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**VA SECRETARY UPDATE 13:** Following is an open letter to Veterans from Secretary of Veterans Affairs Eric K. Shinseki:

“My name is Ric Shinseki, and I am a Veteran. For me, serving as Secretary of Veterans Affairs is a noble calling. It provides me the opportunity to give back to those who served with and for me during my 38 years in uniform and those on whose shoulders we all stood as we grew up in the profession of arms. “The Department of Veterans Affairs has a solemn responsibility to all of you, today and in the future, as more Veterans join our ranks and enroll to secure the benefits and services they have earned. I am fully committed to fulfilling President Obama’s vision for transforming our department so that it will be well-positioned to perform this duty even better during the 21st Century. We welcome the assistance and advice of our Veterans Service Organizations, other government departments and agencies, Congress, and all VA stakeholders as we move forward, ethically and transparently, so that Veterans and citizens can understand our efforts.

“Creating that vision for transforming the VA into a 21st Century organization requires a comprehensive review of our department. We approach that review understanding that Veterans are central to everything VA does. We know that results count, that the department will be measured by what we do, not what we promise, and that our best days as an organization supporting Veterans are ahead of us. We will fulfill President Lincoln’s charge to care for “. . . him, who shall have borne the battle, and for his widow, and his orphan . . .” by redesigning and reengineering ourselves for the future. “Transforming any institution is supremely challenging; I know this from my own experience in leading large, proud, complex, and high-performing organizations through change. But the best organizations must be prepared to meet the challenging times, evolving technology and, most importantly, evolving needs of clients. Historically, organizations that are unwilling or unable to change soon find themselves irrelevant. You and your needs are not irrelevant.

“Veterans are our clients, and delivering the highest quality care and services in a timely, consistent and fair manner is a VA responsibility. I take that responsibility seriously and have charged all of the department’s employees for their best efforts and support every day to meet our obligations to you. Our path forward is challenging, but the President and Congress support us. They have asked us to do this well—for you. Veterans are our sole reason for existence and our number one priority—bar none. I look forward to working together with all VA employees to transform our department into an organization that reflects the change and commitment our country expects and our Veterans deserve.

“Thank you, and God bless our military, our Veterans, and our Nation.”

Signed: Eric K. Shinseki

[Source: VA Press Release 13 Mar 09 ++]

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**ECS 2009 UPDATE 06:** The new economic stimulus plan includes one-time cash payments and/or tax-credits for millions of Americans whether they are working or retired. The plan is complicated, and controversial. Some say it is the only way to pull the nation out of recession. Others say we are mortgaging our children's future. Time will tell. Regardless, here is how the one-time cash payments and/or tax-credits will apply to you:

**Wage-earners:** The "Make Work Pay" provisions of the American Recovery and Reinvestment Act (stimulus bill) will provide a refundable tax credit of up to \$400 for working individuals and \$800 for married taxpayers filing joint returns in both 2009 and 2010. For most employees (who receive a W-2 from an employer), the employer will automatically make the withholding changes this spring, thereby increasing take-home pay. Taxpayers who do not have taxes withheld by an employer during the year will be able to claim this credit on their 2009 and 2010 tax returns. This tax credit is not available to all as it has income limits (phases out for individuals with adjusted gross

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income (AGI) in excess of \$75,000, or \$150,000 for married couples filing jointly). However, employers do not have access to an individual's entire income, and so individuals with multiple jobs or married couples who file jointly and whose total AGI income is higher than the above income limits, will likely want to submit an updated W-4 form to their employer to ensure high enough withholding-or their "stimulus" when they file their 2009 and 2010 taxes will be to send more money back to the IRS. Anyone with additional questions should contact the IRS.

**Retirees:** Most seniors - that is retirees who receive Social Security (regular Social Security, disability Social Security and SSI), Veterans' or Railroad Retirement benefits - will receive a one-time \$250 payment (just once, not once in 2009 and once in 2010). It will be sent automatically to these individuals, they do not need to apply for this payment. There is no income limits for this payment, so all eligible individuals are to receive it, no matter their income. As of now, SSA is saying all payments will be distributed by May. Anyone with additional questions should contact SSA, VA, or Railroad Retirement Board (whichever agency they receive regular payments from).

**Non-Social Security Retirees:** Government retirees, including some federal Civil Service Retirement System (CSRS) retirees do not receive any Social Security. In addition to federal retirees, there are also state and local government retirees who work outside of Social Security. The Senate Finance Committee, included a refundable \$250 tax credit for these individuals. This tax credit is to be referred to as the "Refundable Tax Credit for Certain Federal and State Pensioners, and is for tax year 2009. At this time, we are waiting for further guidance from the IRS on how it is to be implemented.

[Source: NARFE Legislative Department Jill Crissman comments 2 Mar 09 ++]

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**SSA TRUST FUND UPDATE 01:** We will soon learn how the Social Security and Medicare Trust Funds are faring in what economists say is the worst economic recession since the end of World War II. The 2009 Social Security and Medicare Trustees annual reports are due. Last year the Social Security Trustees reported that the year in which annual benefit costs exceed tax income would be 2017. But a recent article appearing in The Washington Post says the Trustees now estimate that we may be within three years of that happening in 2011. The recession is speeding us out of the frying pan and into the fire, without a doubt. But the way in which the government accounts for the Medicare hospital insurance and Social Security trust funds has lured Congress into putting off the highly contentious task of fixing the programs.

Consider: under current law, when the government receives more in payroll taxes than required to pay benefits, the excess is accounted for by means of a bookkeeping entry, and the money promptly used for other government spending. Uncle Sam then issues a special "non-marketable" bond, or IOU, to the trust funds. Those bonds earn "interest." This makes it appear like the programs are fully funded on the books. But the interest earned by those bonds is also just a bookkeeping entry. No real cash revenues exist in a CD or bank somewhere to pay future benefits. When revenues are insufficient to cover benefits, the government is supposed to pay benefits using the "interest" earned by the IOUs, and then the IOUs themselves would be repaid. In order to do this, though, the government would have to transfer trillions of dollars from the general budget revenues. Except for very short periods in the 1970's and 1980's funding crisis, Congress has never chosen to fund Social Security benefits from general revenues. And today it would be enormously difficult to do so for very long, without making our economy even worse.

And here's something nobody is talking about. If we exclude the so-called interest and IOUs in the Trust Funds, and we only count the cold cash, the Social Security Disability and Medicare Part A Hospital Insurance Trust Funds are already paying out more in benefits than they have coming in. We may well be within three years of a cash shortfall in the Social Security retirement program. Where will the government get the cash to pay Medicare and Social Security benefits? How long can we reasonably expect to borrow the trillions needed to keep the programs afloat without making the economy even worse? Social Security and Medicare may become our next Troubled Asset Relief Program. If lawmakers drag their feet on fixing the funding problems, a cash crisis could force abrupt

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cuts and higher taxes. The Senior Citizens League (TSCL) recently urged Congress not to use Social Security payroll taxes to provide a refundable work credit, because it would drain money out of the system that's need to provide benefits for today's seniors. Congress should provide tax credits out of the general federal revenues. In addition, TSCL strongly supports measures that would provide better protection for excess Social Security payroll taxes, such as the Social Security Lock Box Act (S.86) introduced by Senator David Vitter (LA). The proposed legislation would prohibit the government from using surplus Social Security revenues for anything other than to pay benefits. [Source: TSCL Social Security & Medicare Advisor Mar 09 ++]

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**SSA COLA 2010:** Social Security beneficiaries face a grim dilemma next January, if predictions from the latest economic report of the Congressional Budget Office (CBO) prove correct, — no cost-of-living adjustment (COLA) in 2010. But if that were to happen, and Medicare Part B premiums continue to increase, it would set off an unprecedented test of a little-known provision of law that protects the Social Security benefits of tens of millions of seniors. Under current law, when the Medicare Part B premium increases more than the amount of a person's Social Security COLA, the government is required to adjust the Medicare premium so that the person's Social Security check is not reduced from one year to the next. With only a few exceptions, this provision protects most people who have Medicare. According to the Congressional Budget Office's (CBO) 2009 annual Budget and Economic Outlook, the Consumer Price Index (CPI) is expected to drop because of easing gasoline and other prices, a characteristic of recessions. By the third quarter, when the government determines the annual COLA payable 1 JSN 10 the CPI may be close to, or at, zero, the CBO said. And according to the 12 month CPI data through DEC 08, the index used to determine COLAs isn't just zero, it's minus 0.5%.

If this were to happen, it would be the first time since Congress made the Social Security COLA automatic in 1975 that beneficiaries would fail to get an increase. Since the automatic COLA was established, the lowest ever paid was 1.3% in 1986 and 1998. Should inflation come down to zero, or even near zero, and Medicare Part B premiums increase even modestly, the federal government could be on the hook for potentially billions in unanticipated Medicare Part B premium costs that normally are automatically deducted from beneficiaries' Social Security checks. "The situation would just add to the exploding deficit," says Shannon Benton, the Senior Citizens League's (TSCL) Executive Director. The prospect of no COLA is particularly galling, because seniors are experiencing stiff increases in out-of-pocket Medicare drug costs in 2009. According to a national survey, the average beneficiary will see a 24% increase in his or her monthly premiums. And many drug and other Medicare plans also steeply increased co-pays and other out-of-pocket costs. "Clearly, the method that the government uses to determine senior COLAs is not adequately accounting for the costs that seniors actually have," Benton notes.

