west of the Mississippi). [Source: VA Public Relations Office 26 Feb 09 ++]

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HASC Update 03: A freshman lawmaker just assigned to the House Armed Services military personnel and readiness subcommittees hopes to use his experience as a military doctor to help shape legislation. Freshman republican John Fleming, elected in December after Hurricane Gustav delayed voting, represents Louisiana's fourth congressional district, which includes Fort Polk and Barksdale Air Force Base. A family physician in Minden LA for more than 25 years and the author of a book about substance abuse, Fleming used a Navy scholarship he received in 1972 to help pay for medical school. His Navy career began as a family doctor at Camp Pendleton, Calif., treating the families of Marines. His service included stops in Long Beach, Calif., where he worked on an

alcohol and drug treatment program, and on Guam, where he headed a Navy family advocacy committee. Although Fleming has been out of the Navy since 1982, his private practice accepted military patients using the Tricare program until about five years ago, because of low reimbursement rates and slow payments. “I’m told that things are much better now with Tricare, but that is one of the things I want to see,” Fleming said.

As a new congressman he has little seniority on the Armed Services Committee, but his subcommittee assignments put him in the middle of the debate about military health care. The readiness subcommittee has responsibility for the construction, renovation and upkeep of military facilities. The military personnel subcommittee is responsible for pay and benefits issues, which include the Tricare program. Two issues are likely to get his immediate attention, Fleming said. He is concerned about Tricare reimbursement rates for doctors, which he said determines access to care, and he also wants to hold down Tricare premiums for beneficiaries. “I really would not like to see fees go up, but I realize the fees are low,” Fleming said. “But, who better to pay low health care fees than people who have sacrificed on behalf of the country?” Fleming is a fiscal conservative, supporting a bill that would freeze congressional salaries. He voted But he made it clear in an interview that military members and their families needn’t fear his budget-cutting ways. He said he believes the military should get a 2010 pay increase. And although he voted against the stimulus bill, he said he still fully supported the billions it included for improvements in military housing, facilities and hospitals. “We cannot do enough for the military, is my view,” he said. [Source: NavyTimes Rick Maze article 23 Feb 09 ++]

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TRICARE TAX FREE PREMIUMS Update 03: Military and federal civilian retirees would be able to pay their monthly health care premiums with pre-tax dollars under a bill reintroduced 25 FEB. Though a section of the Internal Revenue Code lets employees in the public and private sectors pay for health insurance with pre-tax dollars, it does not authorize employers to make this premium conversion benefit available to retirees. Active federal employees now pay their premiums with pre-tax dollars under the so-called premium conversion benefit. One of the bill’s sponsors, Rep. Gerry Connolly (D-VA 11th) said extending the benefit to retirees is only fair. “In these trying economic times, the need has never been greater to make health insurance more affordable for federal and military retirees,” Connolly said in a statement. “Federal and military retirees lose ground every year as health insurance premiums skyrocket, and this premium conversion bill will provide them with much-needed tax relief.” Lawmakers say expanding premium conversion to retirees would save each participant $820 per year. The bill would also allow active-duty military members to apply a pre-tax rebate to the supplemental insurance premiums many service members purchase to cover gaps in Tricare coverage. The Federal and Military Retiree Health Care Equity Act HR.1203 is co-sponsored by 15 other lawmakers. Sen. Jim Webb, D-Va., plans to introduce a similar bill in the Senate. Veterans are requested to ask their legislators to cosponsor this legislation. One simple way to do this is to use USDR’s Action alert at http://capwiz.com/usdr/issues/alert/?alertid=12787701&queueid=[capwiz:queue_id] by entering your zip code to activate an automatic transmission of a cosponsor request message to you representative. [Source: AirForceTimes Stephen Losey article 25 Feb 09 ++]

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BLOOD DONATION & VCJD: To give blood for transfusion to another person, you must be healthy, be at least 17 years old or 16 years old if allowed by state law. You must weigh at least 110 pounds, and not have donated whole blood in the last 8 weeks (56 days) or double red cells in the last 16 weeks (112 days). "Healthy" means that you feel well and can perform normal activities. If you have a chronic condition such as diabetes or high blood pressure, "healthy" also means that you are being treated and the condition is under control. A number of other criteria apply inclusive of exposure to communicable diseases such as variant Creutzfeld-Jacob Disease (vCJD). In some parts of the world, cattle can get an infectious, fatal brain disease called Mad Cow Disease. In these same locations, humans have started to get a new disease vCJD which is also a fatal brain disease. Scientists believe that vCJD is Mad Cow Disease that has somehow transferred to humans, possibly through the food chain. There is now evidence from a small number of case reports involving patients and laboratory animal studies that vCJD can be transmitted through transfusion. There is no test for vCJD in humans that could be used to screen blood donors and to protect the blood supply. This means that blood programs must take special precautions to keep vCJD out of the blood supply by avoiding collections from those who have been where this disease is found. At this time, the American Red Cross donor eligibility rules related to vCJD say you are not eligible to donate if:

1. From 1 JAN 80, through 31 DEC 96, you spent (visited or lived) a cumulative time of 3 months or more, in the United Kingdom (UK), or from 1 JAN 80, to present, you had a blood transfusion in any country(ies) in the (UK). The UK includes the Channel Islands; England; Falkland Islands; Gibraltar; Isle of Man; Northern Ireland; Scotland; and Wales.
2. You were a member of the of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military who spent a total time of 6 months on or associated with a military base from 1980 through 1990 in Belgium, the Netherlands (Holland), or Germany.
3. You were a member of the of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military who spent a total time of 6 months on or associated with a military base from 1980 through 1996 in Spain, Portugal, Turkey, Italy or Greece.
4. You spent (visited or lived) a cumulative time of 5 years or more from 1 JAN 80, to present, in any combination of country(ies) in Europe, inclusive of:
    - The UK from 1980 through 1996 as listed in above.
    - On or associated with military bases as described above, and
    - The following countries in Europe: Albania, Austria, Belgium, Bosnia/Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland (Republic of), Italy, Kosovo (Federal Republic of Yugoslavia), Liechtenstein, Luxembourg, Macedonia, Montenegro (Federal Republic of Yugoslavia), Netherlands (Holland), Norway, Poland, Portugal, Romania, Serbia (Federal Republic of Yugoslavia), Slovak Republic (Slovakia), Slovenia, Spain, Sweden, Switzerland, Turkey, and Yugoslavia (Federal Republic includes Kosovo, Montenegro, and Serbia).

[Source: www.redcross.org/en/eligibility#vcjd2 Feb 09 ++]

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VA MUSEUM or MEDICAL CENTER: History is fraught with controversy, and controversy is fraught with history. Military history and its museum exhibits have caused a roe or two. In 1994, when the Enola Gay was to go on display at the Smithsonian during World War II 50th anniversary commemorations, controversy raged about this B-29 that dropped the bomb on Hiroshima to end the war. The Smithsonian was forced to pull the plug on its plans for the Enola Gay and change the program. Recently, controversy again swirled around the World War II Pacific theater. A framed 1945 headline "Japs Surrender" was removed from a wall display after an employee said the term "Jap" was derogatory. But this was not just any venue: The artifact was hanging at the Roudebush VA Medical Center in Indianapolisa VA medical center. Veterans complained about the move, and groups like the local Marine Corps league balked it was a "slap in the face of the U.S. Military." Medical center director Tom Mattice tucked the period newspaper away. He has posed the question of the display's appropriateness to the VA's national ethics office, wondering if this would constitute a national policy. Mattice has stated the facility is a medical center and not a museum, though you would think the two can happily coexists.

It is not clear if the complaining employee understood this was an actual newspaper from 1945, that the "Japs" was period parlance and its very survival as an artifact transcends real or perceived racism. The Japanese did surrender to people receiving care at that facility. Seems sort of ironic. These veterans - military veterans - probably were thrilled the center (unlike some more prominent facilities like the one in Washington, D.C.) made a significant effort to incorporate military history into the décor. In the meantime, "Germany Surrenders" still hangs, and the VA will replace "Japs Surrender" with something gentler like "Japanese Surrender" or "Victory in the Pacific." Maybe something as positive and inspirational. World War II veterans continue to pass away in large numbers. Someday, few in the VA system (or elsewhere) will care about the history of that headline. [Source: MOAA InsidetheHQ article 25 Feb 09 ++]

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FILIPINO VET INEQUITIES Update 14: VA and the Embassy of the United States in Manila have announced locations in the Philippines where Veterans can apply immediately. The list has been posted at http://manila.usembassy.gov. To receive information by mail, United States residents may call

1-800-827-1000. Philippine residents may call 632-528-2500 (within Metro Manila) or from outside Manila at 1-800-1888-5252. In addition, Filipino Veterans may request information via email at https://iris.va.gov. The VA Regional Office in Manila will process all claims for this benefit. Therefore, U.S. residents should mail the application to the Department of Veterans Affairs, Regional Office, PSC 501, FPO AP 96515-100. The following guidelines apply to the WWII Filipino Veterans Equity Compensation Fund:

- Only veterans who are classified as members of the "United States Armed Forces of the Far East", the "Philippine Scouts" or "Recognized Guerillas" will qualify for the payments.
- Only veterans who were discharged or released from service under conditions other than dishonorable will qualify for the payments.
- The United States Department of Veteran Affairs (DVA) must receive all claims no later than 16 FEB 2010. Claims received after that date will not be honored.
- Claims must be submitted by the Filipino WWII veteran. If the veteran is unable to appear in person the DVA will arrange to obtain the application in an appropriate manner. Claims from spouses, widows, and children of Filipino WWII veterans cannot be accepted.
- Eligible veterans who are U.S. citizens will receive a onetime payment of $15,000.
- Eligible veterans who are not U.S. citizens will receive a onetime payment of $9,000.
- The amount of payment is based on the veteran's citizenship, not their residence.
- Once a veteran files a claim, in the event of death prior to payment of the claim the amount owed will be paid to the surviving spouse regardless of her citizenship.
- The payment is not considered income for U.S. tax purposes.
- This is an additional benefit for those eligible. Receipt of payment will not change or affect benefits received under any other federal or federally assisted program.
- Eligible vets can apply for or continue to receive other VA benefits.
- Applications can be submitted using a VA FORM 21-4138 Statement in Support of Claim. A PDF copy of this form can be downloaded at www.vba.va.gov/pubs/forms/VBA-21-4138-ARE.pdf .

[Source: VA News Release 20 Feb 09 ++]

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COBRA Update 02: Congress has just given a big assist to millions of jobless Americans facing a tough decision: Do they reach into their wallet to continue health insurance coverage with their old employer or not? As part of the economic-stimulus package signed into law this week, the federal government will provide a nine-month subsidy covering 65% of the Cobra premium for people who qualify. Eligible workers who originally opted not to take Cobra but who now want the subsidized version have 60 days after they receive notice from their employers to sign up, says Richard G. Schwartz, a benefits lawyer in New York. Fewer than one in 10 eligible workers recently opted for continuing insurance coverage in 2007 under Cobra, the federal law that allows many workers to continue group health insurance when they leave a job. The big reason: Cobra is expensive. Under the law, workers must pay the entire premium -- plus a 2% administrative fee -- even though employers typically picked up the lion's share of the cost. The average cost of Cobra coverage for a family is $13,000 a year -- big money for someone who is unemployed.

The new subsidy applies to workers involuntarily terminated between 1 SEP 08 and 31 DEC 09, and phases out for individuals with an adjusted gross income of $125,000, and $250,000 for married couples filing jointly. It should make it easier for people to protect themselves not only from ruinous medical bills, but also from the inability to get new insurance due to a pre-existing medical condition. That's because an often-overlooked federal law -- the Health Insurance Portability and Accountability Act of 1996 -- generally limits the ability of group health plans to exclude someone because of a pre-existing medical condition. But it only applies if you have been continuously covered by a health insurer with a break of no more than 63 days. That's where Cobra comes in. "People often unknowingly invalidate their federal portability rights by not taking Cobra or inadvertently exceeding the 63 days," says Janet Trautwein, chief executive of the National Association of Health Underwriters, a trade group of health-insurance brokers and agents in Arlington, Va.

As part of the stimulus law, lawmakers also enacted a provision allowing laid-off workers to switch to cheaper health-care plans in Cobra, if their employers offer them, without having to wait for an open-enrollment period. That might also help some people who chose the more-expensive health-care plans offered by their employers when they had their jobs. The unemployment rate jumped to 7.6% in January, up 2.7 percentage points from a year earlier. Cobra, however, generally doesn't help workers in companies with fewer than 20 workers, or those who have lost their insurance because their companies were liquidated or whose jobs never offered it, according to the U.S. Department of Labor. Many states extend state Cobra benefits to groups of fewer than 20 workers. Employers may not be happy with the expansion of the Cobra program, as some fear it will raise administrative and other costs. "The new law will impose very large costs on employers," says John Goodman, president of the National Center for Policy Analysis, an independent think tank in Dallas. "It will make it more expensive for employers to provide health insurance. And, for those who do, it will make it more expensive to hire new workers."