TSCL believes the COLA does not fairly reflect the portion of income seniors spend on health care and other costs, and is lobbying Congress to pass legislation ensuring that COLAs will be more representative and adequate in the future. TSCL also is calling on Congress to take steps immediately to constrain the rise in Part B spending. There's well documented evidence of a considerable amount of waste in the Medicare system that Congress needs to get under control. "These are anxious times for seniors, and every one is dealing with bad financial news daily," says Benton. "We call on Congress to take action in weeding out wasteful Medicare spending, and to weigh the consequences of a Medicare Part B premium increase, in a year when COLAs may increase very little or not at all." [Source: TSCL Social Security & Medicare Advisor Mar 09 ++]

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**MEDICARE PRIVATE HEALTH PLANS:** With its revision of the draft 2010 Call Letter setting, contract terms for Medicare health and drug plans, the Obama administration has proposed new criteria for approving the benefit packages of Medicare private health plans. In the draft 2010 Call Letter issued 23 FEB, the Centers for Medicare & Medicaid Services (CMS) said it wanted to eliminate plan offerings that had very low enrollment or that had benefit packages that were very similar to other plans offered by the same company. CMS

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also set a higher bar for approving benefit packages offered by Medicare private health plans. Plans that provided a comprehensive out-of-pocket limit on medical services of \$3,400 or less and did not charge more than Original Medicare for kidney dialysis, psychiatric hospitalization, chemotherapy and other Part B drugs, or skilled nursing facility care will generally not be considered to have a benefit design that discriminates against less healthy, higher-cost enrollees, CMS said. To be considered comprehensive, the plan's out-of-pocket limit must not exclude any services covered under Medicare's inpatient (Part A) and outpatient (Part B) benefit.

Consumer advocates, including the Medicare Rights Center, applauded the move toward higher standards for approving benefit designs offered by Medicare private health plans. However, advocates argued that CMS should require plans to set a lower annual out-of-pocket limit. Only 15% of people with Medicare have out-of-pocket spending greater than \$3,400. An out-of-pocket limit set at \$2,250 would provide greater protection, since it is roughly pegged at 10% of the median annual income of people with Medicare (half earn more, half earn less). Advocates also argued that Medicare private health plans should not be allowed to charge more than Original Medicare for home health, durable medical equipment or hospital care. [Source: Medicare Watch 11 Mar 09 ++]

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**MOBILIZED RESERVE 10 MAR 09:** The Department of Defense announced the current number of reservists on active duty as of 10 MAR 09. The net collective result is 751 fewer reservists mobilized than last reported in the Bulletin for 1 MAR 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 94,454; Navy Reserve, 6,455; Air National Guard and Air Force Reserve, 14,981; Marine Corps Reserve, 7,286; and the Coast Guard Reserve, 667. This brings the total National Guard and Reserve personnel who have been activated to 123,843, 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/Mar2009/d20090310ngr.pdf>. [Source: DoD News Release No. 159-09 11 MAR 09 ++]

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**VA CLAIMS PROCESSING:** The Department of Veterans Affairs (VA) is piloting two new programs for Claims Processing. The first involves a comprehensive checklist that lays out information and evidence veterans and families need to support their disability compensation and pension benefits claims. Four regional offices were selected for the pilot. They are: Cleveland, OH; Boise, ID; Waco, TX; and Louisville, KY. The second pilot is designed to help reduce the claims processing time. The VA will accept certified, fully developed claims and place them into a separate process. This alternative process is expected to provide results within 90 days after the claim was submitted. According to the VA, the definition of "fully developed" is when the veteran submits a certified statement that he or she does not intend to submit any additional information or evidence in support of their claim, and it will not require any assistance. The 10 regional offices selected for the one-year pilot are: Montgomery, AL; Columbia, SC; Boston, MA; Manchester, NH; Providence, RI; Chicago, IL; Milwaukee, WI; Boise, ID; Denver CO; and Portland, OR. [Source: NMFA Government and You E-News f10 Mar 09 ++]

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**VA OFFICE of SURVIVORS ASSISTANCE:** Survivors of veterans have a new voice. VA's Office of Survivors Assistance will advise the Secretary of Veterans Affairs on all matters pertaining to policies, programs, legislation and issues affecting the survivors of veterans. Established in DEC 08 under public law, the office will serve as an advocate for survivors, develop outreach programs to keep them informed and serve as VA liaison with agencies inside and outside of government on survivor issues. The Office will serve as a primary advisor to the Secretary on all matters relating to the policies, programs, legislative issues and other initiatives

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affecting survivors. Though it will not process or handle individual claims inquiries, the new office will regularly monitor the delivery of benefits and services of the Department. It will explore innovative opportunities to reach those survivors who are eligible for but not currently receiving VA benefits. Input will be sought from interested stakeholders. Though not fully staffed, the office is already busy gathering survivor data and identifying programs and benefits currently available to veterans' survivors. For more information, contact the office at 202-461-5159. [Source: CFL News & Chat 10 Mar 09 ++]

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**TRICARE PRIME ALLOTMENT UPDATE 03:** Beginning in 2010, Tricare Prime beneficiaries who pay enrollment fees may need to make their fee payments via electronic means. If you are enrolled in Tricare Prime as a retired service member, the family of a retired service member, a survivor or an eligible former spouse, an electronic payment or allotment may be required. These changes mean that those Tricare enrollees who pay enrollment fees could be required to pay them by either an allotment from the sponsor's retired military pay, an electronic funds transfer from your financial institution, or a recurring credit card charge. To get a head start, and change to a more convenient payment option, visit the Web site of your Tricare regional managed care support contractor:

- TriWest (West region) <http://www.triwest.com/beneficiary/epay.aspx>;
- Humana Military Health Care Services (South region); <http://www.humana-military.com>; or
- Health Net Federal Services (North Region) <https://www.hnfs.net/bene/enrollment/fees/Enrollment+Fees-Payments.htm>.

[Source: NAUS Weekly Update 6 Mar 09 ++]

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**GI BILL UPDATE 41:** The question of whether the new Post-9/11 GI Bill should pay living stipends to people who take online college classes through distance learning programs pits the Veterans Affairs Department against a key lawmaker, and poses a challenge for Congress as it considers whether to change the law in advance of the program's 1 AUG launch date. Under current law, the new GI Bill will not pay living stipends to distance-learning students. To qualify for the stipend, a person must have at least one class in a regular classroom and carry a credit load that makes him at least a half-time student. Rep. Bob Filner (D-CA 51<sup>st</sup>), chairman of the House Veterans' Affairs Committee, said that approach "penalizes hard-working veterans." Filner is sponsoring a bill (H.R.950) that would make distance learning students eligible for the stipend, just like other college students. "I truly believe we will be doing a disservice to our rural veterans, injured veterans and veterans with family commitments by providing a distinction between those who attend a brick-and-mortar classroom versus those who study at home and take their tests on a computer," Filner said at a 4 MAR hearing of his committee's economic opportunity panel.

Under Filner's bill, distance learning students would receive a living stipend based on the military's basic allowance for housing in the ZIP code where the distance learning school is based. Living stipends for people attending a regular college or university would be based on the BAH for the ZIP code of the school they attend. VA opposes Filner's bill. Keith Wilson, director of VA's education service, said giving a housing allowance to someone who is training at home or work "does not seem to meet the intent of a housing subsidy for veterans who travel to attend an institution of higher learning." Wilson said such a change also would add an estimated \$20 million in 2010 and \$1.5 billion over 10 years to the cost of the Post-9/11 GI Bill. "In view of this cost and because BAH rates based on the location of a school bear no relationship to the cost of living associated with the locality where an individual may reside, VA opposes this bill," Wilson told lawmakers.

About 70% of active-duty members using the Defense Department's tuition assistance program are receiving credit through distance learning courses, with a similar shift likely to come in veterans' education benefits. The

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Veterans of Foreign Wars (VFW), the nation's largest group of combat veterans, sides with VA. Justin Brown, a legislative associate with VFW's National Legislative Service, said Filner's bill would create an inequity by paying living stipends that are not based on actual costs that veterans would face while going to school. "This would over compensate veterans living in areas more affordable than the ZIP code of their school, while under compensating veterans that live in more expensive areas relative to their school," he said. It had been widely reported and published that the Iraq and Afghanistan Veterans of America (IAVA) and the American Legion were among groups considering asking lawmakers to place a cap on tuition aid for veterans. \$13,000 per year had allegedly been suggested by the IAVA. At a meeting of various military and veterans associations held by the Senate Democratic Steering and Outreach Committee Paul Rieckhoff, the IAVA Executive Director and the American Legion National Commander, Paul Rehbein were asked for an explanation of their reported support of a cap on Post 9/11 GI Bill benefits. Both stated that the reports were wrong and they support the provisions of the Bill and do not want a cap on benefits.

Starting in AUG 09 there will be veterans using their GI Bill that will be eligible for both the old and new GI Bills. They will have to choose which one, and the choice is irrevocable. The link below will help determine what choice is best for the individual. One may give the veteran more money; each case is different. The new GI Bill is good for 15 years, the old one 10. The veterans should study this too, before making a blind decision. [https://www.gibill.va.gov/GI\\_Bill\\_Info/CH33/Benefit\\_Comparison\\_Chart.htm](https://www.gibill.va.gov/GI_Bill_Info/CH33/Benefit_Comparison_Chart.htm). [Source: NavyTimes Rick Maze 4 Mar 09 ++]

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**VA NURSING HOMES UPDATE 02:** The Department of Veterans Affairs, stung by criticism that its slow action has forced some severely disabled veterans to spend themselves into poverty, has moved to implement a two-year-old law requiring it to reimburse such veterans for the cost of care at state-run nursing homes. The VA sent letters to the nation's 137 state veterans nursing homes - including ones in Stony Brook and St. Albans, Queens - saying they expect to begin processing reimbursements within 90 days. A bill signed into law by President George W. Bush in 2006 required the VA to reimburse the full cost for veterans with a 70% or greater service-connected disability who require nursing home care. But although Congress specified that the law be implemented by 21 MAR 07, the VA still has not begun issuing payments. A VA spokesman said no one was available to explain the two-year delay.