For some people, especially the young and healthy, another option is to take out an individual health policy. Insurers such as Aetna Inc. have been promoting individual plans as Cobra alternatives in many states. Health-insurance experts advise people who lose their jobs to apply immediately for individual health insurance, because it can take weeks to have an application approved or denied when medical underwriting is involved. They can then choose whether to use Cobra or opt for individual insurance or a public program within the allowed time limit. Yet for employees who already have been diagnosed or treated for a serious or chronic illness, or who are pregnant, Cobra may be the only reasonable option. They may find it impossible to get an individual health-insurance policy, unless they live in a handful of states such as New York or New Jersey that require insurers to issue policies regardless of health or risk status, or in the more than 30 states with high-risk pools.

Even then, individual policies may be prohibitively expensive. A Web site that lays out many private and public insurance programs is available at www.coverageforall.org, a project of the Foundation for Health Coverage Education, a nonprofit group funded by health insurers and foundations, and at the industry-funded www.nahu.org. Individual health-plans can be compared at sites like www.ehealthinsurance.com, an online insurance broker licensed in 50 states. [Source: The Wall Street Journal M.P. McQueen article 19 Feb 09 ++]

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MOJAVE DESERT VETERAN MEMORIAL Update 01: The Supreme Court agreed 23 FEB to step into a long-running legal fight over an 8-foot cross that stands as a war memorial in the vast Mojave National Preserve in California's San Bernardino County. The cross has been declared unconstitutional by the Ninth Circuit Court of Appeals. The justices said that in court arguments set for this fall, they will consider throwing out the appeals court ruling that ordered the cross be torn down. The American Civil Liberties Union and a former National Park Service employee have been challenging the cross' continued presence on national parkland for nearly eight years. A cross has stood on the site since 1934, when a local chapter of the Veterans of Foreign Wars erected it atop an outcropping known as Sunrise Rock. Congress ordered the Interior Department to transfer one acre of land - where the cross stands - to the Veterans of Foreign Wars. The 9th Circuit judges refused to allow the transfer saying that "carving out a tiny parcel of property in the midst of this vast preserve — like a donut hole with the cross atop it — will do nothing to minimize the impermissible governmental endorsement" of the religious symbol. They ruled that such a move was unconstitutional and stood by its order to dismantle the monument. The cross is currently encased in a plywood box, now awaiting the Supreme Court's decision.The case is Salazar v. Buono, 08-472. [Source: Star Tribune AP article 23 Feb 09 ++]

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BLOOD THINNERS Update 01: Doctors prescribing Warfarin, a blood–thinning medication, will now be able to use genetic testing as a means of estimating the initial dosage size for their patients. Data collected from 350 patients at Shands Hospital at University of Florida (UF) and the Malcolm Randall VA Medical Center were combined with other international studies to show that a person’s genes play a role in how the drug will affect their blood flow. Warfarin is an anti–coagulant, also known as a blood thinner, which helps to prevent clot formation in the blood and is given to those who are at risk for blood clots. Warfarin works by inhibiting Vitamin K–dependent factors in the body, which contains proteins that deal with blood clotting. According to Julie Johnson, director for UF’s Center for Pharmacogenomics, about two million people in the US are currently taking Warfarin.

Figuring out the right dose for the right person can be really tricky. The dose required can range from 1 milligram per day to 10 or 15 milligrams per day.

Patients are normally started off with a 5 milligram per day dose, which is then adjusted after seeing how the body and blood flow reacts to the medicine. However problems arise when patients are given too much or too little of the medicine. If a patient is given too much, they have a period of increased risk of fatal bleeding. But, if they are not given enough of it, they have an increased risk of clot formation, which can lead to a stroke. Dr. Marc Zumberg, clinical assistant professor of medicine in the division of Hematology and Oncology at UF's College of Medicine said, "Warfarin is a difficult drug, although it's used in lots of patients. The dose is dependent on a lot of things such as diet and use of different medications. For these reasons patients' blood levels often fluctuate, causing dosage amount to change as well. We have to follow their levels very closely."

The study showed variations of two genes could control how much of an initial dosage a patient would need, thus eliminating most of the guesswork done when initially prescribing medicine to the patients. "One of the genes makes the protein that metabolizes Warfarin in the liver, affecting how quickly or slowly it will break the drug down," Johnson said. "The other gene makes the protein that the Warfarin acts on, and so, it influences how much protein is present." The more protein present in the body, the higher amount of Warfarin needed. About 46% of the patients in the study benefitted from these genetic tests because they did not need the average 5 milligrams of Warfarin usually prescribed. "Some people require less than 3 mg or greater than 7 mg," Johnson said. "It's a pretty significant overdose (...) or under dose. Zumberg said genetic variations indicate a part, but not all, of how much doctors need to prescribe. He believes a patient's diet and use of other medication also plays a role in determining dosage. Zumberg's biggest concerns are cost effectiveness and turn-around time for test results. He believes that doctors should use the genetic information if it's readily available, "but it's not the end all and be all of Warfarin," he said. [Source: The Independent Florida Alligator Rebecca Weiss article 23 Feb 09 ++]

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USFSPA & DIVORCE Update 04: In Colorado the ex-wife of a Temporary Disability Retirement List (TDRL) army veteran discharged with 16 years of service, sued to get a portion of his TDRL pay. In 2001 they had divorced after seven years of marriage and the court awarded her parental responsibility and child support for the 3 children, granting maintenance for the wife, and dividing marital property and debts. The order provided that husband's pension/retirement benefits be evenly divided between the parties as set forth in the time rule formula. At the time the order was submitted the husband had 11 years of service. Six years later the husband was placed on TDRL with a 30% disability rating. His monthly pay was reduced from $5400 to $1629 per month. Because of the reduction he filed for a modification of the child support with the court. The wife responded, opposing the modification and further requested that the husband's TDRL benefits be divided pursuant to the permanent orders provision relating to pension/retirement benefits. Unfortunately, the original court order failed to include the term "disposable pay" in defining "pension/retirement benefits". After a hearing the trial court granted the husband's child support modification request and issued a subsequent order denying the wife's request to divide his TDRL benefits.

The Uniformed Services Former Spouses Protection Act (USFSPA) enacted in 1982 permits state courts to include a military service member's retirement/retainer pay as common property in a divorce proceeding thereby making it subject to garnishment. The government's well intended purpose was to afford some security for ex-spouses, most of whom were women, after a divorce from the breadwinner. The Act does not direct state courts to divide retired pay, it permits them to. The law further stipulates that only "disposable" pay may be divided. Disposable pay is defined as pay remaining after the following deductions: Debts owed to the U.S. government; Amounts of retired pay waived by the receipt of VA disability compensation; National Service Life Insurance (NSLI) premiums; and SBP costs. The law further stipulates that DFAS may not send more than 50% of the member's disposable retired pay as direct payment unless there are additional garnishments for alimony or child support under Title 42, U.S.C. section 659. In those cases up to 65% of the disposable pay may be sent as a direct payment.

In the above cited case the issue was whether or not TDRL could be considered as disposable pay. In preparing the husband's defense no precedence could be found in the state of Colorado or elsewhere in the nation of a similar case that had set the precedent that TDRL was not disposable pay. Thus, a lot of time and expense was incurred by

the defense because the court had no precedent to follow. Now there is one. Veterans' facing similar court action can refer to Colorado Court of Appeals, Court of Appeals No. 07CA2432, Adams County District Court No. 00DR2350, Honorable Mark D. Warner, Judge Announced 19 FEB 09. A copy of the decision is available upon request from the RAO. [Source: Genevieve Williamson vs. Charles Williamson 19 Feb 09 ++]

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TRICARE PHYSICIAN AVAILABILITY Update 01: MinuteClinic, the pioneer and largest provider of retail health care in the United States, announced that it has become a participating provider in the network of Health Net Federal Services/Tricare North. Nearly 1.5 million Tricare health care beneficiaries now have in-network access to MinuteClinic health care centers located inside select CVS/pharmacy stores in 13 states: Connecticut; Illinois; Indiana; Massachusetts; Maryland; Michigan; St. Louis; Missouri area; North Carolina; New Jersey; New York; Ohio; Pennsylvania; and Virginia. MinuteClinic health care centers are staffed by masters-prepared, board-certified nurse practitioners who specialize in family health care and are trained to diagnose, treat and write prescriptions when clinically indicated for common family illnesses such as strep throat and ear, eye, sinus, bladder and bronchial infections. Common vaccinations such as influenza, tetanus, MMR, and Hepatitis A & B are also available. MinuteClinic retail locations are open seven days a week including weekday evening hours. No appointment is necessary. MinuteClinic nurse practitioners utilize nationally recognized medical protocols to diagnose and treat health conditions. With the patient's consent, treatment information is shared with his or her primary care physician to facilitate continuity of care.

Minneapolis-based MinuteClinic is a subsidiary of CVS Caremark Corporation (NYSE: CVS), the No. 1 provider of prescriptions and related health care services in the nation. MinuteClinic launched the first retail health care centers in the United States in 2000 and is the first provider to establish a national presence with more than 500 locations in 25 states. By creating a health care delivery model that responds to consumer demand, MinuteClinic makes access to high-quality medical treatment easier for more Americans. The company has generated more than 3 million patient visits, with a 95% customer satisfaction rating. A recognized leader in the patient-centric health care movement, MinuteClinic consistently brings innovation to the marketplace and sets new standards for clinical quality that exceed the national guidelines established for store-based clinics by the American Medical Association (AMA) and the American Academy of Family Physicians (AAFP). MinuteClinic is the first and only retail health care provider to receive accreditation from The Joint Commission, the national evaluation and certifying agency for nearly 15,000 health care organizations and programs in the United States. For more information, refer to www.MinuteClinic.com. [Source: NAUS Weekly Update 20 Feb 09 ++]

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PEANUT BUTTER/PASTE RECALL: The FDA has confirmed that the recent outbreak of outbreak was caused by peanut butter and peanut paste produced by the Blakely, Georgia processing plant of Peanut Corporation of America (PCA). Many manufacturers use peanut paste as an ingredient in commercially produced products such as cakes, cookies, crackers, candies, cereal and ice cream. On 28 JAN, PCA expanded its recall to include all peanut products produced on or after 1 JAN 07. Major national brands of jarred peanut butter found in grocery stores are not affected by the PCA recall. The FDA has posted a list of the recalled products at www.accessdata.fda.gov/scripts/peanutbutterrecall/index.cfm. Although PCA has declared bankruptcy, many of the companies that used the contaminated ingredients are liable. Attorney Christopher E. Grell, legal advisor to Quackwatch', has set up a website at www.peanutpoisoning.com to provide legal assistance. On the site you can submit a complaint form and someone will contact you as soon as possible. Or, you can call them at 510-832-2980. The website also provides the latest news regarding the peanut problem. [Source: Consumer Health Digest #09-08, 19 Feb 09 ++]

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TRICARE USER FEE Update 32: The DEC 07 report of the Task Force on the Future of Military Health Care got a lot of attention by urging large increases in fees for military retirees under 65 and an enrollment fee for Tricare For Life, among many other proposals. For the last year, those recommendations have been under

review by a special committee appointed by the Secretary of Defense. Now that committee has issued its "recommendations on the recommendations." The good news is that the Pentagon panel didn't propose fee hikes as severe as those urged by the Task Force, and it didn't support the proposal for a TFL enrollment fee. The bad news is that it still recommended significant fee hikes for retirees under 65, and proposed means-testing those fees based on total family income. Here are some selected specifics:

- Fees for under-65 retirees: The DoD committee agreed with the Task Force that Tricare fees should be raised and periodically adjusted to reflect some percentage of military health costs, but declined to propose specific fee levels. They recommended tying Tricare Prime enrollment fees to some percentage of the Medicare Part B premium ($96.40 per month this year for the base rate), with a family rate at double the single rate. Tricare Standard deductibles would be raised by an amount sufficient to provide the same relative level of beneficiary cost-sharing. The committee proposed to have DoD secure congressional authority to raise fees and then figure out how much to raise them. They envisioned phasing in the fee increases over a period of years, citing the Task Force's four-year plan.
- Tiering/Means-Testing: The committee recommended setting different tiers of fees based on retirees' family adjusted gross income.
- Pharmacy Copays: The committee proposed eliminating copays for generic and brand-name formulary medications purchased through the mail-order pharmacy system. For retail pharmacy purchases, copays would be $4 for generics (vs. the current $3), $20 for brand names (vs. $9), and $30 for non-formulary medications (vs. $22).

The Military Officers Association of America (MOAA) was pleased to see the proposal they previously endorsed to eliminate mail-order copays for most medications as an incentive to use that venue, which offers significant savings for members and the government alike. But most of the other recommendations still violate what MOAA believes should be fair principles for military health care fees. They do not accept that, unlike almost all other employer health programs, military retirees' Tricare benefits should be subject to means-testing. They also reject the idea that military beneficiaries should have to pay any set share of DoD costs, when those costs are driven up by unique military readiness requirements, documented inefficiencies, and ineffective accounting systems that have been deemed un-auditable by the Government Accountability Office and DoD's own Inspector General. And they certainly will oppose any effort to get Congress to buy a "pig in a poke" by giving DoD additional authority to impose unspecified fee hikes in the future.

The obvious question is, "What's likely to happen with these recommendations?" The only fair answer is that we can't be sure. But a few observations are in order. First, they were prepared under the purview of the previous administration, so there's no telling how they'll be viewed by the new political leaders. Second, they're considerably more vague than previous recommendations, and the more vague the recommendations, the harder it may be for them to gain traction. The people who did the study acknowledged the possibility that the new administration may want to take a year to study the issues for themselves before taking a position, but that, too, is pure speculation. The first true indicator we're likely to have is what's in the first Obama administration budget submission to Congress. And we probably won't see that until April. [Source: MOAA L:eg Up 20 Feb 09 ++]

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TRICARE USER FEE Update 33: Following is a letter sent by Sen. Joseph I. Lieberman to a member of FRA Branch 20 in Groton CT in response to his query on the rumored Tricare For Life budget cuts. It is self explanatory and should be widely disseminated in the military community:

February 19, 2009
Dear Mr. Serabian:

Thank you for contacting me regarding rumored cuts in benefit programs for military retirees, including TRICARE for Life. Currently, a wealth of false and misleading information is being distributed on this matter; and I welcome the opportunity to explain the source of the confusion.

I am aware of several chain emails, online discussion boards, blogs, and even articles in well-intentioned veterans' publications that imply that President Obama and Congress plan on eliminating TRICARE for Life. The insinuations put forth by these sources are false.

The source of these stories is a report issued by the Congressional Budget Office (CBO), entitled Budget Options Volume 1: Heath Care, released in December 2008. Before jumping to conclusions about the report itself, however, it is important to know exactly what the CBO is. CBO is a nonpartisan federal agency, tasked with providing Congress with cost estimates for the many legislative proposals considered each year. It also periodically offers Congress suggestions for adjusting federal spending. CBO is an information gathering body for Members of Congress. Its recommendations about the budget are completely non binding; and its officers do not draft actual policy, legislation, or law.

The Budget Options report in question offers a total of 115 options for reducing (or, in some cases, increasing) federal spending on health care, only three of which relate to TRICARE. These options are merely suggestions, not policy statements or actual legislation. Reports such as this one are routine, and very few options or recommendations made by CBO are typically acted upon. President Obama has not indicated support for the three recommendations in this report related to TRICARE, nor has any Member of Congress, to the best of my knowledge. Any suggestion that the Administration is affiliated with this report ignores the fact that it was drafted by the CBO - which, again, is an advisory body of the legislative branch, not the executive branch.

You may also be interested to know that both the Reserve Officers Association (ROA) and the Military Officers Association of America (MOAA) have issued statements condemning the aforementioned rumors that are being perpetuated through these chain emails.

I hope that you have found this letter informative, and I encourage you to share this information with members of your community who are concerned about issues relating to military retirees. As a member of the Senate Armed Services Committee, please be assured of my continued commitment to protecting the various interests of all those who have fought tirelessly to protect our cherished freedoms.

Thank you again for sharing your views and concerns with me. I hope you will continue to visit my website at http://lieberman.senate.gov for updated news about my work on behalf of Connecticut and the nation. Please contact me if you have any additional questions or comments about our work in Congress.

Sincerely,
Joseph I. Lieberman
UNITED STATES SENATOR
JIL:bjm

[Source: Paul Serabian msg, received 21 Feb 09 ++]

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COLA 2010 Update 03: The Bureau of Labor Statistics released the January consumer price index (CPI), the metric used to calculate the annual cost of living adjustment (COLA). For the first time this fiscal year, the metric actually increased, at least partially eating away at the 5.0% hole left by months of deflation. Cumulative inflation for FY09 now stands at a -4.5%. The four-month cumulative inflation figure hasn't been this low in the last 40 years. If inflation is negative for the entire year, retirees would see no COLA. The law doesn't allow a negative COLA for military retired pay, SBP, Social Security, etc. [Source: MOAA Leg Up 20 Feb 09 ++]

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VETERAN'S PENSIONS Update 01: If you are a wartime veteran with a limited income and you are no longer able to work, you may qualify for a Veterans Disability Pension or the Veterans Pension for Veterans 65 or older. Many veterans of wartime service are completely unaware of the fact that if they are 65 or older and on a limited income they may qualify for a VA Pension without being disabled. An estimated 2 million

impoverished veterans and their widows are not receiving the VA pension they deserve because they do not know about it. The VA has had limited success in getting the information to them. Generally, you may be eligible if:

- You were discharged from service under conditions other than dishonorable, and
- You served at least 90 days of active military service 1 day of which was during a war time period. If you entered active duty after September 7, 1980, generally you must have served at least 24 months or the full period for which called or ordered to active duty (There are exceptions to this rule), and
- Your countable family income is below a yearly limit set by law **(**The yearly limit on income is set by Congress)**,** and
- You are age 65 or older, or, you are permanently and totally disabled, not due to your own willful misconduct.

With the advent of the Gulf War on 2 AUG 90 (and still not ended by Congress to this day), veterans can now serve after 2 AUG 90 during a period of war time. If your countable income appears to be near the maximum you should apply. VA will determine if you are eligible and notify you. If you do not initially qualify, you may reapply if you have un-reimbursed medical expenses during the twelve month period after VA receives your claim that brings your countable income below the yearly income limit (i.e. These are expense you have paid for medical services or products for which you will not be reimbursed by Medicare or private medical insurance). Countable income for eligibility purposes includes income received by the veteran and his or her dependents, if any, from most sources. It includes earnings, disability and retirement payments, interest and dividends, and net income from farming or business. There is a presumption that all of a child's income is available to or for the veteran. VA may grant an exception to this in hardship cases.

There is no set limit on how much net worth a veteran and his dependents can have, but net worth cannot be excessive. Net worth means the net value of the assets of the veteran and his or her dependents. It includes such assets as bank accounts, stocks, bonds, mutual funds and any property other than the veteran's residence and a reasonable lot area. The decision as to whether a claimant's net worth is excessive depends on the facts of each individual case. All net worth should be reported and VA will determine if a claimant's assets are sufficiently large that the claimant could live off these assets for a reasonable period of time. VA's needs-based programs are not intended to protect substantial assets or build up an estate for the benefit of heirs. The Maximum Annual Pension Rates (MAPR) effective 1 DEC 08 for both living and deceased veteran's surviving spouse/children cannot exceed the following:

- Veteran or widow/er with no dependents $11,830 or $7,933.
- Veteran with spouse and child or widow/er with a child $15,493 or $10,385.
- Veterans or survivor with additional children: add $2,020 to the limit for each child.
- Housebound veteran or widow/er with no dependents $14,457 or $9,696.
- Housebound veteran or widow/er with one dependent $18,120 or $12,144.
- Veteran or widow/er who needs aid and attendance and you have no dependents $19,736 or $12,681.
- Veteran or widow/er who needs aid and attendance and you have one dependent $23,396 or $15,128.

Some income is not counted toward the yearly limit (for example, welfare benefits, some wages earned by dependent children, and Supplemental Security Income). It's also important to note that your medical related expenses are considered when determining your yearly family income. VA pays you the difference between your countable family income and the yearly income limit which describes your situation. This difference is generally paid in 12 equal monthly payments rounded down to the nearest dollar. You can apply by filling out VA Form 21-526, Veteran's Application for Compensation Or Pension. If available, attach copies of dependency records (marriage & children's birth certificates) and current medical evidence (doctor & hospital reports). You can also apply on line through the VONAPP website http://vabenefits.vba.va.gov/vonapp/main.asp. For More Information Call 1(800) 827-1000. [Source: www.vba.va.gov/bln/21/pension/index.htm 12 Feb 09 ++]

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TSP Update 14: Form TSP-3 provides active and separated participants of the Thrift Savings Plan the ability to designate a beneficiary or beneficiaries to receive their TSP accounts after their deaths. If the TSP record keeper has a valid Form TSP-3 on file on or before the date of the participant's death the TSP will use the form to identify the participant's beneficiaries and disburse the death benefit payments from his or her TSP account. Participants are not required to complete Form TSP-3. If a valid form (signed, witnessed, and received by the TSP) is not on file on or before the date of death of the participant, the TSP will disburse the account according to the following statutory order of precedence found at 5 USC § 8424(d):
(1) To the participant's widow or widower;
(2) If none, to the participant's child or children equally, and descendants of deceased children by representation;
(3) If none, to the participant's parents equally or to the surviving parent; (4). If none, to the appointed executor or administrator of the participant's estate;
(5) If none, to the participant's next of kin entitled to his or her estate under the laws of the state in which the participant resided at the time of his or her death.

Since SEP 95 the TSP has required that, in order to be considered, all completed Forms TSP-3 must be received by the TSP record keeper on or before the date of the participant's death. This includes those Forms TSP-3 which agencies were instructed to purge and mail to the TSP record keeper for processing. The participant must submit Form TSP-3 directly to the TSP record keeper, and agencies must ensure that all Forms TSP-3, including those that were previously filed in the OPF, are purged and forwarded to the TSP record keeper. Agencies must provide Form TSP-3 upon a participant's request. Participants should mail or fax Form TSP-3 to the TSP record keeper after the first TSP contribution is deducted from his or her pay. If the TSP record keeper receives a beneficiary form from an employee who does not yet have a TSP account, the form will be returned to the employee. Send to Thrift Savings Plan, P.O. Box 385021, Birmingham AL 35238 Fax: 1-866-817-5023.

Participants are encouraged to make the appropriate beneficiary changes or to cancel a prior designation if their life situations change. If the participant also has a uniformed services TSP account, he or she must file Form TSP-U-3 to designate a beneficiary to receive death benefits from that account upon his or her death. The TSP will not use Form TSP-3 for a uniformed services account. If there is no Form TSP-U-3 on file for the participant's uniformed services account, the death benefit payment will be made according to the statutory order of precedence. In addition to sending a confirmation letter listing the designated beneficiaries, the TSP shows on the quarterly TSP participant statement whether a Form TSP-3 is on file and, if so, when it was signed. The Annual TSP participant statement mailed in February of each year also provides this information and includes the names of all primary beneficiaries and the percentages of the death benefit to which each is entitled.

Upon notification of the death of a participant (generally through the receipt of a Form TSP-17, Information Regarding Deceased Participant, and the participant's death certificate), the TSP will examine the copies of all Forms TSP-3 on file to determine which of the Forms TSP-3 received is the most recent correctly completed form on file. This is the form that will be used to identify the beneficiaries to be notified regarding the death benefit payment. If the TSP does not have a valid Form TSP-3 on file, the TSP will disburse the participant's TSP account according to the statutory order of precedence. If the participant has a uniformed services TSP account, the TSP will also process a death benefit payment from that account according to a valid Form TSP-U-3 on file or the statutory order of precedence. The most recent version of Form TSP-3 can be downloaded from the TSP Web site www.tsp.gov. [Source: My Federal Retirement article 18 Feb 09 ++]

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VA BENEFITS DELIVERY at DISCHARGE: VA's Benefits Delivery at Discharge (BDD) program provides transition assistance to separating or retiring service members who have disabilities related to their military service. Participation is open to service members who are within 60 to 180 days of release from active duty, who provide a copy of their service medical records, and who remain in the area in order to complete necessary medical examinations. BDD began at three Army installations in 1995; national expansion began three years later. In 2006, VBA piloted the use of imaging technology to speed BDD claims. Separating service members' medical records and supporting claims information are imaged at the outset of the claims process, and VA benefits staff make decisions based solely upon review of the imaged records rather than the paper claims file. During 2008, VA began accepting BDD claims from all separating service members, regardless of their duty station, provided

they can meet the BDD claim submission criteria. Now all new BDD claims are processed in a paperless environment. VA benefits and health facilities, Homeland Security Coast Guard sites and DoD military installations, including five locations overseas (three in Korea and two in Germany) participate in the BDD program. For additional information on this program refer to http://sill-www.army.mil/va/index.asp. [Source: CFL News 7 Chat 19 Feb 09 ++]

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MEDICARE REIMBURSEMENT RATES 2010: One-third of primary care physicians say that they will reduce or eliminate care for Medicare patients if the federal government moves ahead with plans to cut reimbursements. Many physicians responding to a recent survey reported that the payments they receive from public health care programs such as Medicare and Medicaid are insufficient and are impeding their ability to treat the growing number of people who are enrolled in them. A further reduction in Medicare's physician reimbursement, slated to take place 1 JAN 10, will be untenable, respondents maintained. The likely impact of planned Medicare fee cuts was among the findings in a nationwide survey sponsored by the Physicians' Foundation, a nonprofit organization that gives grants "to advance the work of practicing physicians and to improve the quality of health care for all Americans." Its members are medical societies and physicians. The survey, which was conducted in the first half of 2008, was sent to about 320,000 family physicians, general internists, pediatricians, and obstetrician/gynecologists in "active practice" listed in the AMA Physician Masterfile. About 11,950 physicians responded.

The results, released late last year, demonstrated that declining reimbursement was rated highest on a list of issues that physicians identify as impediments to the delivery of patient care in their practices. Many of the reimbursement concerns that the physicians identified in the survey focused on public health care financing systems. For instance, 65% of respondents said Medicaid reimbursements for services are less than the cost of the care provided, and 36% said Medicare reimbursements also are less than the cost of providing care. The findings did not surprise Laurence Miller, M.D., chair of APA's Committee on Public Funding for Psychiatric Services. "More and more practices are not taking Medicare or Medicaid patients at all" due to the low reimbursements, Miller said. The survey's findings seem to bear out this statement. More than 33% of physicians surveyed have closed their practices to new Medicaid patients, and 12% have closed their practices to new Medicare patients. It's not just a physician's personal income that is affected. The impact of low reimbursements on physicians' practices has included an inability to provide staff raises, purchase new equipment, and devote the optimum amount of time to each patient. Another possible result of the low reimbursements is limiting the ability of physicians to adopt modern time- and money-saving technology. Among the respondents who lack an electronic medical record system—a priority for health care reformers—77% said they cannot afford the cost of adopting such technology.