The holdup has forced some elderly veterans to spend away their life savings before they could qualify for Medicaid payments to cover the \$250-per-day cost of care at the Long Island State Veterans Home at Stony Brook University. At least eight patients at Long Island State Veterans Home who would have been covered under the law have been forced to pay for some or all of their care out of pocket, according to Sen. Charles Schumer, who visited the nursing home last month. Two of the veterans have died while waiting for the law to come into effect. About 80% of patients at the nursing home are on Medicaid, a hospital official said. Some 4,800 Long Island veterans are more than 70% disabled and become increasingly likely to require nursing home care as they get into their 80s and 90s. Long Island State Veterans Home director Fred Sganga said he was encouraged, but remains cautious. "We've been promised this won't take more than 90 days," he said. "But it's not over until it's over." [Source: Newsday.com Martin Evans article 3 Mar 09 ++]

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**VA MUSEUM or MEDICAL CENTER UPDATE 01:** The Indianapolis Department of Veterans Affairs says the controversy over a World War II-era newspaper is settled, but a group of former Marines vows to keep fighting. Members of the local Marine Corps League, angry that a framed front page from 1945 was removed from a hallway at the Roudebush Veterans Affairs Medical Center, are considering picketing the hospital. "We're talking about some demonstrations out there," said Ronald "Bud" Albright, the group's leader. "We don't intend to let this thing drop." The group wants restored a page from The Indianapolis Times with the headline "Japs Surrender." Albright says its removal is akin to "whitewashing history." The VA announced 4 MAR that the historic

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page was gone for good and would be replaced by a front page from The Indianapolis Star bearing the same news but expressed as: "WAR IS OVER -- Truman." The VA's National Center for Ethics suggested the replacement article.

The front page from The Times had hung for a decade or more at the VA Medical Center, but last month it caught the eye of a new employee who considered it a racial slur and complained to hospital Director Tom Mattice. Mattice ordered the newspaper removed. When local Marine Corps League members learned of the newspaper's removal, they met with Mattice and urged him to put it back. In the two weeks since, Mattice said, he'd received more than 100 letters, e-mails and phone messages, almost all of them urging the newspaper be put back on display. But he was not swayed. Mattice met again with the former Marines and told them he would not reconsider. "We want to honor our veterans and their accomplishments in a positive way," Mattice said later. "It was not good," Albright said of the meeting. "We shook hands, but we told him we'd do what we had to do, which is get more involved in this thing." Besides pickets, Albright said, his group may hand out facsimiles of the expelled page to hospital visitors and urge those who are like-minded to bombard Mattice with letters. A framed copy of the "WAR IS OVER -- Truman" front page has been placed put the wall; the original is being framed and is expected to replace the copy later this month. Hospital officials are also in the process of re-evaluating the rest of their memorabilia to ensure it doesn't offend anyone.

Floyd Mori, executive director of the Japanese American Citizens League, the nation's largest and oldest Asian-American advocacy group, said Mattice did the right thing. "Even though this was a World War II newspaper, it sends the wrong message to today's generation," Mori said. "To have it displayed sends a message to today's (citizens) that it's OK. And it's not OK." Mori, 69, said anti-Japanese sentiment is alive and well. He wrote a letter to NBC this week to complain about a "Saturday Night Live" skit; recently he was alerted to a South Carolina car dealer who, in a TV ad, urged viewers to buy his American-made cars because "our cars don't smell like rice." The former Marines at odds with the local VA hospital director say they have no ill feeling toward the Japanese but simply want to honor history and not to shrink from showing the prejudice that existed during the war. "I think in a historical sense those are good lessons," said Mori, "and in a museum that would be appropriate and educational and helpful -- in a place where a lesson is being taught. "But in a hospital, it might be better taking it down." [Source: Indianapolis Star Will Higgins article 5 Mar 09 ++]

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**FOOD PACKAGING:** It's a trick worthy of a magician: Make a supermarket product look the same but actually contain less. That's the kind of move that many companies are using to shrink popular grocery items like mayonnaise, ice cream, peanut butter and toilet paper, while keeping the price and packaging the same. The result: Consumers are getting less for their money. Approximately one-third of items at the grocery store have lost content since 2007, according to the Nielsen Co., which tracks market trends. Meanwhile, consumers last year saw food prices rise some 7 percent, according to the Bureau of Labor Statistics. Companies argue that, like consumers, they're also trying to stretch a dollar; their manufacturing costs have gone up, explains food marketing expert Phil Lempert, editor of [www.SupermarketGuru.com](http://www.SupermarketGuru.com). Factors like hurricanes, record cold weather and the rising cost of energy have driven up the cost of producing packaged goods. "When you're a food manufacturer, you either raise your prices even further or you take a look at putting less in the package and keep the price the same," Lempert says. Still, he agrees that "some packages are blatant rip-offs." For instance, he notes that coffee packages that may appear to be the same size "can have anything from 7.5 to 16 oz. of coffee, depending on the brand, and that's just not fair."

Content downsizing cuts across the grocery spectrum, influencing private labels and even organic products. "You especially see this with products like chips-organic or otherwise-especially when they're packed in airtight bags," says financial writer Jill Westfall, a contributor to Money magazine. Part of the problem, says longtime consumer advocate Edgar Dworsky, is that most consumers "aren't net weight-conscious, they're price-conscious, and the manufacturers know that. That's how manufacturers take advantage of customers. They do these tricks." Dworsky, a lawyer who's worked in the field of consumer protection for 31 years, monitors consumer news on his website [www.ConsumerWorld.org](http://www.ConsumerWorld.org), and recently started a blog, [www.Mouseprint.org](http://www.Mouseprint.org), hat is focused on the fine print of

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advertising. "Manufacturers know that customers know the size [of a product] in the relative sense-when you pick up a large tub of margarine, which used to be 3 pounds but is now 45 oz.," you can't really feel the missing three ounces, he says. Some examples of downsizing are:

- Dial Corp. shaved its soap bars from 4.5 oz. to 4 oz.;
- The biggest jar of Hellmann's mayonnaise dropped from 32 oz. to 30 oz.
- A tub of Breyer's ice cream shrank from 56 oz. to 48.
- Skippy peanut butter now has an indentation at the bottom of its jars, causing the contents to drop from 18 oz. to 16.3 oz, even though the jar looks the same.
- Scott's toilet tissue kept number of sheets (1,000) but reduced the length of the sheets from 4 inches to 3.7 inches, making the roll 300 inches shorter.
- Kleenex tissues shrank in width by two-tenths of an inch, which adds up to more than 300 square inches less per box.
- StarKist's Chunk Light tuna went from 6 oz. to 5.
- Froot Loops went from 19.7 oz to 17 oz.
- Apple Jacks went from 17 oz to 15 oz.
- Hershey's chocolate bar went from 8 oz to 6.8 oz.
- Country Crock spread from 3 lb to 2 lb 13 oz.
- Tropicana orange juice from 96 oz to 89 oz.
- Friskies cat food from 6 oz to 5.5 oz.
- Ships Ahoy cookies from 16 oz to 15.225 oz

Dworsky says that if shoppers spot a leading brand shortchanging them and it's a recent development, they should check the other competing brands. Chances are, those brands haven't changed yet and shoppers will get more for their money. He also encourages consumers to voice their feelings to manufacturers of their favorite brands. "Send a letter and let them know you're not happy about them changing the product. Maybe at least they'll send you some discount coupons." He also recommends that consumers "shop by unit"—that is, check the price per unit posted on the shelf to see what they're really paying for. Ultimately, though, once the top brands resize their packaging or contents, the other brands—even the private-label store brands—likely will change as well. And nothing seems safe. Even dog food has downsized. At the rate packages are being downsized stand by for the 11 egg cartoon. [Source: AARP Geoff Williams article 17 Feb 09 ++]

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**VA THIRD PARTY INSURERS UPDATE 01:** The National Commander of the Veterans of Foreign Wars of the U.S. wants the Obama administration to kill a controversial budget proposal that would bill veterans with private health insurance for the care they receive for their service-connected disabilities and wounds. "It is unconscionable to pass along the costs of war to wounded and disabled veterans," said the VFW's Glen M. Gardner Jr., a Vietnam veteran from Round Rock, Texas. "This is one policy proposal that the VFW will work hard to defeat because it breaks a sacred trust that veterans have with their government." The administration proposed 5 MAR that the Department of Veterans Affairs would receive \$55.9 billion in discretionary funding in fiscal year 2010, an amount that exceeds the current year budget by \$5.5 billion.

Gardner said the proposal includes good initiatives, such as additional funding to enable more veterans to enroll into the VA system, to expand the concurrent receipt of disability compensation and retirement pay for medically-retired veterans, and to target access to care issues, especially for rural veterans. But the VFW national commander stopped short of applauding the budget when it was confirmed that VA would increase third party collections by billing for service-connected disability treatments. Gardner said the administration's budget proposal for the VA will get a much closer examination once details are released in April. He fears that collections would result in:

- Insurance companies passing on the additional costs to covered veterans, raising premiums and fees.

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- Increased fees and premiums would result in veterans subsidizing their own injuries, forcing them to pay for parts of their service-connected care.
- Impairing veterans' ability to obtain private insurance, especially at reasonable rates, which affects not just them, but also their families.
- Employers might look at a veteran differently during the hiring process if they think that he or she would affect the company's health care insurance costs, serving as a disincentive for some businesses to hire veterans.

On 27 FEB, the VFW and 10 other major veterans' and military organizations wrote President Obama to voice their objections to the budget proposal. "The VFW adamantly opposes this proposal, and I am asking every VFW and auxiliary member, as well as every American, to urge their congressional delegations to block this move," said Gardner. "Charging veterans for the VA care they receive for service-connected disabilities and combat wounds is not how a grateful nation takes care of her warriors." If you agree with VFW's position on this issue you can contact your legislators by going to <http://capwiz.com/vfw/dbq/officials/>, enter your zip code, click on the VFW Action alert, complete your contact data which will allow you to forward a message which asks your legislators to reject this proposal when it is presented to Congress. [Source: VFW Action Alert 4 Mar 09 ++]

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**FEDERAL STUDENT AID:** There is now a significant benefit offered by the Department of Education to both active duty and veterans that has been enhanced by the College Cost Reduction and Access Act (CCRAA). This is completely separate from the GI Bill and will also benefit those who do not qualify for the GI Bill or who did not elect the GI Bill when they entered the service. Any servicemember on active duty is entitled to student loan deferment (or even forbearance if the case merits it) while on active duty and now for 180 days after leaving active duty. In addition, all interest paid on subsidized loans will be paid by the federal government during the time on active duty. Applicability has been extended to ALL National Guard, Reserve and Active Duty members. It is retroactive for all loans or higher education for those serving in the War on Terror regardless of application date (although some of the savings may be different for retroactive deferments). This benefit presents a significant cost savings to servicemembers pursuing higher education. Students and servicemembers only have to fill out a one page form and send it to the servicing agency that handles their student loans with copies of their orders to receive the deferment/forbearance and 180 day automatic extension. For additional info refer to <http://studentaid.ed.gov/PORTALSWebApp/students/english/difficulty.jsp>. [Source: Army AAUW News Mar 09 +]

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**TSP UPDATE 15:** Rep. Stephen Lynch (D-MA 9th) has introduced legislation H.R.1263 that would automatically enroll new federal employees and members of the military in the Thrift Savings Plan and assign their investments to the government securities fund. "Currently, 14% of the eligible federal civilian and 75% of uniformed service members are not participating in TSP," Lynch, the new chairman of the House Oversight and Government Reform Federal Workforce Subcommittee, said in a statement. "Therefore they are less likely than participants to be financially self-sufficient." Automatic enrollment is supported by both the Federal Retirement Thrift Investment Board and a range of federal employee groups, all of which argue the practice makes it easier for workers to save for retirement. The thrift board met with congressional leaders in FEB 09 to discuss what the automatic enrollment legislation might entail. The contribution for employees who are enrolled automatically in the TSP would be set at 3% of basic pay, although the thrift board would have the authority to reduce it to as low as 2%, or to raise it as high as 5%.

Putting new enrollees' money in the government securities, or G Fund, is a safe option, proponents say, because the fund is the most conservative offering in the TSP. The G Fund has made small gains even as other funds have been roiled by the financial crisis. If employees who are enrolled automatically in the TSP eventually decide that they do not want to invest in the TSP and choose to withdraw the money that was invested for them, they are least

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likely to suffer losses if their money is invested in the G Fund. The legislation also requires the thrift board to design a Roth Individual Retirement Account option and include it in the plan. Similar legislation passed the House last summer, but the Senate did not take it up. The bill also addresses a number of issues for federal retirees. It would allow Federal Employee Retirement System enrollees to cash out their unused sick days when they retire, and would allow annuitants to buy health insurance through the Federal Employees Health Benefits Program with pre-tax dollars.[Source": GOVExec.com Alyssa Rosenberg article 4 Mar 09 ++]

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**TSP UPDATE 16:** The thrift savings Plan (TSP) is a long-term retirement savings plan, which is an ideal supplement to military and civilian retirement plans. Investment money is deposited directly from each paycheck which makes it easy to 'pay yourself first' while only investing what you deem appropriate. Due to the economy the plan has suffered significant losses which will impact those retiring in the near future or those who decide to for whatever reason to withdraw their funds at this time. A common question from those who have suffered a loss is whether or not they can get any tax relief because of these losses. The answer is "NO". All contributions to the TSP are made on a pre-tax basis. Any earnings in the TSP grow tax-deferred. That means that all withdrawals from the TSP are fully taxable. Also, because the TSP is a retirement plan, any losses incurred in the TSP are not deductible

In February the TSP weathered another difficult month with every fund, except the government securities option, losing ground. Following is the status of each fund at the close of FEB:

- C Fund, composed of common stocks on the Standard & Poor's 500 Index of the largest domestic companies, took the hardest hit, falling 10.64%. The fund posted 12-month losses of 43.29%.
- I Fund, made up of international investments represented in the 401(k)-style federal employee retirement plan, which invests in European, Asian and Australian companies, was close behind the C Fund in February, falling 10.23%. The fund lost 49.91% for the year.
- S Fund, which invests in small- and mid-size companies by tracking the Dow Jones Wilshire 4500 Index, dropped 10.22% in February. It declined a total of 44.62% during the past 12 months.
- F Fund, which invests in fixed-income bonds, reported minimal losses for February, falling 0.39%. The fund posted long-term gains, however, earning 2.17% in 12 months.
- G Fund, consisting of short-term Treasury securities specially issued to provide a higher return than inflation without any serious risk from market fluctuations, grew 0.21% in February. Its 12-month gain was 3.57%
- L Fund made up of life-cycle (L) options which are blends of the five basic funds that automatically grow more conservative as investors near retirement. All five L funds experienced losses for February. L 2040, intended for employees with a target retirement date around the year 2040, dropped 8.52%; L 2030 fell 7.47%; L 2020 lost 6.22%; and L 2010 tumbled 2.95%. The L Income Fund, designed for employees who plan to retire in the very near future, lost 1.98% in February. All the L funds also posted losses during the past year. The L 2040 Fund had the steepest drop, plunging 37.77% during 12 months. L 2030 fell 33.3% during that time; L 2020 declined 27.9%, L 2010 lost 13.13% and L Income slid 7.49%.

[Source: GOVExec.com Brittany Ballenstedt article 3 Mar 09 ++]

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**VET TOXIC EXPOSURE – TCE:** Trichloroethylene (TCE) is an excellent metal degreaser which was used by both industry and the military for many years without regard to sound environmental disposal practices. As a result an unknown number of veterans have been exposed to TCE, a known carcinogen. In 2003 the Air Force reported 1,400 military sites contaminated with TCE. The Marine Corps Times reported 22 military bases with contaminated TCE water in JUN 07. To confront this problem then Senator Hillary Clinton introduced in the Senate S.1911The TCE Reduction Act of 2008 (or the Toxic Chemical Exposure Reduction Act of 2008) in 2007. The bill never became law. Congressional sessions last two years, and at the end of each session all proposed bills that

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haven't passed are cleared from the books. Never reaching the floor for a vote, S.1911 expired at the end of the Congressional session. The Act would have amended the Safe Drinking Water Act to require the Administrator of the Environmental Protection Agency (EPA) to:

- Publish a health advisory for trichloroethylene that fully protects, with an adequate margin of safety, the health of susceptible populations (including pregnant women, infants, and children), taking into consideration body weight, exposure patterns, and all routes of exposure.
- Promulgate a national primary drinking water regulation for trichloroethylene: (1) that is protective of susceptible populations; and (2) the maximum contaminant level of which is as close to the maximum contaminant level goal for trichloroethylene, and as protective of those susceptible populations, as is feasible.
- Require consumer confidence reports to disclose the presence of, and the potential health risks to susceptible populations from exposure to, trichloroethylene in drinking water.
- Publish a health advisory for trichloroethylene that fully protects the health of susceptible populations from vapor intrusion.
- Establish an integrated risk information system reference concentration of trichloroethylene vapor that is protective of susceptible populations; and
- Apply such reference concentration with respect to any potential vapor intrusion-related investigations or actions to protect public health with respect to trichloroethylene exposure carried out pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and the Safe Drinking Water Act.

An effort is presently underway by The Veterans-For-Change (VFC) to get this bill reintroduced with an additional provision to make honorable discharged veterans who served at any military base on the EPA Superfund list (133 bases as of the latest count) eligible for the DVA "Presumptive Disability" umbrella when applying for VA disability compensation from exposure to TCE. There is medical support of the health effects of TCE exposure (including the EPA and the National Academy of Sciences). The VA presently denies disability claims of veterans without substantial supporting documentation, including an opinion from a medical doctor that the illness was "at least as likely as not" due to exposure to TCE in the military. For many veterans this is a "catch twenty-two situation." The military base they were stationed at was reported as having high levels of TCE. Their illness is one that can be caused by exposure to TCE. They can't work because of their disability. The VA requires "proof" that their disability including a medical opinion or nexus statement that links the illness to military service. A disabled and often unemployed veteran is unlikely to pay for a medical opinion and nexus statement from an expert medical specialist because of cost. A telephone call to a Southern California medical doctor and toxicologist showed that a short opinion letter (one typed page) would cost approximately \$3,000.

The VA currently has four groups of veterans under the Presumptive Disability category. These include former POWs, Vietnam veterans (exposed to Agent Orange); atomic veterans (exposed to ionizing radiation); and Gulf War veterans. The addition of Presumptive Disability for diseases linked to TCE contamination would seem to fit the criteria of these existing Presumptive Disability categories. Veterans are encouraged to contact their legislators' regarding reintroduction of a TCE Reduction Act and eliminate the need for an expensive medical nexus statement.. [Source: [http://www.salem-news.com/articles/february222009/tce\\_vets\\_2-22-09.php](http://www.salem-news.com/articles/february222009/tce_vets_2-22-09.php) 22 Mar 09 ++]

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**VA VOCATIONAL REHABILITATION UPDATE 02:** Concerned that disabled veterans in an independent living program for vocational rehabilitation training may feel left out when new GI Bill benefits take effect 1 AUG, a key lawmaker proposes to increase rehabilitation benefits so veterans with service-connected disabilities will keep using the program, which offers specially tailored counseling and job-placement assistance. Sen. Daniel Akaka (D-HI), chairman of the Senate Veterans' Affairs Committee, proposes to raise the \$520 monthly stipend paid to vocational rehabilitation program participants to equal the military housing allowance

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for an E-5, which would make the payment similar to the living stipend that will be paid under the Post-9/11 GI Bill. There would be just one difference: The GI Bill living stipend will equal the basic allowance for housing for an E-5 with dependents for the ZIP code of the school a student-veteran attends. Akaka proposes that the living stipend for vocational rehabilitation be equal to the national average of BAH for an E-5 based on the marital status of the participant, which means location would not make a difference and that single veterans would receive less than married veterans.