Further Cuts Could Be Catastrophic. Future low reimbursements may further limit patients' access to care in both Medicare and Medicaid, particularly troubling as the U.S. population ages. The physicians' responses to the survey echoed many similar concerns about the low reimbursements from public insurance programs raised in earlier physician surveys by other groups. For example, a 2007 survey of 8,955 physicians sponsored by the AMA found that 60% of clinicians were planning to limit the number of new Medicare patients they would treat if a 10% cut in physician reimbursements had gone into effect in 2008. In July 2008 Congress voted to replace that cut with a small increase. Medicare law requires payments to physicians to be set annually using a formula known as the sustainable growth rate. In recent years, the formula has resulted in reduced physician fees whose implementation was averted by congressional action. Medicare is scheduled for a 21% cut in physician reimbursements starting on 1 JAN 10. The great majority of respondents to the most recent survey, 8%, said even smaller cuts would make their practices "unsustainable." A 10% payment reduction would lead 24% of the physicians to reduce the number of Medicare patients they see, and 14% said they would stop seeing Medicare patients entirely. Miller said the lower reimbursement would serve as a double blow because many Medicare and Medicaid patients have complex illnesses, including mental illness comorbid with nonpsychiatric illnesses. Treating these patients is much more difficult and time consuming.

The sentiments expressed in the foundation's recent survey may help inform the effort by President Barack Obama and the Democratic-controlled Congress to overhaul the U.S. health care system and expand health care access. Several health care reform proposals include expanded roles for public health care financing programs, while

falling short of suggesting that raising reimbursements would be part of the reformed system. The foundation emphasized that its survey findings indicate that medical coverage does not equate to medical access. Rather, they said, time and financial constraints will limit the ability of many physicians to treat patients newly covered by government and private plans. "At a time when the new administration and new Congress are talking about ways to expand access to health care, the harsh reality is that there might not be enough doctors to handle the increased number of people who might want to see them if they get health insurance," said Walker Ray, M.D., vice president of the Physicians' Foundation, in a written statement.

Expanding coverage without expanding the number of physicians and their compensation is likely to result in long wait times for the shrinking number of physicians willing to participate in a public system. These payment dynamics already have played out in Massachusetts, according to critics, where a near universal health care financing program has been accompanied by a physician shortage and long waits for care. At least some congressional leaders have called for increased funding for paying and training primary care physicians, but the financial impact on other specialty physicians remains unclear. Rep. Pete Stark (D-CA 13th), chair of the House Ways and Means Subcommittee on Health and a leader of health care reform, cautioned during a DEC 08 conference call with reporters that physician concerns over reimbursement financing in the public sector will not derail a reform that the general public clearly wants. He added that the public's health appears to be of less concern to the physicians with whom he talks than their declining incomes. "The last time I looked in my district, I didn't see any Porsche dealers going out of business because the doctors were all going broke," said Stark. [Source: Psychiatric News Rich Daly article 6 Feb 09 ++]

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CA VET LEGISLATION Update 01: The State Legislature has been making a serious attempt to address the projected shortfall of billions of dollars in the states fiscal operations over the next few years. The effort has included making revisions to the current Budget for Fiscal Year 2008-2009, and the early adoption of a Budget for next year. As widely reported in the news media, the effort has stalled over the need of a 2/3 majority vote in the State Senate. A portion of the Budget revisions include major cuts in expenditures. It is interesting to the veterans community that these cuts do not seriously impact on the Department of Veterans Affairs. In the drafts of the bills currently being debated by the Legislature, there are no cuts for the current year. For next year, there are actually increases in the Department Budget such as $30.7 million for the Greater Los Angeles Veterans Home, and $290 thousand each for the homes in Fresno and Redding which will be under construction. Of particular note is that the proposed funding to Counties for operations of the Veteran Service Offices remains intact at $2.6 million for both years.

On the dark side, the California Department of Finance has ordered a stop to some 276 major construction projects in the state because of the failure of the Legislature to adopt the Budget changes. Included in these projects are the State Veterans Homes in Lancaster and Saticoy which were both about 85% completed and were scheduled to be dedicated in APR 09. This dedication will now be delayed. Also included is the Home in West Los Angeles which was supposed to be completed and dedicated in 2010. About 65% of the construction costs for all of these projects comes from Federal funds which could be in jeopardy if the construction work is delayed for a significant time. The Legislature has continued to introduce other bills while the major attention has been placed on the Budget problems. Although many of the new bills would require additional state expenditures, the pace of introducing the bills is very slow, and there are practically no committee hearings being scheduled. Very few of the bills, so far, involve any veterans issues. Complete information on all state legislation involving veterans' issues is available at http://www.califveterans.com. Here are some of the most significant:

- AB 38 Postsecondary Education Resident Classification: veterans. (Mary Salas, Chula Vista). Enacts Veterans Education Assistance Act of 2009. Would entitle a veteran to resident classification status, for purpose of determining tuition and fees at the state universities and colleges, for the length of time the student lives in the state after being discharged from the military service if the student qualifies for the Post-9/11 Veterans Educational Assistance Act of 2008. Also requires the student to perform community service in a program approved by the school.
- AB 223 Physical Education: Junior Reserve Officers' Training Corps. (Fiona Ma, San Francisco). Would require the San Francisco Board of Education to make JROTC courses available to pupils under its

jurisdiction. Would also require any school district which provides a JROTC program to exempt students enrolled in ROTC courses from other courses of physical education.

- AB 264 Welcome Home Vietnam Veterans Day. (Paul Cook, Yucaipa). Would require the Governor to annually proclaim 30 MAR as "Welcome Home Vietnam Veterans Day."
- AB 265 Office Holding: forfeiture. (Paul Cook, Yucaipa). Would require that any elected state officer to forfeit their office upon the conviction of a crime as specified in the federal Stolen Valor Act of 2005, relating to false claim of receipt of any military decoration or medal.
- SB 15 Student financial aid: members and former members of the Armed Forces. (Gil Cedillo, Los Angeles). This bill would provide some guaranteed financial aid, under the Cal-Grant Program, for servicemembers and veterans who are attending a university or college in California, who would meet the eligibility requirements regarding graduation from high school, and personal and family income limits. The intent of the program includes restoration of eligibility for the awards for veterans whose high school graduation date is normally beyond the limits considered by the Student Aid Commission for the current year, in consideration of the years spent in military service.

[Source: VFW Dept of CA Chairman, Legislative/PAC Committee 18 Feb 09 ++]

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CT SOLDIERS', SAILORS' & MARINES' FUND: Connecticut's Soldiers' Sailors' and Marines' Fund was established 90 years ago to assist needy wartime veterans and their families. The fund currently has a principal balance of about $60 million, and pays its costs and benefits from accumulated interest. It provides financial assistance for health and maintenance needs of eligible veterans with an honorable discharge, their spouses (or widows), and their minor children (ages 0 through 17). The spouse or child must be living with the veteran or living with the veteran at the time of his/her death. Funds can be used for food, clothing, shelter, fuel, utilities, and burial expenses. For hospital care and other medical expenses, veterans should first contact the US Veterans Administration (VA) to determine if they are eligible for any VA benefits. The Fund is limited by its earnings, so it may not be able to completely meet the veteran's need. The fund , created by the CT General Assembly in 1919, is administered by the American Legion. Assistance is limited to once in a twelve month period. Eligibility to use the fund extends to those veterans who:

- Can demonstrate need
- Have served in at least one of the armed services, including National Guard and Reserves
- Reside in Connecticut at the time of application and while in receipt of aid
- Have honorable discharge
- Have at least 90 days of active duty service, unless discharged for a service-connected disability or for the full extent of the conflict in a combat or combat support role if the war campaign or operation lasted less than 90 days.

State VA office or regional offices will tell callers where to apply for assistance. Also, the name and address of nearest Fund Representatives may be obtained from the local American Legion Post or the office of the Town or City Clerk, where the names and addresses of the Fund Representatives are registered. To initiate an application for assistance you must contact a designated Fund Representative or Veterans Aid Investigator in the community in which you reside. The names and addresses of the Representatives and Investigators are included on www.ct.gov/ssmf (Volunteers by Town). You may also contact a local American Legion Post. Application forms may also be available from the office of the Town or City Clerk where you reside. In cases of emergency or unusual circumstances, applications for assistance may be completed by a person designated by the American Legion Department of Connecticut Service Officer or chartered Veteran Service Organizations. Once a decision is rendered by the Soldiers' Sailors' and Marines' Fund Administration, the case will be referred to a designated Fund Representative in the town in which the veteran resides. Subsequent renewal applications must be filed through the designated Fund Representative

Veterans and veterans' advocates representing the state's 300,000 veterans hope to curb cuts to the fund's staff recently recommended by Gov. M. Jodi Rell to help balance the state budget. Rell's two-year budget proposal would eliminate eight positions from the fund's 12-person staff; a move advocates believe could greatly hinder their mission. "Cutbacks like that would add so much delay to the process," said Harvey Daggett of Ashford, state

commander of the American Legion. Daggett said when a veteran comes to the fund for assistance, it begins an intensive process of time and paperwork, as the needs are investigated and assessed. In many cases, he said, the Legion's 120 volunteer service officers throughout the state can assist an applicant with paperwork and red tape before the application even reaches official levels. State Sen. Andrew Maynard (D-Stonington), Senate chairman of the Veterans Affairs Committee, and his House counterpart, state Rep. Ted Graziani (D-Ellington), hope to schedule talks with the Rell administration in the coming weeks to try to lessen the cuts. Maynard said the fund is more critical than ever, with more soldiers coming home from Iraq and Afghanistan who will need services. [Source: www.ct.gov/ssmf & Norwich Bulletin Michael Gannon article 14 Feb 09 ++]

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AFRH WASHINGTON Update 05: The sagging real estate market has prompted the Armed Forces Retirement Home to freeze an ambitious plan to build housing, a hotel, a supermarket and medical offices on a sprawling portion of its Northwest Washington DC campus. Two years ago, the home announced that it had chosen a North Carolina-based developer to oversee the project on 77 acres adjoining Catholic University and Washington Hospital Center. But retirement home officials, without a public announcement, last fall terminated the relationship with the builder, Crescent Resources LLC, which had planned to begin construction this year. "Right now, it looks like the value of land and real estate continues to drop, so it would not be in the home's interest to develop," said Timothy Cox, the home's chief operating officer. Asked when the home plans to build the project, Cox said: "We don't know. We need some stabilization." The home's decision was a disappointment for the development company, which had "invested a tremendous amount of time, effort and money" in the project's planning, said Bobby Zeillor, Crescent's regional vice president. "We were willing to sit down and talk about fundamental deal points that had obviously changed with the declining market. The home opted not to do so," he said. "To be shut out is unpleasant and not what we wanted."

Established in 1851, the home has provided accommodations for generations of military veterans, 1,200 of whom live there now. Their average age is 83. The grounds are also the site of the cottage where Abraham Lincoln went for respite and where he wrote the final draft of the Emancipation Proclamation. As health-care costs have increased in recent years, the home has sought ways to raise revenue. Although it is under the auspices of the Defense Department, the home receives no budgetary appropriation. Instead, Cox said, its funding comes from a trust fund consisting of revenue derived from sources such as residents' fees. Developing the campus would also raise revenue. Under the plan, which has been approved by the National Capital Planning Commission, the home was to lease the grounds to Crescent, which would have developed the housing, office and retail components. But falling land values affected how much the home could charge Crescent. "How much they were willing to pay in the way of ground leases was at issue," said Chris Black, a consultant to the home.

The project had provoked resistance among community leaders, who objected to development eating away at open space on the land, which is bordered by North Capitol and Irving streets. Cliff Valenti, an Advisory Neighborhood Commission member in Park View, which adjoins the home, called the project's delay "excellent news. It's historic property and should be left alone," he said. "We feel that the better place for development is along Georgia Avenue." But D.C. Council member Harry Thomas Jr. (D-Ward 5), whose district includes the site, said the decision will slow the neighborhood's evolution. "When you abandon the developer in midstream, it leaves a difficult taste," he said. "We had a good partner. That was not a prudent decision. I was very eager to move forward." Black, who handles public relations for the project, said the home did not intend to keep a big secret by refraining from announcing that it had delayed the project. Rather, she said, the home planned to announce something when we have something good to say. [Source: Washington Post Paul Schwartzman article 17 Feb 09 + +]

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BASRA TOXIC EXPOSURE: Ten contractors and dozens of National Guardsmen including a dying senior officer allege that Houston-based KBR knowingly allowed them to be poisoned by cancer-causing chemicals at a Basra water plant where they were making repairs to keep Iraq's oil fields pumping during the war. Allegations from the workers are documented in a federal arbitration complaint pending in Houston and a related federal lawsuit filed in DEC 08 by the guardsmen in Indiana. Most of the KBR contractors were sent to Iraq around

APR 03 as part of Operation Restore Iraqi Oil, a no-bid U.S. contract worth billions. Members of the U.S. Army National Guard, most from Indiana, escorted and guarded the workers. KBR officials acknowledge that a dangerous anti-corrosive chemical was stored and spilled at the Qarmat Ali water plant just outside Basra. Under Saddam Hussein's regime Iraqis used the chemical to keep pipes free of corrosion as river water from the plant was pumped to oil fields miles away. The company said its own tests showed that "some areas of soil" contained hexavalent chromium a human carcinogen that is the same toxin associated with contaminated drinking water in California exposed by crusader Erin Brockovich. Yet in a written statement provided to the Houston Chronicle for this report KBR attorneys dispute nearly all of the workers' and soldiers' legal and medical claims. KBR officials said company supervisors identified contaminated areas and took steps to "restrict entry." Air samples taken in AUG 03 came "back negative from chromium hexavalent exposure" and physical exams of workers "showed no signs or symptoms of acute exposure to chromium" they said.