Akaka's bill to improve benefits, S.514, also would reimburse some incidental expenses such as fees, equipment and supplies that are not currently covered by the Veterans Affairs Department. "An example could be that of a single young mother of young children who, in order to attend classes, needs child care," Akaka said. "Another example might be a veteran who lost both legs in service and needs a new suit in order to make the most favorable impression at the interview with a prospective employer." Akaka, who introduced the bill Tuesday, said he worries that the new tuition-plus-fees GI Bill will attract people who may be better off receiving help under the independent-living program that helps disabled veterans prepare for a job. The higher living allowance of the GI Bill would be a big draw for that program, he said, but those who decide to go to college instead of the job training program may not get the help best suited to their needs. "Those who would make such an election might forgo valuable counseling, employment and placement, and other assistance from which they might benefit," Akaka said.

Akaka is not the only lawmaker suggesting benefits increases. In February, Rep. Steve Buyer (R-IN 4th), former chairman and now ranking Republican on the House Veterans' Affairs Committee, proposed adding more than \$300 million to the economic stimulus package to support higher monthly payments for vocational rehabilitation participants. Buyer proposed monthly payments of \$1,200 to \$1,800, depending on the number of family members a veteran has. That proposal did not make it into the economic recovery package, but his bill, HR 297, is pending before the House Veterans' Affairs economic opportunity subcommittee. Aides to Akaka said S.514 will be considered by the Senate Veterans' Affairs Committee in an upcoming hearing. [Source: NavyTimes Rick Maze article 4 Mar 09 ++]

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**TRAUMATIC BRAIN INJURY UPDATE 07:** As Army officials announced the beginning of Brain Injury Awareness Month, they offered up figures that makes it hard to believe anyone in the military could be unaware of the problem: Between 45,000 and 90,000 troops have been treated for traumatic brain injury symptoms ranging from headaches to vision problems to an inability to function beyond a coma state. Brig. Gen. Loree Sutton, director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, said between 10% and 20% of soldiers and Marines — about 180,000 people — have screened positive for TBI. Pentagon officials estimated for the first time 4 MAR that up to 360,000 Iraq and Afghanistan veterans may have suffered brain injuries. Sutton's estimate is similar to a RAND Corp. study last year that said 320,000 may have suffered a brain injury. Following direction from Congress, the U.S. military began to screen all troops returning from the war zones for brain injury last year. The Pentagon's official figure for U.S. military war casualties of all kinds in Iraq and Afghanistan is about 33,000. Sutton said at least 9,100 troops have been diagnosed with brain injuries since the war began. The Department of Veterans Affairs reports that it has treated about 8,000 former servicemembers for brain injury after their return from Iraq and Afghanistan.

Military doctors still fight a culture in which some troops believe they can head right back into the fight after being exposed to a blast — even though high school football players know better than to play again for a few days — and commanders may decide to risk sending someone outside the wire after an injury because there aren't enough people to make up a patrol team. Experts at the U.S. Military Academy have said it's important for someone who has suffered even mild TBI to avoid the risk of re-injuring the brain — especially the not-yet-fully-grown brain of someone younger than 24 — because a second injury can lead to permanent damage or even death. Declaring March as Brain Injury Awareness Month serves as a reminder to troops to watch out for themselves and each other. A brain injury results from a blow to the head or from the waves of a blast from an explosive device. Any altered

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state — passing out for a few seconds or minutes, dizziness or a foggy memory — constitutes an injury, and they range from mild, or a concussion, to severe. Symptoms that can last hours, days or years include loss of balance, short-term memory loss, vision problems, tinnitus or ringing in the ears, headaches, seizures, irritability, sleep problems, or an inability to concentrate.

Sutton said the symptoms usually go away on their own, especially if troops “allow themselves to get the rest that they need.” If the problems don’t go away, doctors can treat the symptoms with medications and therapy. Sutton stressed that 80 to 85% of TBIs are categorized as “mild,” but even mild TBI can cause headaches, vision problems and short-term memory loss. However, she said people are much more likely to quickly recover from a mild injury. More than half of such injuries come from explosions. About half the service members who screen positively for TBI recover on their own, while one-fourth recover with the help of treatment and one-fourth need specialty care. Over the past year, Sutton said the military has begun doing a better job of screening service members in the field so exposures to blasts or blows can be recorded and treated.

The Defense and Veterans’ Brain Injury Center has increased its network of civilian and military doctors and therapists to come up with better treatments and screening methods. Troops also have begun taking the Automated Neuropsychological Assessment Metric, which gives doctors baseline information on a person’s cognitive skills before an injury occurs. The new National Intrepid Center of Excellence, which is expected to open next year in Bethesda, Md., will specialize in TBI and psychological health issues. Last year, the Army spent \$242 million on care for TBI, according to Lt. Col. Lynn Lowe, chief of the operations branch proponent office for rehabilitation and reintegration in the office of the Army Surgeon General. Hotline phone numbers available for troops concerned about symptoms that might be related to a brain injury are, at the Centers of Excellence, 866-966-1020; and at the Defense and Veterans Brain Injury Center, 800-870-9244. [Source: NavyTimes Kelly Kennedy article 4 Mar 09 ++]

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**TRICARE & OHI:** All beneficiaries should understand their Tricare benefit, which includes how Tricare pays claims for beneficiaries who have other health insurance (OHI). Understanding how the two work together is necessary for ensuring timely and accurate claims processing. Basically, other health insurance or health care coverage beneficiaries have in addition to Tricare. Beneficiaries may be eligible for OHI through an employer, private insurer, school health care coverage or entitlement programs such as Medicare. Navigating two health care plans can be quite confusing at first. The most important thing to remember if you have OHI is that, by law, your OHI is the primary payer, and Tricare is secondary. You or your provider must file health care claims with your primary health insurance before you file with Tricare. Check with your OHI provider and your regional contractor to find out the appropriate steps to take to ensure your claims are paid. Refer to Tricare’s OHI page <http://tricare.mil/mybenefit/ProfileFilter.do;jsessionid=JskfQ7npWSdJINT25Hn131GyO1pnHpm6q9vrJSGp8SQBhBQ3r48L%21570404219?uri=%2Fhome%2FMedical%2FOHI> or OHI Claims Flyer for more information. You may also want to visit the Tricare Web site on working with Tricare and Medicare at [www.military.com/benefits/tricare/tricare-and-medicare](http://www.military.com/benefits/tricare/tricare-and-medicare) for specific information.

A key to managing more than one plan is to keep Tricare in the loop. Denials or delays in processing are likely if a beneficiary does not inform their appropriate Tricare contacts about their OHI. First of all, make sure your doctor knows that you have OHI. If your doctor fills out your claim incorrectly, this may delay processing. Secondly, for your pharmacy benefit, let Tricare know about your OHI by calling the Tricare pharmacy contractor, Express Scripts, Inc. (ESI) at 1-866-DoD-TRRx (1-866-363-8779). Lastly, each Tricare region has an OHI Questionnaire to help you communicate any changes which can be accessed at:

- North Region at [http://tricare.mil/mybenefit/Download/Forms/North\\_OHI.pdf](http://tricare.mil/mybenefit/Download/Forms/North_OHI.pdf)
- South Region at [http://tricare.mil/mybenefit/Download/Forms/OHI\\_South.pdf](http://tricare.mil/mybenefit/Download/Forms/OHI_South.pdf)
- West Region at [http://tricare.mil/mybenefit/Download/Forms/OHI\\_West.pdf](http://tricare.mil/mybenefit/Download/Forms/OHI_West.pdf)

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**For Tricare For Life (TFL)** beneficiaries, Medicare pays first, then your OHI, then Tricare. In most cases, you will need to file the claim with Tricare and include your explanation of benefits after your OHI pays its share. You can find more information on how OHI and TFL work together at <http://tricare.mil/mybenefit/home/overview/Plans/ForLife/OtherHealthInsurance?>. Remember to notify TFL that you have OHI with the TFL OHI Questionnaire.

**National Health Insurance Programs** - These overseas programs are considered OHI. If you are enrolled in such programs, seek guidance from your appropriate overseas Tricare Service Center (TSC) before obtaining health care from a host nation provider at:

- Tricare Area Office-Latin America and Canada -- TAO-LAC, Building 38716, 38th Alley, Ft Gordon, GA 30905-5650 or email [taolac@tma.osd.mil](mailto:taolac@tma.osd.mil) or Tel: 1-888-777-8343(no charge); 1-706-787-2424; DSN: 773-2424; Fax: 1-706-787-3024.
- Tricare Area Office-Pacific -- email: [TPAO.CSC@oki10.med.navy.mil](mailto:TPAO.CSC@oki10.med.navy.mil) or Tel: 1-888-777-8343 (no charge); 011-81-6117-43-2036; DSN: 643-2036; Remote Sites: 011-65-6-338-9277; Fax: 011-81-611-743-2037 or DSN 643-2037.
- Tricare Area Office-Europe -- email [teurope@europe.tricare.osd.mil](mailto:teurope@europe.tricare.osd.mil) or Tel: 1-888-777-8343 (no charge); 011-49-6302-67-7432; DSN: 496-7432; Fax: 011-49-6302-67-6374 or DSN 496-6374.