The workers tell a different story. Almost immediately they noticed an odd yellow and orange tinge to the sand around the plant which had been sabotaged by Iraqis to stop the flow of oil during the American invasion. Violent seasonal windstorms frequently struck the plant blowing for hours at a time. While KBR contractors worked from about APR to AUG 03 employees and soldiers said winds dumped discolored dust onto their clothing and faces. Most suffered frequent nosebleeds and persistent coughs they said. "We all had congestion, coughing, shortness of breath. We all did and I still do" said Danny Langford the 60-year-old Texas City man who first filed the complaint in Houston. Another former KBR employee involved in the Houston complaint is Ed Blacke who told the Chronicle he was sent to the site as a safety officer and resigned over his superiors' lackluster response to widespread medical problems that he blamed on chemical contamination. Russell Kimberling commander of the Indiana National Guard company in 2003 said he was medically evacuated to Germany for a severe sinus infection after visiting the plant.

An internal KBR memo from8 AUG 03 filed with the Indiana lawsuit reports: "Serious health problem at water treatment plant. ... Almost 60% of the people now exhibit the symptoms." However KBR company lawyers said in a written statement provided to the Chronicle: "There is no evidence that the soil containing dangerous levels of the chemical was on the clothing, boots, faces or nostrils of the workers and guardsmen. ... According to medical examinations, none of the soldiers or workers had skin or nasal ulcers that would have been present if they had experienced significant (skin) contact with the chemical." Company officials said the nosebleeds are consistent with high temperatures present everywhere in Iraq. A public health expert hired by the contractors' Houston law firm Doyle Raizner estimated that 1 in 5 of those exposed to hexavalent chromium were likely to develop cancer according to a legal document.

James Curtis Gentry, the senior commanding officer of the Indiana National Guard unit, says he is dying from cancer as a result of his exposure. Gentry a father of five who is retired from the National Guard, said he decided to speak out after he learned KBR officials were denying they knew about the threat to workers. "They knew" Gentry said in a sworn statement, adding that another member of his unit recently died of cancer of unknown origins. KBR provided a report from The U.S. Army Center for Health Promotion and Preventive Medicine that says that it evaluated 137 soldiers who showed "some abnormalities ... these could not specifically be traced to chromium exposure." Langford (the Texas City contractor) and Blacke (a former safety officer) testified in June before the Senate. They blame KBR for a cover-up. Sen. Evan Bayh (D-IN) has called for a registry for military exposed to toxics in Iraq, similar to the Agent Orange registry set up for Vietnam veterans. The KBR contractors' complaint in Houston will be heard by an arbiter at a March hearing that will be closed at KBR's request. They and other contractors with complaints about work in Iraq generally have gone to arbitration as part of the government contract KBR had with the U.S. in Iraq. [Source: Houston Chronole Lise Olson article 15 Feb 09 ++]

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GI BILL Update 38: The U.S. Department of Veterans Affairs has published a preliminary state-by-state list of maximum in-state tuition and fees, a tally that serves as an early indicator of how much the new GI Bill may cost the federal government. The list can be seen at www.gibill.va.gov/GI_Bill_Info/CH33/Tuition_and_fees.htm. Information for foreign schools will be posted at a later date. The numbers contain some surprises and bode well for both veterans and the private colleges they may wish to attend. Under the new GI Bill, which was enacted last summer and will go into effect in August, eligible veterans will receive student aid up to the cost of tuition and fees

at the most expensive public four-year college in their state, as well as housing assistance and a $1,000 yearly stipend for books and other materials. The VA's figures are, in some cases, much higher than predicted. The list shows four institutions at which a student could spend more than $10,000 on fees alone in one semester, with Tennessee topping the list at $15,130 in maximum fees. The numbers are only preliminary, however, and several are being reviewed.

Keith M. Wilson, director of the VA's education service, said this month that it was hard to tell how much the department would spend on educational benefits until this list was published. He acknowledged that it was a work in progress because some terms — mainly what would be counted as an eligible "fee" — had yet to be determined. Although the government may end up spending more than it had anticipated, the high tuitions and fees are good news to colleges that had hoped to participate in the Yellow Ribbon Program. The program helps veterans who want to take their aid and apply it to a private college, graduate program, or out-of-state college with higher costs than their aid covers. Designed to provide more options to veterans, the program allows colleges to enter fund-matching agreements with the department to help defray the extra cost that the veterans would otherwise have to pay on their own. Some private colleges have worried that low figures for the state tuitions and fees would mean they and their students would bear a greater financial burden from having a larger gap in tuition rates to overcome. But if the final list of tuitions and fees resembles this preliminary one, veterans in some states would have a much smaller gap between what they are entitled to and what their college of choice charges. [Source: Chronicle of Higher Education News Blog Megan Eckstein article 16 Feb 09 ++]

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GI BILL Update 39: Rep. Bob Filner (D-CA 51st) introduced H.R.950 on 10 FEB 09. Filner's bill would remove a section of the Post 9/11 GI Bill which reduces benefits for veterans attending online or distance learning classes. As currently written, the new Post-9/11 GI Bill rules exclude veterans taking 100% of their classes through distance learning from receiving the monthly housing stipend, roughly $1,200 a month on average. The stipend is equal to the monthly Basic Allowance for Housing (BAH) for an E-5 with dependents and is based on the zip code of the school. Under the current rules for the Post 9/11 GI Bill, the following students DO NOT qualify for the living (housing) stipend:

- Those participants who are still on active duty.
- Those studying at the half-time or less rate of pursuit.
- Those taking 100% of their classes online or though other distance learning programs.

If passed, H.R. 950 would remove the requirement for veterans to take at least one class on-campus. Making the stipend available to all otherwise eligible veterans who attend school on a greater than half-time basis. According to reports, the bill doesn't change the tuition and fees payment rate, which is tied to the highest in-state tuition rate for undergraduate level studies for the state in which the veteran is enrolled. However, this change will ensure that the new Post-9/11 GI Bill will provide equal benefits for vets who are unable to attend traditional classroom college courses. [Source: Military.com Veterans Report Terry Howell article 11 Feb 09 ++]

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GI BILL Update 40: Just a few months after securing a historic, multibillion-dollar increase in veterans' educational benefits, some veterans groups may ask Congress to wipe out part of what they gained. The Iraq and Afghanistan Veterans of America (IAVA) and the American Legion are among groups considering asking lawmakers to place a cap on tuition aid for veterans. $13,000 per year has been suggested by the IAVA. That's far less than would be available in many states under the new GI bill for post-9/11 troops but is enough to cover virtually all public college costs, advocates of the limit say. The cap would make the new benefit program easier for veterans to understand and simpler for the Department of Veterans Affairs to run." said IAVA legislative counsel Patrick Campbell, who is also concerned that the new law creates wide variances in the aid available to vets in different states. The law passed last fall creates more than 315,000 possible combinations of benefits. The post-9/11 GI Bill, passed by Congress last summer, promises to cover tuition and fees at any public university for troops who have served at least three years on active duty since SEP 01. But the amount of payout depends on a servicemember's home state and the costs of higher education there.

Keith Wilson, director of education services for the VA, acknowledged the wide discrepancy between states, but said the goal was to make sure all veterans would be covered by the legislative promise. The disparity is the latest complication to arise in what will be the largest military benefit increase since the end of World War II. "I think at this point, everyone's a little overwhelmed," said Rep. John Boozman (R-AR 3rd) who serves on the House subcommittee overseeing veterans education programs. Boozman is part of a bipartisan group of lawmakers who are looking at possible technical changes to the law, including extending benefits to more than 40,000 National Guardsmen who work full time for state guards but have not been called into federal service. The VA expects that as many as 100,000 more veterans will seek college aid - about 400,000 now receive it. The agency estimates the 10-year cost of the new program at $78 billion.

With the law set to take effect 1 AUG 09, the VA has asked college officials in each state to provide data on their highest in-state tuition and fees. Because some schools base those charges in part on the programs a student chooses, the most expensive rate may be paid by only a handful of students. Some of the maximums, which the VA posted on its Web site this month, are eye-popping. Although the VA says the data are tentative, Texas, the most expensive state, quoted a maximum of $1,333 per credit hour in tuition and $12,130 per semester in fees. For a student carrying an average course load - 15 credit hours per semester - that would translate into annual aid of up to $64,250. By contrast, in Wyoming, the cheapest state according to the VA figures, a vet's maximum annual tuition aid would total just $3,621.

The Texas maximums are a combination of charges from two different schools and so represent total costs that no single student could incur, said Connie Jacksits, director of veterans education for the Texas Veterans Commission. Texas does not routinely charge tuition by the credit hour, Jacksits added, and the cost per hour decreases as a student enrolls for additional hours. For full-time students, the highest tuition in Texas is $4,959 per semester, she said. Such complexities have made it difficult for the VA to compute the maximum aid it will provide, said Keith Wilson, the agency's director of education services. If an individual veteran's actual costs are less than the maximum aid, the VA will pay only the actual costs. The agency has hired more than 500 people to help administer the new program after deciding last fall that a new automated system to handle inquiries and an expected flood of paperwork could not be ready in time. [Source: Virginian-Pilot Dale Eisman article 23 Feb 09 ++]

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BURN PIT TOXIC EMISSIONS Update 05: When Jill Wilkins filed a veteran's-death claim in DEC 08 after her Air Force reservist husband who served in Iraq died from a brain tumor, she assumed it would take months to process. The Eustis woman was shocked when the claim was approved a mere 21 days later, in early JAN. The U.S. Department of Veterans Affairs determined that Kevin Wilkins' family is entitled to service-connected death benefits. But a bigger question remains unanswered: Was Kevin Wilkins' brain tumor the result of exposure to burn pits in Iraq? That question may take months, if not years, to be answered, according to Jill Wilkins and federal officials. Still, Jill Wilkins said she is proud of the work her husband did and grateful to get some financial and education assistance as a result of his service. "If he had died two days later, it would have been a whole different ball game," she said. "As fortunate as I am in my situation, what about the others? Because we know they're out there and they're sick."

Kevin Wilkins was a member of the 920th Aeromedical Staging Squadron at Patrick Air Force Base, where he served as a Critical Care Air Transport Teams nurse. He was deployed twice -- to Balad from MAY to AUG 06 and then to Qatar from JAN to APR 07. He was hospitalized on 26 MAR with blinding headaches and vomiting, and diagnosed with a brain tumor. He died six days later, on 1 APR 08, at age 51. While hospitalized, he told doctors that his headaches started in early 2007. In the hospital, a doctor asked Kevin whether he had been in contact with chemicals in Iraq. He explained that the burn pits were used to burn trash, including medical waste, plastics and chemicals, Jill Wilkins said. Jill Wilkins started questioning the safety of the burn pits after reviewing a DEC 06 report completed by the U.S. Air Force that called the burn pits in Balad an "operational health risk." However, a 2007 Air Force report contradicts the earlier report by saying testing has shown the pits at Balad pose no significant health risk. At the urging of friends, Wilkins filed the death-benefits claim with the Department of Veterans Affairs on 17 DEC. [Source: Orlando Sentinel Amy Rippel article 17 Feb 09 ++]

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VA NURSING HOMES Update 01: Speaking to a cheering group of veterans at a Stony Brook nursing home, Sen. Charles Schumer (D-NY) on 17 FEB excoriated the Department of Veterans Affairs for failing to implement a 2-year-old congressional mandate requiring it to pay for severely disabled veterans living in nursing homes. At least eight patients at Long Island State Veterans Home have been forced to pay some or all of their care out of pocket, according to Schumer and the home. Two of them have died while waiting for the law to come into effect. One of the veterans living at the hospital is Omaha Beach survivor Julian Oleaga, 88, who has paid more than $90,000 since he was admitted last year for leg and back injuries that have left him unable to walk. "Congress did its part, it's the VA that is holding the money," said Oleaga, of North Babylon, who has turned to relatives for assistance. "Of course that's not right."

The Veterans Benefits, Healthcare, and Information Technology Act of 2006 was signed into law with much fanfare by President George W. Bush. The then-chairman of the House Veterans Affairs Committee, Steve Buyer (R-IN 4th), said at the time that the bill included $3.2 billion to enhance health care "for the veterans returning home today, and those who served in the past." The law provides nursing home coverage for veterans who have a 70% or greater service-related disability and who require nursing home care. There are 4,800 veterans on Long Island with at least a 70% disability, Schumer said. VA spokesman Terry Jemison said on the morning of 17 FEB that he was looking into the status of the program. At 5 p.m. he said he still could not find an answer. Schumer said that, although the VA is expected to reimburse veterans when it begins implementing the law, there is no reimbursement provision for families should a veteran die before then. Guido Izzo, 87, who came to the $250-per-day nursing home two years ago after Parkinson's disease led to a spate of falls, said he and his wife spent about $15,000 of their joint resources for his care before depleting their resources and becoming eligible for Medicaid. "If I pass away before this is settled, she loses it all," Izzo said.