**Supplemental Insurance Programs** - Keep in mind that “supplemental” insurance programs are different than OHI plans. “Supplemental” plans are offered for purchase by some military associations and private companies, and do not fall under OHI rules. Visit the Tricare Web site <http://tricare.mil/mybenefit> to learn more about “supplemental” plans. For questions about Tricare benefits and services refer to [www.tricare.mil/contactus](http://www.tricare.mil/contactus). [Source: Tricare Blog [www.health.mil/tmablog/default.aspx](http://www.health.mil/tmablog/default.aspx) 2 Mar 098 ++]

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**VA WOMEN VET PROGRAMS UPDATE 02:** Rep. Stephanie Herseth Sandlin (D-SD at large district) on 26 FEB introduced The Women Veterans Health Care Improvement Act H.R.1211. Her concern is the wars in Iraq and Afghanistan are producing a large number of women veterans who will return with disabilities as well as difficulties resuming their civilian lives and that VA needs more preparation and better programs to treat women who rely on VA health care and other services. This bill would:

- Require VA to identify the barriers that prevent women veterans from accessing health care and other VA services.
- Require VA to assess existing health care programs for women, including those for post traumatic stress disorder (PTSD), substance-use disorder and programs to stem homelessness among women.
- Grant coverage for 14 days of post-partum hospital services to newborn children of women receiving VA maternity care.
- Improve VA's ability to assess and treat veterans (women and men) who have experienced military sexual trauma and later develop PTSD.
- Mandate that caregivers to women be trained in a consistent manner.
- Authorize a two-year pilot program to allow child care expenses to be reimbursed for certain veterans receiving intensive mental health and other services.
- Require VA to appoint recently separated women veterans and minority veterans to certain of VA's advisory committees.

Women veterans are a small but dramatically growing segment of the veteran population, and the current number of women serving in active military service and its Reserve and Guard components has never been larger. They are serving in military occupational specialties that take them into combat theaters and expose them to some of the harshest environments imaginable, including service in the military police, artillery, as medics and corpsmen, as

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fixed and rotary wing aircraft pilots and crew, and as truck drivers. VA must be better prepared to receive this new population of women veterans, now and in the future. Readers are encouraged to contact their representative and ask that they cosponsor this bill. One way to do this is to utilize USDR's Action alert at [http://capwiz.com/usdr/issues/alert/?alertid=12833716&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=12833716&queueid=[capwiz:queue_id]) by entering your zip code to transmit either an already prepared text message or one of your own editing. [Source: USDR Action Alert 3 Mar 09 ++]

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**VA CLAIMS BACKLOG UPDATE 24:** A new report about Veterans Affairs Department employees squirreling away tens of thousands of unopened letters related to benefits claims is sparking fresh concerns that veterans and their survivors are being cheated out of money. VA officials acknowledge further credibility problems based on a new report of a previously undisclosed 2007 incident in which workers at a Detroit regional office turned in 16,000 pieces of unprocessed mail and 717 documents turned up in New York in December during amnesty periods in which workers were promised no one would be penalized. "Veterans have lost trust in VA," Michael Walcoff, VA's under secretary for benefits, said at a hearing 3 MAR. "That loss of trust is understandable, and winning back that trust will not be easy." Unprocessed and unopened mail was just one problem in VA claims processing mentioned by Belinda Finn, VA's assistant inspector general for auditing, in testimony before the House Veterans' Affairs Committee. Auditors also found that the dates recorded for receiving claims, which in many cases determine the effective date for benefits payments, are wrong in many cases because of intentional and unintentional errors, Finn said. The worst case uncovered by auditors involved the New York regional office, where employees testified that managers told staff to put later dates on claims to make it appear claims were being processed faster. A review found that 56% of claims had incorrect dates, although no evidence was found of incorrect or delayed benefits payments. Finn said workers reported that this practice had been used for years.

The new report comes as VA is trying to resolve an earlier controversy involving documents essential to the claims process that were discovered in bins awaiting shredding at several regional offices, which raised questions about how many past claims had been delayed or denied because of intentional or unintentional destruction of documentation. Kathryn Witt of Gold Star Wives of America said survivors trying to receive VA benefits have long complained about problems getting accurate information and missing claims. "When they call to check on the status of the claim, they are often told that the VA has no record of their claim and that they should resubmit their paperwork," she said. In one case, a woman claimed she had to submit paperwork to VA three times to prove she was married and had three children, Witt said. And having to resubmit the same claim, she added, does nothing to reduce the backlog that already forces survivors to wait six to nine months for simple claims to be approved. It is unclear whether there is any short-term fix. A permanent solution is to have a fully electronic claims process to establish a record of when documents are received and their status as they move through the process. A fully electronic system will not be in place before 2011, VA officials said.

Kerry Baker of Disabled American Veterans said a short-term answer could be to scan all documents related to claims into computer systems. Baker, DAV's assistant national legislative director, said this could be done at one or more large-scale imaging centers that would transform paper into electronic records. Baker said, "A large section of the veterans community and representatives of the community have long felt that the Veterans Benefits Administration operates in such a way that stalls the claims process until frustrated claimants either give up or die". He said that although he doesn't believe that is true, something must be done. "Denying earned benefits by illegally destroying records should serve as the proverbial wake-up call that signals the urgency of this overdue transformation," he said. Geneva Moore, a senior veterans service representative from Winston-Salem, N.C., who testified on behalf of the American Federation of Government Employees, a union that counts about 160,000 VA workers among its members, said backdating claims and document shredding are signs of a claims system under

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stress. "Clearly, if the disability claims process were already paperless, many of the problems being considered at this hearing today would no longer exist," she said. [Source: NavyTimes Rick Maze article 3 Mar 09 ++]

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**VA CLAIMS BACKLOG UPDATE 25:** On 3 MAR 09, the House Veterans' Affairs Disability Assistance and Memorial Affairs Subcommittee, led by Chairman John Hall (D-NY), and the Oversight and Investigations Subcommittee, led by Chairman Harry Mitchell (D-AZ), conducted a joint hearing on "Document Tampering and Mishandling at the Veterans Benefits Administration." Since OCT 08, the Veterans Benefits Administration (VBA) of the Department of Veterans Affairs (VA) has come under fire for three specific problems: misdating of claims at the New York Regional Office, shredding documents wrongly placed in shredder bins, and denying widows survivor benefits. The hearing focused on the changes put in place by VA to address these problems, return integrity to the disability claims processing system, and regain the trust of veterans.

Chairman Hall said, "In the last few months, we have tracked a problem brought to our attention with misdating of claims information at the New York Regional Office. This situation was a clear attempt by managers to fudge performance numbers. The incorrectly entered data made the regional office look like it took fewer days to process claims than in actuality - yet still beyond acceptable levels to me, or to most veterans. Although veterans were not directly harmed by this practice, since the effective date of a claim was logged correctly in a different system, perpetrators of this kind of dishonestly impact the entire veteran community's ability to trust the institution charged with its welfare. This is shameful! After conducting site visits to several other regional offices, the VA Office of Inspector General (OIG) issued a report on 27 FRB 09, entitled 'Review of VA Regional Office Compensation and Pension Benefits Claim Receipt Dates,' which is available at this link: [OIG Report](#). The OIG found 'that the claim date inaccuracies were mostly unintentional errors' at the other regional offices. Assistant Inspector General for Auditing Belinda Finn stated that the 'errors we reviewed did not cause any veterans or their beneficiaries to receive incorrect or delayed benefit payments'."

The Subcommittees also addressed the OIG mail room audit which found documents inappropriately placed in shredder bins - documents necessary to process claims as well as documents that should have been returned to the veteran. Deputy Under Secretary for Benefits Michael Walcoff testified that VA took immediate actions in response to preliminary reports, which included a temporary cessation of shredding until it was able to relocate all shred bins and equipment to VBA management offices and inventory all claims-related mail or original supporting documents. Additionally, VA instituted new policies on shredding that require two signatures on papers to be destroyed. Walcoff said, "This effort identified 474 documents affecting benefit entitlement inappropriately placed in shred bins for disposal. These 474 documents and the 45 documents identified by the OIG were found at 41 of our 57 regional offices and centers." VBA also developed an 8-point plan of action to strengthen policies and procedures to safeguard veterans' paper records. That plan is detailed here: [VBA 8-Point Plan of Action](#)

Assistant IG Finn testified that the extent of the inappropriate claim-related shredding cannot be determined and also noted that lack of controls at the various VBA regional offices (VAROs) contributed to the mishandling of claims. Finn further stated, "VBA officials also said that some VAROs held 'mail amnesty' periods to encourage employees to turn in unprocessed mail and other documents without penalty or repercussions. During an amnesty period in JUL 07 at VARO Detroit, VARO employees turned in almost 16,000 pieces of unprocessed mail including 700 claims and 2,700 medical records and/or pieces of medical information. The VARO determined that none of these claims or documents were in VBA information systems or associated claim files. VBA management told us of similar amnesties at other VAROs, such as an amnesty at VARO New York in DEC 08 that recovered 717 documents from VARO employees."

Chairman Mitchell expressed his strong reaction to this news. "Obviously we are going to have to get complete information from VA about these amnesties, but it is impossible not to be shocked by the numbers from Detroit. Shredding documents, or burying them in the bottom drawer, are a breach of trust by VA. Whether that breach of

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trust comes as a consequence of inadequate training or negligent or deliberate behavior, Congress much not and will not tolerate it." Chairman Hall indicated that staff for the Subcommittees would be following up on this information and Deputy Under Secretary Walcoff promised the VA's full cooperation.