The VA never spelled out how a new, federally mandated reimbursement plan would work for 135 state veterans homes across the country. Without those regulations, states could not file for reimbursements. As a result, veterans have paid for their own care out of retirement savings and social security benefits. The federal government "shouldn't be balancing its budget on your strong backs," Schumer told veterans. Schumer aims not only to force the VA's compliance with the Veterans Benefits, Health Care and Information Technology Act, but also to have the agency pay back veterans for costs they have incurred since former President Bush signed the bill 22 DEC 06. According to a Long Island State Veterans Home release, "VA staff has indicated to Sen. Schumer's office that the regulations are undergoing the Office of Management and Budget review process." The VA already had come under criticism during the Bush administration for failing to simultaneously prepare for the needs of World War II veterans and the injuries of troops returning from Iraq and Afghanistan. Currently, 80% of patients at the Stony Brook facility depend on Medicaid for their care, which they become eligible for after they have spent all of their personal savings. "I had money in the bank," said John Budrick, 90, a blind veteran. "They took it all." [Source: Newsday E-edition Martin Evans article 18 Feb 09 ++]

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HEARTLAND DATA BREACH: Leading credit card processor Heartland Payment Systems announced on 20 JAN that it has suffered an apparent massive data breach. The Princeton, N.J.-based Company said it discovered last week that intruders loaded data-capturing malware onto its systems, allowing them to compromise credit and debit card numbers as they traversed the network. The company, which provides processing and payment solutions to more than 250,000 companies, did not reveal how many card numbers potentially were exposed to hackers in their initial announcement. But Heartland handles more than four billion transactions each year, according to its website. No Social Security or PIN numbers were involved. Rich Mogull, founder of IT security consultancy Securosis, said the hackers made off with the data thanks to the same type of ploy used in a number of recent high-profile breaches, such as TJX and Hannaford. TJX lost an estimated 94 million credit card numbers, making it the largest reported data-loss incident in history. "What we have now is a very clear trend," Mogull told SCMagazineUS.com. "If you look at the largest breaches that we can definitely link to fraud, all relate to malicious software being installed somewhere in the payment system."

Heartland first was notified about a potential incident sometime last year, when Visa and MasterCard reported seeing a spike in fraud on accounts for which the company had processed transactions. Heartland hired a forensic team and after learning of the breach, notified law enforcement and deployed new security measures to detect anomalous behavior in real time. "We understand that this incident may be the result of a widespread global cyberfraud operation," the company's President and Chief Financial Officer Robert H.B. Baldwin Jr. said. "Heartland apologizes for any inconvenience this situation has caused." A U.S. Department of Justice spokesperson could not be reached for comment. Heartland was validated as Payment Card Industry Data Security Standard (PCI DSS) compliant on 30 APR 08, according to Visa, but the company's PCI status currently is "under review." The firm's PCI assessor is Trustwave, but a representative there could not be reached for comment on Tuesday.

Three men have been arrested in Tallahassee FL in connection the data breach, authorities said on 13 FEB. “The investigation is ongoing, and we expect that it will likely produce additional charges and additional arrests -- possibly throughout Florida or even nationwide,” according to Sgt. Tony Drzewiecki, spokesman for the Leon County FL Sheriff's Office. “There is no evidence that they were the masterminds of this breach,” Drzewiecki said. “All that we were able to connect is that the credit card numbers were stolen in the hijacking of the records from the Heartland processing center.” The men, Tony Acreus, Jeremy Frazier and Timothy Johns, each were charged with multiple counts of credit card fraud, police said. The arrests were part of a larger investigation into the breach, possibly the largest of all time, Heartland has yet to disclose how many victims may have had their credit or debit card numbers exposed in the heist. The nonprofit Open Security Foundation, a data breach clearinghouse, said 101 banks have been affected by the breach, meaning these institutions have had to reissue cards.

The last major breach to impact a payment processor was at the now-defunct CardSystems Solutions, which suffered a breach of some 40 million accounts in 2005. Visa and American Express soon stopped doing business with CardSystems, which later that year was bought out by Pay by Touch, which itself shut down last year. Alex Hutton, CEO of Risk Management Insight, said the same fate may await Heartland. He said data exposures that impact business-to-business entities are much more devastating than those that affect consumer retail shops. If the credit card brands cut off ties with a processor, the businesses that accept the cards likely will do the same. Readers should be aware that once a credit card has been hacked it can be maxed out in a matter of hours. However, data breach notifications such as the above, whether from government or private companies, do not normally occur until weeks after the event. Veterans are encouraged to obtain insurance coverage to protect themselves against such events. [SC Magazine Dan Kaplan article 20 Jan 09 ++]

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FUNERAL HONORS Update 04: Military Funeral Honors is a no charge entitlement for all honorable discharged veterans. The Florida Army National Guard Military Funeral Honors program was established in 2003. It has grown to a statewide program that provides more than 300 veterans honors per month. These honors allow a grateful nation to pay tribute to veterans who, in time of war and peace, stood strong in defense of the United States of America. The Florida program has five regional offices and support teams in each location to serve veteran's families seven days a week. They can be contacted at 904-823-0630 Fax: 904-829-1855 Email: FLARNG_J1MILFuneralHonors@ng.army.mil or www.floridaguard.army.mil/programs/mfh.aspx. Dependent on the current or former military status of the deceased the following will be provided:

- Full Honors - Funerals are reserved for Soldiers that die or are killed while on active duty or Medal of Honor recipients and may consist of 21 Soldiers to perform the following: one detail NCOIC/OIC; six pallbearers; one firing party NCOIC; seven man firing party; one bugler; four man color guard; and one chaplain.
- Modified Full Honors - The Seven Person Detail is reserved for all retired military service members, National Guard members not killed in action, and active duty military members not killed in action. This Detail requires at a minimum: pall bearers / firing party; playing of Taps; flag folding; flag presentation; and Chaplin if available.
- Veterans Honors - Modified Full Honors are reserved for all honorably discharged veterans. Modified Honors require a minimum of two military members but three military members will be the preferred number, unless manning shortages do not allow a three person detail. The three person detail will consist

of the following positions: detail leader; two or three person team; playing of Taps; flag folding; and flag presentation.

The following are eligible for Military Funeral Honors:

- Military members on active duty or in the Selected Reserve (National Guard or Reserves).
- Former military members who served on active duty and departed under conditions other than dishonorable.
- Former military members who completed at least one term of enlistment or period of initial obligated service in the Selected Reserve and departed under conditions other than dishonorable.
- Former military members discharged from the Selected Reserve due to a disability incurred or aggravated in the line of duty.
- Members of the Commissioned Officer Corps of the Public Health Service (PHS) and National Oceanic and Atmospheric Administration (NOAA), as members of a uniformed service.

Following are the three steps necessary to request funeral honors. Note: Obtaining the burial site and scheduling the burial is a separate requirement:

1. Contact the service for which the veteran served:
   - United States Army: 1-912-767-6559 Ft. Stewart, GA; 1-706-545-4116 Ft. Benning GA; 1-334-255-9081 Ft. Rucker AL; 1-904-823-0630 Florida Army National Guard.
   - United States Navy: Jacksonville FL1-800-368-3202 or 1-904-542-0422 (after hours) or 1-904-542-9807 (Available 24/7)
   - United States Air Force: 1-321-494-7478 Patrick AFB FL; 1-813-828-6511 MacDill AFB FL; 1-229-257-4142 Moody AFB FL; or 1-229-563-7336
   - United States Marine Corps; 1-866-826-3628
   - United States Coast Guard; 1-800-323-7233 or 1-305-535-4584

2. Provide a written request for honors by Fax or email to the appropriate office. A copy of the Florida National Guard Military Funeral Honors request form can be downloaded at http://www.floridaguard.army.mil/uploadedFiles/Programs/MFH/MFH%20New%20Request%20Form.pdf.
3. Provide copies of the necessary documents showing military service. These would normally include DD Form 214, NGB Form 22, Certificate of Release or Discharge from Active Duty, or NOAA Form 56-16, Report of Transfer or Discharge. If the DD Form 214 is not available, any discharge document showing other than dishonorable service can be used. The DD Form 214 may be obtained by filling out a Standard Form 180 available at http://www.archives.gov/veterans/military-service-records/standard-form-180.html and sending it to: National Personnel Records Center, 9700 Page Blvd., St. Louis, MO 63132 Tel: 314-801-0800 Fax: 314-801-9201. Your request must state that it is for internment purposes.

To schedule a burial at a National Cemetery, call 800-535-1117 and fax supporting documents to 866-900-6417. National cemeteries available to Florida vets are:

- BARRANCAS National Cemetery, Naval Air Station, 80 Hovey Road, Pensacola FL 32508 Tel:1-850-453-4108 http://www.cem.va.gov/CEM/cems/nchp/barrancas.asp
- JACKSONVILLE National Cemetery, 4083 Lannie Road, Jacksonville FL 32218 Tel: 1-800-535-1117 http://www.cem.va.gov/CEM/cems/nchp/jacksonville.asp
- BUSHNELL National Cemetery, 6502 S.W. 102nd Avenue, Bushnell FL 33513 Tel: 1-352-793-7740 http://www.cem.va.gov/CEM/cems/nchp/florida.asp
- BAY PINES National Cemetery, 10,000 Bay Pines Boulevard, Bay Pines FL 33708 Tel: 1-727-398-9426 http://www.cem.va.gov/CEM/cems/nchp/baypines.asp
- SARASOTA National Cemetery, State Route 72, Sarasota FL Tel: 1-941-861-9840 http://www.cem.va.gov/CEM/cems/nchp/sarasota.asp
- SOUTH FLORIDA National Cemetery, 6501 South State Road 7 Highway 441, Lake Worth FL 33449 Tel: 1-561-649-6489 http://www.cem.va.gov/CEM/cems/nchp/southflorida.asp

[Source: www.floridaguard.army.mil/programs/mfh.aspx Feb 09 ++]

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TRICARE ECHO: The Tricare Extended Care Health Option (ECHO) replaces the Program for Persons with Disabilities (PFPWD). ECHO provides financial assistance to active duty family members who qualify based on specific mental or physical disabilities and offers an integrated set of services and supplies beyond the basic Tricare program. It is available only to active duty family members (ADFMs) who have a qualifying condition. Qualifying conditions include:

- Moderate or severe mental retardation,
- A serious physical disability.
- An extraordinary physical or psychological condition of such complexity that the beneficiary is homebound

ECHO provides benefits that are not available through the basic Tricare program. All ECHO benefits require prior authorization. These benefits may include:

- Medical and rehabilitative services
- Training to use assistive technology devices
- Special education
- Institutional care when a residential environment is required
- Transportation under certain circumstances
- Assistive services, such as those from a qualified interpreter or translator, for beneficiaries whose visual or hearing impairment qualifies them for ECHO benefits
- Durable equipment, including adaptation and maintenance
- Expanded in-home medical services through Tricare ECHO Home Health Care (EHHC)
- In-home respite care services
- ECHO Respite care-16 hours per month when receiving other authorized ECHO benefits
- ECHO Home Health Care Respite care – up to 40 hours per week (eight hours per day, five days per week) if homebound

To receive Tricare ECHO benefits, you must register with Health Net Federal Services and ask to speak to the Case Management Coordinator for the ECHO program in your Sub-region. You may also fax a copy of the Form DD 2792 or the DD 2792-1 signed by the EFMP Coordinator at your MTF, along with a physicians request for services to the appropriate Sub-region:

- Heartland (MI, WI, IL, IN, KY, OH, WV, Southwest PA): Ph.# (800) 977-7910 or Fax: (619) 516-2184
- Mid Atlantic (Southern VA, NC): Ph.# (800) 977-7531 or Fax: (757) 766-5900
- Northeast (ME, VT, NH, MA, RI, NY, CT, NJ, Northeast PA): Ph.# (800) 977-7961 or Fax: (916) 353-6221
- National Capital (Northern VA, MD, DE, District of Columbia, Central PA): Ph.# (800) 977-7635 or Fax: (571) 227-6705

[Source: https://www.hnfs.net/common/caremanagement/echo.htm Feb 09 ++]

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TRICARE ECHO Update 01: The ECHO program provides financial assistance to eligible beneficiaries who qualify based on mental retardation, serious physical disability, or extraordinary physical or psychological condition and offers an integrated set of services and supplies not available through the basic Tricare program. The Fiscal Year 2009 National Defense Authorization Act (FY09 NDAA) provided an increase in the cap on certain benefits under the Extended Health Care Option (ECHO). The FY 09 NDAA increased the limit to $36,000 per year for training, rehabilitation, special education, assistive technology devices, institutional care, and under certain circumstances, transportation to and from institutions or facilities. All other ECHO benefits remained the same at $2,500 per month. According to the TRICARE Management Activity, the benefit will be active once they complete necessary automated business system changes and make contract modifications. However, the benefit will be retroactive. Since the change will be retroactive, TMA urges beneficiaries to save their receipts. Once the benefit is implemented, claims may be submitted along with receipts, to their prospective managed care contractor

for ECHO benefits provided on or after 14 OCT 08. All eligible ECHO beneficiaries will be sent a letter detailing the changes regarding the increase of coverage for certain benefits. In the meantime, questions regarding the increased benefit under ECHO should be directed to your regional contractor. [Source: http://www.health.mil/tmablog/Article.aspx?ID=470) 17 Feb 09 ++]

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VA VET CONTAMINANT EXPOSURE: Thousands of patients at a Veterans Administration clinic in Tennessee may have been exposed to the infectious body fluids of other patients when they had colonoscopies in recent years, and now VA medical facilities all over the U.S. are reviewing their own procedures. Christopher Conklin, a spokesman at the Alvin C. York VA Medical Center in Murfreesboro TN, said the clinic is offering free blood tests and medical care to all patients whose records show they had colonoscopies between 23 APR 03 and 1 DEC 08. Conklin said a valve on equipment used in the colonoscopies was discovered wrongly connected 1 DEC and the mistake was traced back to 23 APR 03. He said that while the "valve-tube connection does not come in direct contact with a patient, there is a possibility patients may have been exposed to infection." VA officials also said a problem was found with equipment at an ear, nose and throat clinic at the VA medical center in Augusta GA.