The Subcommittees also discussed survivors' benefits for widows. Over the last twelve years, VA's mistaken interpretation of the law resulted in approximately 50,000 surviving spouses losing millions of dollars in benefits or having the Department of the Treasury seek restitution from them for an overpayment. The VA has developed an action plan to correct this series of errors and produced a timeline for this action plan, which should be finalized by APR 09. "The misdating, shredding, and glitches that the media recently reported are only the tip of the iceberg," concluded Chairman Hall. "I have heard too many accounts from veterans and their survivors about missing, lost, or destroyed file, and VA sending them multiple requests for information and still not knowing the location of a file. A lot of VA employees touch a claim folder, but rarely is anyone held accountable or responsible when it is lost or destroyed. This is absolutely unacceptable. I have been on a track to modernize the VBA's out of date claims processing system. I envision VA as an Agency that we as a nation are proud of in the way that it serves the welfare of our disabled veterans. When it comes to discharging those responsibilities, shameful acts are what should be archaic practices.

Bob Filner, Chairman of the House Committee on Veterans' Affairs commented, "I understand the confusion and the anger in the veterans' community after hearing that more than 16,000 documents turned up in 'mail amnesty' at a single regional office! Today is a new day at VA, with a new President and new leadership. I am confident that Secretary Shinseki is committed to helping our veterans and will take immediate action to address the record-keeping problems raised today! This is where new approaches to leadership are crucial and accountability, along with proper oversight, is essential." [Source: VVA Government Affairs News 5 Mar 09 ++]

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**MEDICAL IMAGING:** More than 95 million high-tech scans are done each year, and medical imaging, including CT, M.R.I. and PET scans, has ballooned into a \$100-billion-a-year industry in the United States, with Medicare paying for \$14 billion of that. But recent studies show that as many as 20% to 50% of the procedures should never have been done because their results did not help diagnose ailments or treat patients. "The system is just totally, totally broken," said Dr. Vijay Rao, the chairwoman of the radiology department at Thomas Jefferson University Hospital, in Philadelphia. Bad scans, medical experts say, are part of a growing problem with medical imaging. Many factors contribute. Insurers pay the same for a scan done on a 10-year-old machine as one on the latest model, though the differences in the images can be significant. Insurers do not distinguish between scans that are done poorly or done well or read by less- or more-qualified doctors. Aside from mammography, whose standards were established by a law that went into effect more than a decade ago, the field is largely unregulated. And increasingly, doctors refer patients to scanning centers they own and profit from.

Ten years ago, the age of a scanner might not have mattered so much. Now, said Dr. Gary Glazer, the chairman of radiology at Stanford, technology has advanced so much that the older scanner "is not the same machine. I can tell you from my experience that between those extremes the gap is huge," Dr. Glazer said. Yet, he added, many scanning machines used today are a decade old. Imaging centers can, if they choose, become accredited by the American College of Radiology. That requires, among other things, scanning a phantom, a device that simulates a body part. Technologists must also be certified, and there are standards for supervising physicians. And the scanners must be regularly assessed to ensure they are properly functioning. But many centers are not accredited, although the percentage is not known because there is no national registry of imaging centers. Accrediting will be partly addressed by a little noticed aspect of a wide-ranging Medicare law passed last year. After it goes into effect in 2012, Medicare will pay only for scans done at accredited centers. But imaging experts say the law fixes only part of the problem. High-tech scanning is complicated, and there is no consensus on objective measures to ensure quality. Even with the new law, there is still little assurance that scans will be appropriately ordered and interpreted or that a scanner will be up to date.

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Radiologists are struck by the wide variation in the quality of scans, and they say there is little patients can do other than to ask why the scan is necessary and, if it is, to ask about accreditation, the credentials of the person reading the scan and the age of the scanner. "The studies I see coming from the outside vary from marginal quality to very good quality," said Dr. Chris Beaulieu, a Stanford radiology professor. "Some of it is related to equipment, and some is related to people with very good equipment who don't know how to use it right. And on the interpretation side, there is also a very wide range of quality or accuracy, in my opinion." Interpretation can be crucial, Dr. Beaulieu added. "A good radiologist can sometimes accurately read scans off of a lower-quality scanner," he said. "I see that all the time. A good radiologist and a lower-quality scan could be better than a bad radiologist and a good scan." But logical as it might seem to pay more for a better scan, there are problems. Health insurers have no way of knowing whether scans are good, said Susan Pisano, a spokeswoman for America's Health Insurance Plans, a trade group. Doctors, not insurers, receive the images and reports, and all insurers can do is notice if there are frequent requests to redo scans from a particular center.

Another concern is the growing number of doctors who refer patients for imaging done by scanners they own and profit from. Studies have found that up to 3.2 times as many scans are ordered in such cases In a recent report, the Government Accountability Office (GAO) said nearly two-thirds of the money Medicare paid for imaging was for scans in doctors' offices. And, the report added, doctors were receiving an ever larger part of their income from providing scanning services. Not only were patients more likely to have scans if a doctor did this, but the quality of some of the scans was questioned. "No comprehensive national standards exist for services delivered in physician offices other than a requirement that imaging services are to be provided under at least general physician supervision," the GAO wrote. Private health insurers were concerned, too. "These are alarming patterns that have also been observed in the private sector," America's Health Insurance Plans wrote in a response to the GAO. It is clear why self-referral can be tempting, said Dr. Bruce Hillman, a radiology professor at the University of Virginia, adding that a group of doctors can make an extra \$500,000 to \$1 million a year simply by acquiring a scanner. [Source: New York Times Gina Kolata article 1 Mar 09 ++]

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**COMMISSARY GIFT CERTIFICATE:** Defense Commissary Agency officials announced 6 MAR that defense officials will allow the commissaries to continue to accept customers' gift certificates, known as CertifiChecks, for groceries. Customers must redeem them by 31 JUL 09. The company that ran the program ceased operations 26 FEB, rendering the gift certificates worthless. "I am happy to report that DeCA and DoD have found a way that we can honor our customers' unredeemed CertifiChecks," DeCA Director Philip E. Sakowitz Jr. said in the announcement. "We have been deeply concerned about how this situation has impacted our customers worldwide, and we're happy that we've been able to find a solution." Commissary store managers have been notified of the policy change. CertifiChecks Inc., of Dayton, Ohio, posted a notice on its Web site 26 FEB that it had ceased operations, citing a difficult economic environment. The notice said the company is in the process of filing for Chapter 7 bankruptcy. It warned merchants not to present any CertifiChecks to a bank, because they would be returned.

Initially, commissaries could not accept the worthless gift certificates, for legal reasons, because they are funded by taxpayer dollars. CertifiChecks officials could not be reached for comment, and commissary officials also have been unable to reach CertifiChecks officials. Since 26 FEB, DeCA officials have been working with defense officials to settle on a legal recourse to help customers left holding the worthless CertifiChecks, according to the announcement. DeCA will be allowed to absorb losses incurred honoring the certificates from its retail stocks account in the Defense Working Capital Fund. Customers or donors have bought more than \$20 million of these gift certificates since 2002, including more than \$3.9 million in fiscal 2008, officials said. It has not yet been determined how many are unredeemed. A number of the CertifiChecks were given to non-profit organizations like Operation Homefront and Fisher House Foundation to give to military families in need.

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The military exchange systems also used a CertifiChecks program, as did hundreds of other retailers and entities across the country. The Army and Air Force Exchange System, Navy Exchange Service Command and Coast Guard Exchange Service said earlier this week that they will continue to accept the CertifiChecks. Information was not available from Marine Corps Exchange officials about whether they will accept the CertifiChecks. Anyone holding CertifiCheck certificates who wish to submit their certificates for "potential reimbursement" can send them to: CertifiChecks, Inc., Attn: Redemption Dept., P.O. Box 13603, Dayton, OH 4541. It is uncertain at this time whether customers should send copies of the gift certificates and retain the originals in order to protect their money. There is no guarantee the company will provide reimbursement. [Source: Navy Times Karen Jowers article 7 May 09 ++]

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**VET JOB TRAINING:** A key member of a House panel responsible for helping veterans find a job has introduced five bills to enhance job training and placement. Rep. John Boozman of Arkansas, ranking Republican on the House Veterans' Affairs subcommittee on economic opportunity, said he hopes the bills provide some ideas about things Congress can do to help veterans make the transition from military to civilian life. And, he noted, that does not necessarily mean spending a lot of tax dollars. However, he is not against spending any money on veterans' programs. All five of his bills were referred to the economic opportunity subcommittee. and are likely to be discussed during upcoming hearings on veterans' transition issues. The bills are:

- H.R.1168 is the centerpiece of his proposals which he calls the Veterans Retraining Act of 2009. It would increase job training assistance for veterans who are unemployed for at least four months, provide a housing stipend for those taking the training, and pay up to \$5,000 in moving expenses if a veteran must relocate to find a job in which he can use his new skills.
- H.R. 1169 would increase housing and auto grants for disabled veterans.
- H.R.1170 would create a grant program to develop technology to help modify homes for disabled veterans.
- H.R.1171 would extend through 2014 an existing grant program to provide job training and employment services for homeless veterans.
- H.R.1172 is the Pat Tillman Veterans' Scholarship initiative, named for the former pro football player killed in Afghanistan in 2004 while serving as an Army Ranger. The bill would require the Veterans Affairs Department to maintain a list of scholarships available to veterans and their survivors.