Conklin said in a telephone interview 13 FEB that notification letters were sent this week by registered mail to 6,378 patients of the Murfreesboro facility. He said no related health problems have been reported, and every measure is being taken to assure that affected veterans are screened. A statement from the VA said that in response to the discovery at Murfreesboro and an inspection that found a problem with endoscopic equipment at the VA medical center in Augusta GA, all VA medical centers and outpatient clinics are reviewing procedures in a special training program described as a "step-up." One veteran who received notification from the Murfreesboro clinic, Gary Simpson, 57, said, "The fact that it took five years for them to catch a mistake like that — it seems like somebody should have caught an incorrect valve and incorrect cleaning of the equipment during that time." His wife Janice called the discovery "sickening" and "horrifying." She said the notification letter refers to an incorrect valve and also to "tubing attached to the scope that may not have been properly cleaned between patients. I would like to know if they were using tubing that should have been thrown out," she said.

In a separate statement released 16 FEB VA said 1,800 veterans who were treated in the ear, nose and throat clinic at the Charlie Norwood VA Medical Center in Augusta GA from JAN thru NOV last year are being notified "that they may have been exposed to infection because the instrument used in the procedure was improperly disinfected. The statement described the risk of infection as "extremely small. "We know this will upset many veterans," Juan Morales, director of VA Tennessee Valley Health Care System that includes the Murfreesboro clinic. Both circumstances present a minimal risk of exposure to the veterans who had this procedure. We believe this aggressive approach to notification enforces our commitment to those we serve." [Source: The Atlanta Journal-Constitution AP Bill Poovey article 13 Feb 09 ++]

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ECS 2009 Update 02: The Democratic chairman and the ranking Republican on the House Veterans' Affairs Committee usually don't agree on much — but both say the American Recovery and Reinvestment Act, set to be signed into law 17 FEB doesn't do enough for veterans. The chairman, Bob Filner (D-CA 51st), said the bill, HR 1, includes $1.4 billion for veterans programs and includes provisions intended to help stabilize the economy, result in job creation and provide economic development in local communities. Filner, who voted for the bill, said he is sorry it doesn't do more for veterans. "I am disappointed that we could not provide more of an investment in this bill, and I will continue to work to draw attention to the growing and unmet needs of our veterans," he said. Steve Buyer of Indiana, the ranking Republican who voted against the bill, said he also wishes it did more for some veterans — but less for others.

Buyer, who was committee chairman when Republicans controlled the House, was critical of the inclusion in the final bill of a controversial provision that provides $198 million in payments to Filipino veterans who served in World War II alongside U.S. forces. Buyer said he did not understand "how more than $100 million for noncitizen, nonresident Filipino veterans of World War II will help stimulate the U.S. economy. I hope Americans will stop to

ponder the distorted values of those who crafted this bill."Buyer also said the bill doesn't do enough for U.S. veterans. "Of the numerous flaws in the large economic recovery spending bill, none is more shameful than the obvious disregard it holds for veterans," Buyer said. The bill spends $30 million on protecting salt-marsh harvest mice in the San Francisco Bay area, millions on environmentally friendly golf carts, and $2 billion for the Association of Community Organizations for Reform Now, a group that helps low- and moderate-income families that many Republicans complain backs only liberal causes. Buyer said that money could have been spent on bettering the lives of veterans.

In particular, he said he is unhappy that the bill doesn't include $1 billion he proposed to set aside to provide loans to veteran-owned small businesses, $357 million he wanted to use to improve job training and placement for veterans, and $10 million for homeless female veterans and veterans with children. "These proposals would have helped veterans and our economy," Buyer said. "It appears the Democrat leadership was more interested in special projects than pro-growth economic policies that create and sustain jobs. These are distinct policy differences for which our economy will suffer, and Americans will pay the price." Filner defended the payments to Filipino veterans, $15,000 each for those who served during World War II who are now U.S. citizens and $9,000 for noncitizens. "This compensation is intended to assist them in their later years and provide the dignity and honor that they earned as heroic veterans of the United States," Filner said. Of the 300,000 Filipinos who fought alongside the U.S. during World War II, less than 18,000 veterans are still alive to collect the money, which represents a lump-sum payment of pensions that were first promised at the end of World War II, Filner said. If you want to see what projects are contained in the ECS 2009 for your local community refer to www.stimuluswatch.org/project/by_state . [Source: NavyTimes Rick Maze article 16 Feb 09 ++]

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ECS 2009 Update 03: The Economic Stimulus Package (ECS) benefit for CSRS retirees will come in the form of a refundable tax credit of $250 for this year; FERS retirees will be eligible for a one-time payment of $250. "This language will ensure that federal retirees who spent their lives in public service are provided the economic relief they have earned and deserve," said NTEU President Colleen M. Kelley. "As federal retirees worked and contributed just like other Social Security retirees, NARFE is pleased that this tax credit was created and then successfully attached to the stimulus legislation," asserted Margaret L. Baptiste, president of NARFE. House and Senate conferees reached agreement on the stimulus package after working out differences in their respective versions of the bill. Originally, only the Senate-passed bill included the $250 payments to retirees receiving Social Security, including those under FERS, but would have excluded CSRS federal retirees who are not collecting Social Security from other non-federal employment. According to NARFE, under the auspices of the stimulus package, tax relief via reduced payroll tax withholding will be provided to wage-earners under the 'Make Work Pay' provisions. Social Security, Veterans, SSI or Railroad Retirement beneficiaries, who are not otherwise wage-earners, will see a one-time $250 increase in these payments. Federal retirees who are not eligible for any of these payments will be eligible to take a newly-created $250 per person refundable tax credit. [Source: My Federal Retirement article 18 Feb 09 ++]

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ECS 2009 Update 04: Veterans in receipt of service-connected compensation or non service-connected pension, as well as survivors in receipt of Dependency and Indemnity Compensation (DIC), will receive a one-time stimulus payment of $250. The legislation orders the Secretary of the Treasury to disburse a $250 payment to each individual who fulfills the conditions set aside, for any month during the 3-month period ending with the month which ends prior to the month that includes the date of the enactment of this Act. Therefore, veterans in receipt of compensation and pension benefits during any of the months of NOV or DEC 08, and/or JAN 09 are eligible for this payment. The criteria for payment eligibility applies to those in receipt of a veterans benefit compensation or pension payable under title 38, United States Code (iii) listed under the following sections:

- (I) section 1110, 1117, 1121, 1131, 1141, or 1151;
- (II) section 1310, 1312, 1313, 1315, 1316, or 1318;
- (III) section 1513, 1521, 1533, 1536, 1537, 1541, 1542, or 1562; or
- (IV) section 1805, 1815, or 1821 to a veteran, surviving spouse, child, or parent as described in paragraph (2), (3), (4)(A)(ii), or (5) of section 101.

The legislation also provides this benefit to citizens in receipt of certain Social Security benefits as well as those receiving benefits under the Railroad Retirement Benefit. Citizens are not entitled to receiving this benefit from multiple sources. If a veteran is also in receipt of one of these other benefits, the $250 payment will only be issued once. Plans call for an automatic matching system to be coordinated between the Veterans Benefits Administration and the Treasury Department to administer the funds. The specific regulation regarding this disbursement, yet to be written, will cover the details of the timeline by which veterans can expect to receive this payment, as well as recourse for veterans who believe they deserve this payment but have not been issued it. [Source: AL Bulletin, Director, National Veterans Affairs and Rehabilitation Commission 20 Feb 09 ++]

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ECS 2009 Update 05: President Obama recently signed the American Recovery and Reinvestment Act of 2009. This act provides for the one-time payment of $250 to individuals who get Supplemental Security Income (SSI) or Social Security benefits. It is expected everyone who is entitled to a payment to receive it by late May 2009. No action is required on your part. Details are being worked out regarding how SSA will issue nearly 55 million one-time payments to their beneficiaries. For additional information refer to Social Security's Frequently Asked Questions website http://ssa-custhelp.ssa.gov/cgi-bin/ssa.cfg/php/enduser/std_alp.php?p_sid=Jihrjtrjsee and type into the Search by Keyword block "Economic Stimulus". This will allow you to obtain answers to the following questions

1. Who will receive a one-time economic recovery payment from Social Security?
2. When can I expect to receive my one-time economic recovery payment?
3. How will I receive my one-time economic recovery payment?
4. Are individuals entitled to more than a single one-time economic recovery payment?
5. Are beneficiaries from other federal programs eligible for this one-time economic recovery payment?
6. Are children who receive Social Security benefits eligible for the one-time economic recovery payment?
7. If my spouse and I both receive Social Security or SSI benefits, will we each get a one-time economic recovery payment?
8. Who decides whether I get a one-time economic recovery payment?
9. What must I do to receive my one-time economic recovery payment?
10. Are children who receive SSI benefits eligible for the one-time economic recovery payment?
11. I became eligible for benefits in February 2009. Will I receive the one-time economic recovery payment?
12. Will the one-time economic recovery payment count as gross income for federal income tax purposes?
13. Will I receive a one-time economic recovery payment if I have a delinquent federal debt?
14. If I don't receive my one-time economic recovery payment by the first week of June, what should I do?
15. Will the one-time economic recovery payment change the amount or delivery date of my regular Social Security or SSI benefit?
16. Will the one-time economic recovery payment count as income for SSI?
17. If I have a representative payee, who will receive my one-time economic recovery payment?
18. If I receive Social Security or SSI and also get Veterans or Railroad Retirement benefits, who decides whether I get an economic recovery payment?
19. Will the one-time economic recovery payment count as income when determining eligibility for Extra Help with Medicare Prescription Drug plan costs?
20. Will the one-time economic recovery payment count as a resource for SSI?
21. Will the economic recovery payment count as a resource when determining eligibility for Extra Help with Medicare Prescription Drug plan costs?
22. I receive Veterans benefits, but NOT Social Security or SSI. How do I get my one-time economic recovery payment?
23. I receive Railroad Retirement benefits, but NOT Social Security or SSI. How do I get my one-time economic recovery payment?
24. Is the SSI payment for an eligible couple twice that of an eligible individual?

[Source: www.ssa.gov Feb 09 ++]

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TRICARE/CHAMPUS FRAUD Update 13: A dozen defendants who allegedly swindled the military's health care program out of hundreds of thousands of dollars in the Philippines won't face justice or pay any restitution after authorities failed to arrest them. The U.S. Attorney's Office in Madison, Wis., has dismissed indictments against the suspects — Philippine doctors, spouses of military retirees and one Navy veteran — because of lengthy pretrial delays. Several of them had confessed to their roles in schemes in the 1990s and early 2000s in which they filed fraudulent claims to the military's Tricare program, which paid out money to cover health services never provided, court records show. They were indicted between 1999 and 2003 as part of an investigation into widespread Tricare fraud. But U.S. authorities failed to bring them to justice. They decided to wait for the suspects to step foot on U.S. soil so they could be arrested but they either never did or weren't caught. In 2006, prosecutors finally asked the Philippines government to arrest and extradite five of the suspects but those attempts failed.

The 12 cases were dismissed in JAN after U.S. District Judge Barbara Crabb in NOV 08 threw out an indictment against a Filipino doctor accused of submitting $2 million in fraudulent claims. Crabb said his right to a speedy trial was violated because investigators waited until 2008 to arrest him when he set foot in Guam, four years after he was indicted. Crabb said the delay made it difficult for the doctor to prepare a defense because the passage of time meant the memories of witnesses had faded. She said prosecutors' "decision to do nothing for more than four years" wasn't justified. Based on that ruling, Assistant U.S. Attorney Peter Jarosz said it was clear he had to dismiss cases against the others. He said it is difficult to quantify the exact amount they were accused of obtaining fraudulently. Court documents suggest it was at least $400,000 but likely more since prosecutors did not file charges for every suspect claim.

Among those getting off the hook is a doctor who told investigators how she would make false claims on behalf of military retirees and their dependents and then give them a portion of the money. She gave investigators two log books filled with the names of patients her clinic had falsely claimed to treat. "I know it was fraudulent but I just took the risk," she told investigators. Also getting off are:

- A U.S. Navy retiree, who was accused of working with a doctor to submit 21 false claims for him and his dependents totaling $133,000.
- The wife of a retired Marine who submitted false claims totaling $49,000 for her and her child.
- The wife of a retired U.S. Air Force serviceman who said she used her windfall to pay for her children's education. "I know what I am doing is wrong," the woman told investigators.

The defendants never appeared in U.S. court or even had defense attorneys since the cases never got off the ground. Prosecutors have defended their decision not to seek extradition in some cases, arguing the Philippines government would likely fail to execute the request or botch it. They cited one example in which a suspect learned of his warrant through a newspaper and went underground.

In November's ruling, Crabb wrote the decision to wait for suspects to step on U.S. soil might have been reasonable initially, "but as time wore on, it became all the more pressing for the government to do something." The ruling and dismissals were a setback for an investigation that has otherwise won praise. More than a dozen people have been convicted of Tricare fraud in recent years, including U.S. military retirees. The probe is handled by Wisconsin-based federal prosecutors because WPS Health Insurance in Madison holds the contract to process many of the claims. In the biggest case, Health Visions Corp. submitted fraudulent and inflated claims to bilk the U.S. government of $100 million between 1998 and 2004. The company and a former executive have been ordered to pay back the full amount and the government is in the process of trying to recoup some money from the sale of its assets. However, none of many coconspirators or the hundreds of military retirees and dependents residing in the Philippines who participated in this scheme have ever been held accountable. A string of internal audits have faulted the Pentagon's management of Tricare, warning that lax controls make the program vulnerable to fraud overseas. Its managers say they are taking steps to tighten them but note the complexity of a program that provides benefits all over the globe. [Source: YAHOO! News AP Ryan J. Foley article 12 Feb 09 ++]

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USFSPA & DIVORCE Update 04: On 12 FEB the Iowa General Assembly unanimously approved House Bill 170 that will enhance Federal statutes designed to protect veterans' disability compensation from

attachment in divorce settlements. The bill was modeled on legislation created by the West Virginia legislature early last year to combat the very same problem. Veterans' service-connected disability compensation is intended to financially compensate a military veteran disabled in the line of duty. This compensation is not an asset, or property, and should not be used to calculate a veteran's net worth. Disability compensation is awarded to a veteran that has lost some/all physical or mental ability to work, or maintain a daily routine. Veteran's disability compensation is tax exempt and not classified as 'income' by the IRS. VA disability compensation is non-transferable and cannot be awarded to a third party under any legal process whatsoever. Even after the veteran has deposited these funds into their personal bank account they are federally protected from attachment or seizure. Disability compensation belongs solely to the disabled veteran that has suffered the disability.

USC, Title 38, Section 5301 reads in part; Payments of benefits due or to become due under any law administered by the Secretary shall not be assignable except to the extent specifically authorized by law, and such payments made to, or on account of, a beneficiary shall be exempt from taxation, shall be exempt from the claim of creditors, and shall not be liable to attachment, levy, or seizure by or under any legal or equitable process whatever, either before or after receipt by the beneficiary. Although United States Code, Title 38, Section 5301 is very clear in its wording and intent, many civil court judges routinely circumvent the wording and intent of this Federal statute by factoring in veteran's disability compensation for spousal support, alimony, and child support awards. The Iowa effort was spearheaded by U.S. Army veteran Jerry Bohr of Ossian, Iowa . Bohr is Operation Firing For Effect (OFFE) Director of Operations for the state of Iowa. He is also employed as a service officer for the Iowa State Department of Veterans Affairs. In addition, Jerry Bohr is a member of the 5301 Club, a grassroots group devoted to the protection of disability benefits from third party awards in civil courts. OFFE is currently monitoring 38 individual divorce cases nationwide in which veterans' disability compensation has been misused as a divisible asset in a divorce settlement. [Source: OFFE press release 12 Feb 09 ++]

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VET RESOURCE: The American Veterans & Servicemembers Survival Guide is available on line at www.veteransforamerica.org/wp-content/uploads/2008/12/survival-guide.pdf . The new publication, provided by the Veterans for America organization, is a follow-up to the 1985 The Viet Vet Survival Guide. It is a downloadable no cost resource for veterans of all periods. The guide will help a veteran understand what's going on, it is not a substitute for a good lawyer or other advocate. And it isn't the only source of information. The book gives particular emphasis to servicemembers and veterans of Iraq and Afghanistan, while providing adequate information for vets of all other eras. It describes in depth:

- The problems of the military community,
- The benefits and services available to present and former servicemembers, and
- Issues that will be decided in the next several years.

It will help readers understand how various agencies work not just in theory but in practice and how they can cut through the bureaucracy and confusion and get the benefits and services to which they are entitled. Topics included in its 599 pages, among others, address frequent call-ups from the Guard and Reserve, getting out of the military, the Department of Veterans Affairs, disability compensation, pensions, medical care, educational benefits, housing benefits, claims and appeals, discharge upgrading, the criminal justice system, employment, reemployment rights, benefits for family members, the special problems of women servicemembers and veterans and domestic relations issues. While it focuses on programs run by the VA it also deals with programs administered by other federal agencies and the states. [Source: www.veteransforamerica.org Feb 08 ++]

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VITAMIN SUPPLEMENTS Update 01: A study of postmenopausal women has found no associations between the use of multivitamins and the risk of cancer, cardiovascular disease, or overall death rate. The study included 161,808 participants from Women's Health Initiative clinical trials involving hormone therapy, dietary modification, and calcium and vitamin D supplements and 93,676 participants in an observational study. The participants were followed for a median of 8 years. About 41.5% of them used multivitamins. The researchers concluded that "the study provided convincing evidence that multivitamin use has little or no influence on the risk of

common cancers, cardiovascular disease, or total mortality in postmenopausal women [Neuhauser ML. Multivitamin use and risk of cancer and cardiovascular disease in the Women's Health Initiative cohorts. Archives of Internal Medicine 169:294-304, 2009] http://archinte.ama-assn.org/cgi/content/short/169/3/294 This study adds to the evidence that well-balanced diets are more likely than dietary supplements to promote health. [Source: Consumer Health Digest #09-07, 12 Feb 09 ++]

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HAVE YOU HEARD: After 9/11an old Submarine veteran asked the CNO to return him to active duty and send him to the middle east. Of course the CNO refused, and told the old submariner he had served his time on patrol and should relax and enjoy his golden years. The 'ole Chief wasn't at all pleased, so he wrote the Secretary of the Navy with the same request. Back came the reply for him to enjoy his golden years, because this war was a young man's war and there was no place for him. That really pissed him off, so he wrote his congressman a long, heart wrenching letter explaining in great detail just why he felt he should be returned to active duty. Back came the reply almost word for word, the same as the SecNav response..... The 'ole Chief was livid. He went down to the beach in Norfolk Virginia, bought a rowboat, and vowing to get to the Persian Gulf one way or the other, he set out rowing his boat and singing the …"Anchors away my boys, Anchors away " ..... and off he rowed for the gulf.

Saint Peter had been watching this grizzled 'ole CPO all the while, and was at first amused by it all but had grown increasingly concerned as the Chief displayed his commitment to his objective. Saint Peter finally turned to God for advice on how to deal with this unwavering old salt. After hearing the saga unfold, God advised Saint Peter to be merciful and take the Chief's brain, since that was the center of thought, and he would simply abandon the idea about getting to the Persian Gulf. Now, having taken God's advice and removing the Chief's brain, St. Peter observed little if any change in the Gunny's behavior. He continued to row his boat and sing at the top of his voice "Anchors away my boys, anchors away ".....

A little frustrated at the lack of results of his efforts, St. Peter turned again to his God and asked, "Now what?" God said, "Well OK, take his heart, because not even an old sewerpipe sailor can function without a heart. So, that should end it." But when St. Peter had completed his task, and removed the Chief's heart, he was again amazed that little if any change could be observed in the Chief's behavior as he continued to row his boat and sing " Anchors away my boys, anchors away "..... at-the-top-of-his-voice.

Once again, St. Peter asked God for assistance with this unusual situation for which there seemed to be no solution. This time God responded by suggesting that St. Peter should remove the old boat sailor's testicles, since it's a well known fact that steely eyed killers of the deep can't function without their testicles. Otherwise, what would be the reason for submariners having the worldwide reputation of having the balls to do the impossible? Convinced this was the answer, St. Peter went to work and removed the 'ole Chief's balls. Again, St. Peter observed the submariner, this time with his balls, brains and heart removed, rowing in a never ending circle singing, "Off we go, into the wild blue yonder."

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MILITARY HISTORY ANNIVERSARIES:

- Feb 00 1916 - WWI: The German Fleet was given orders to attack armed Allied merchant ships without warning.
- Feb 01 1848 - Mexican-American War: The Treaty of Guadalupe Hidalgo is signed.
- Feb 01 1943 - WWII: The last German forces surrender to the Soviets after the Battle of Stalingrad.
- Feb 03 1917 - WWII: The United States breaks off diplomatic relations with Germany a day after the former announced a new policy of unrestricted submarine warfare.
- Feb 03 1944 - WWII: Beginning of the German Army offensive against the Anzio bridgehead in Italy.
- Feb 03 1944 - WWII: United States troops capture the Marshall Islands.
- Feb 03 1945 - WWII: As part of Operation Thunderclap, 1,000 B-17's of the Eighth Air Force bomb Berlin.

- Feb 03 1945 - WWII: Sinking of allied troop ship Dorchester results in Congress declaring this as Four Chaplains Day.
- Feb 03 1945 - WWII: The Soviet Union agrees to enter the Pacific Theatre conflict against Japan.
- Feb 04 1861 - Civil War: In Montgomery, Alabama, Delegates from six break-away U.S. states meet and form The Confederate States of America.
- Feb 04 1899 - The Philippine-American War begins.
- Feb 04 1932 - WWII: Japan occupies Harbin, China.
- Feb 04 1941 - WWII: The United Service Organization (USO) is created to entertain American troops.
- Feb 04 1943 - WWII: Battle of Stalingrad ends.
- Feb 04 1945 - WWII: The Yalta Conference begins.
- Feb 04 1957 - WWII: The first nuclear-powered submarine, the USS Nautilus (SSN-571), logs its 60,000th nautical mile, matching the endurance of the fictional Nautilus described in Jules Verne's novel "20,000 Leagues Under the Sea".
- Feb 05 1918 - WWI: Stephen W. Thompson shot down a German airplane. It was the first aerial victory.
- Feb 05 1945 - WWII: General Douglas MacArthur returns to Manila.
- Feb 05 1958 - A hydrogen bomb known as the Tybee Bomb is lost by the US Air Force off the coast of Savannah, Georgia, never to be recovered.
- Feb 05 1968 - Vietnam War: Battle of Khe Sanh begins.
- Feb 06 1862 - Civil War: Ulysses S. Grant gives the United States its first victory of the war, by capturing Fort Henry, Tennessee, known as the Battle of Fort Henry.
- Feb 06 1899 - Spanish-American War: The Treaty of Paris (1898), a peace treaty between the United States and Spain, is ratified by the United States Senate.
- Feb 06 1922 - The Washington Naval Treaty was signed in Washington, DC, limiting the naval armaments of United States, Britain, Japan, France, and Italy.
- Feb 09 1775- Revolutionary War: British Parliament declares Massachusetts in rebellion.
- Feb 09 1861 - Civil War: Jefferson Davis is elected the Provisional President of the Confederate States of America by the Confederate convention at Montgomery AL.
- Feb 09 1942 - WWII: Top United States military leaders hold their first formal meeting to discuss American military strategy in the war.
- Feb 09 1943 - WWII: Allied authorities declare Guadalcanal secure after Imperial Japan evacuates its remaining forces from the island, ending the Battle of Guadalcanal.
- Feb 09 1945 - WWII: The Battle of the Atlantic the HMS Venturer sinking U-Boat 864 off the coast of Norway.
- Feb 09 1965 - Vietnam War: The first United States combat troops are sent to South Vietnam.
- Feb 10 1763 - French and Indian War: The 1763 Treaty of Paris ends the war and France cedes Quebec to Great Britain.
- Feb 10 1954 - President Dwight Eisenhower warns against United States intervention in Vietnam.
- Feb 11 1942 - WWII: The Battle of Bukit Timah is fought in Singapore.
- Feb 11 1943 - WWII: General Dwight Eisenhower is selected to command the allied armies in Europe.
- Feb 11 1973 - Vietnam War: First release of American prisoners of war from Vietnam takes place.
- Feb 12 1946 - WWII: Operation Deadlight ends after scuttling 121 of 154 captured U-boats.
- Feb 13 1945 - WWII: Royal Air Force bombers are dispatched to Dresden, Germany to attack the city with a massive aerial bombardment
- Feb 13 1945 - WWII: The siege of Budapest concludes with the unconditional surrender of German and Hungarian forces to the Red Army.

- Feb 13 1971 - Vietnam War: Backed by American air and artillery support, South Vietnamese troops invade Laos.
- Feb 13 1991 - Gulf War: Two laser-guided "smart bombs" destroy a bunker in Baghdad. The bunker was being used as a military communications outpost and unknown to allied forces, as a shelter for Iraqi civilians.
- Feb 15 1898 - U.S. battleship Maine mysteriously blew up in Havana Harbor, killing more than 260 crew members and bringing the United States closer to war with Spain.
- Feb 15 1898 - The battleship USS Maine was sunk following an explosion in the harbor of Havana, Cuba.

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VETERAN LEGISLATION STATUS 26 FEB 09: Refer to the Bulletin's Veteran Legislation attachment for 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 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 your representative 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 for dates that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 26 Feb 09 ++]

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