On 4 MAR the House Veterans' Affairs Economic Opportunity Subcommittee (Chairman Herseth Sandlin D-S.D.) held a hearing on H.R.1171 plus the following pending veteran legislation:

- HR 147 - A bill to amend the Internal Revenue Code of 1986 to allow taxpayers to designate a portion of their income tax payment to provide assistance to homeless veterans, and for other purposes.
- HR 228 - A bill to direct the secretary of Veterans Affairs to establish a scholarship program for students seeking a degree or certificate in the areas of visual impairment and orientation and mobility.
- HR 297 - Veteran Vocational Rehabilitation and Employment Subsistence Allowance Improvement Act of 2009.
- HR 466 - Wounded Veteran Job Security Act.
- HR 929 - A bill to amend Title 38, United States Code, to require the secretary of Veterans Affairs to carry out a program of training to provide eligible veterans with skills relevant to the job market, and for other purposes.
- HR 942 - Veterans Self-Employment Act of 2009.
- HR 950 - A bill to amend chapter 33 of Title 38, United States Code, to increase educational assistance for certain veterans pursuing a program of education offered through distance learning.
- HR 1088 - Mandatory Veteran Specialist Training Act of 2009.

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- HR 1089 - A bill to amend Title 38, United States Code, to provide for the enforcement through the Office of Special Counsel of the employment and unemployment rights of veterans and members of the armed forces employed by federal executive agencies, and for other purposes.

[Source: NavyTimes Rick Maze article 2 Mar 09 ++]

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**CAMP LEJEUNE TOXIC EXPOSURE UPDATE 04:** In the early 1980's, two solvents, trichloroethylene (TCE) and perchloroethylene (PCE), both unregulated at the time, were found in two water systems serving the Tarawa Terrace and Hadnot Point areas of Camp Lejeune. Certain drinking water wells were identified as the source of the chemicals and were taken out of service in 1984 and 1985. If you lived or worked at Marine Corps Base Camp Lejeune in 1987 or before, you should register with the Marine Corps by visiting [www.marines.mil/clsurvey](http://www.marines.mil/clsurvey) or by calling the Camp Lejeune Historic Drinking Water Call Center at 877-261-9782, M-F, 0830 - 1700 EST. The Department of the Navy is funding two independent research initiatives. The Agency for Toxic Substance and Disease Registry (ATSDR) is determining if there is an association between exposure to the water and certain adverse health effects. The National Academy of Sciences (NAS) is evaluating specific health risks associated with exposure. Upon completion of the research, the Marine Corps will directly notify those on the registry through direct mail and email. Currently, Camp Lejeune water meets or exceeds all environmental standards. Drinking water wells at Camp Lejeune are tested four times a year for volatile organic compounds (VOCs), in addition to monthly drinking water sampling. The base is in compliance with all federal and state laws and regulations to ensure safe drinking water. [Source: CA DVA Press release 27 Feb 09 ++]

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**ARREARS of PAY UPDATE 01:** Rep. Walter Jones (R-NC 3rd) has introduced The Military Survivor Comfort Act H.R.613 into the 111th Congress. The bill would allow a survivor to keep the entire retired pay for the month in which a servicemember dies. HR 613 would authorize the retention of the full final month's retired pay by the surviving spouse (or other designated survivor) for the month in which the member was alive for at least 24 hours. Current practice requires the government to recoup the money and pro-rate it based on the date of death. It is current practice of the Department of Defense Finance and Accounting Service (DFAS) to immediately recover the last month's retired pay upon notification of the death. Most surviving spouses are unaware of this practice and will likely have already obligated some of that month's pay to the funeral expenses. Obviously such action could easily clear the account of any funds remaining whether they were retirement payments or money from other sources. DFAS then sends back a pro-rated portion of the payment based on when the retiree died. Cosponsors are needed to bring this legislation to the floor of the house for as vote. Readers are encouraged to contact their representatives to sign on to this bill. This can easily be done through the USDR's action alert website [http://capwiz.com/usdr/issues/alert/?alertid=12489731&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=12489731&queueid=[capwiz:queue_id]) [Source: USDR Action Alert Feb 09 ++]

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**MILITARY CREDIT UNIONS:** Credit unions play a particularly crucial role in the military community, giving hard-pressed families much-needed options for financial literacy and alternatives to usurious payday lenders. America's military credit unions may be forced by the National Credit Union Administration to forfeit nearly \$5 billion. This unfair requirement would force almost half of the nation's 90 military credit unions into the red and reduce loan opportunities, reduce savings return, and mean higher loan rates for millions of military families and veterans who depend on their local credit unions for essential financial services. Now is the time to email the President and encourage him to stand up for America's military credit unions. This can be easily done by referring to MOAA's Action alert <http://capwiz.com/moaa/issues/alert/?alertid=12795846> or TREA's [www.capwiz.com/trea/issues/alert/?alertid=12797526](http://www.capwiz.com/trea/issues/alert/?alertid=12797526) and entering your contact info so a message of your choosing can be automatically sent to President Obama. [Source: MOAA Action Alert 28 Feb ++]

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**MILITARY CREDIT UNIONS UPDATE 01:** MOAA's Action alert on 28 FEB requesting MOAA members to email the President to ease financial burdens on military credit unions prompted numerous inquiries seeking additional details. Following covers additional information provided to answer the most frequently asked questions:

**Q: Are you saying that my credit union/military credit unions engaged in sub-prime or other risky loan activities?**

A: No, it was not the member-based credit unions that did that. A group of 28 "corporate" credit unions (these are, in effect, the "credit unions for the 7800+ member-based credit unions") invested in mortgage-backed securities that ended up getting them into financial trouble. And now the individual credit unions are being assessed billions of dollars to bail out the corporate ones.

**Q: Is my credit union at risk of becoming insolvent because of this problem?**

A: Likely not. Military credit unions, as well as the credit union community as a whole, remain safe and sound. You should, however, ensure that your credit union is federally insured. If so, your deposits are insured up to \$250,000 and backed by the full faith and credit of the United States Government. To verify that your credit union is federally insured, look for a blue NCUA official insurance sign posted at the credit union.

**Q: How can they make the member-based credit unions pay for the mistakes of the corporate ones?**

A: The National Credit Union Administration is to credit unions what the Federal Reserve and the Federal Deposit Insurance Corporation are to banks. Just as banks are being assessed extra money to ensure the FDIC can cover any potential bank failures, the NCUA has the power to assess all credit unions a "replenishment fee" to make up for the losses of a few. In this case, the replenishment fees are so large that they will wipe out a large share of many credit unions' earnings for the year. And just as we keep getting follow-up reports that it will take more and more money to bail out the financial industry in general, the concern is that there may be more bad news in the future on the corporate credit unions, with the potential for additional assessments to member-based credit unions.

**Q: Is this unique to military credit unions?**

A: No, the assessments are being made on all member-based credit unions, proportional to their resources. The MOAA alert focused on military credit unions because those are the ones of interest to their members.

**Q: Does this affect Navy Federal Credit Union or the Pentagon Federal Credit Union?**

A: Yes, the assessment for PFCU would be more than \$80 million; for NFCU, it would be more than \$200 million. These assessments wouldn't put them at risk of going out of business by any means, but would wipe out more than half these two large credit unions' earnings for the year. MOAA thinks that's not right, and felt an obligation to try to protect the interests of members of these and other credit unions.

**Q: What would it take to fix this inequity?**

A: Congress could change the law and bar the assessment, but there is no consensus on the Hill that that would be a good idea. And as the NCUA is still pushing ahead with its current authority to impose the assessment in a relatively short time frame, there's no time to try to educate and work the issue through Congress. The fastest means of relief is to persuade the Secretary of the Treasury or the President to intercede, since they have authority over the NCUA. Because no email address is available for the Secretary of the Treasury, MOAA urged those concerned to email the President last week.

**Q: What are the chances that member-based credit unions can be exempted from this replenishment fee?**

A: The National Association of Federal Credit Unions (the advocacy group for member-based federal credit unions that brought this problem to our attention) indicates it is very unlikely they'll be exempted. The hope is that the

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President and Secretary of the Treasury will assist in easing the terms to let the member-based credit unions replenish the fund over an extended period of time so they don't have to take the financial hit all at once  
[Source: MOAA Leg Up 6 Mar 09 ++]

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**PHYSICIAN REIMBURSEMENTS UPDATE 01:** Red Gillen, a San Francisco-based analyst with consulting firm Celent, who last month published a report on doctors seeking upfront payment from their patients said it's a paradigm shift from what most consumers are used to at their doctor's office. Gillen says that until recently, insurers paid so much of the cost of medical care that medical providers, including doctors, labs and hospitals, focused their fee recovery efforts on the companies. But in the past few years employers and insurers have shifted more costs to consumers in the form of higher co-pays, higher co-insurance and higher deductibles, making those payments an increasingly large share of doctors' incomes. Consumer out-of-pocket spending as a percentage of all health-care spending rose to 12% last year, and is expected to continue rising. A survey published by the Kaiser Family Foundation in SEP 08, found that 18% of people who responded were covered by insurance plans with deductibles of at least \$1,000, up from 12% the year before. Until now," Gillen says, "insured patients would see a doctor, leave a co-pay and then watch a series of insurance and physician envelopes come through the mail over weeks to months, until finally one detailed the actual amount, if any, to be paid by the patient." Now, largely through new software programs that assess both a patient's insurance coverage and the day's charges, those weeks to months are often collapsed into just minutes for an estimate, or even a full adjudication of the bill.

Few providers let patients head home these days without either some payment or a definitive plan for how to pay their share of the bill. Increasingly, patients get a printout sometimes before but more likely after the medical visit detailing the full cost and the patient's share, including any outstanding deductible. The estimate software has been created by some private firms, but also by a growing number of insurers including some Blue Cross plans, UnitedHealthcare and Humana. In April, Cigna, which has half a million beneficiaries in the Washington area, will be rolling out "The Estimator," software that estimates a patient's financial responsibility, usually by the time he or she has changed into street clothes. Cigna's forms suggest that a doctor ask for no more than half of a patient's estimated bill at the time of care, but every practice can set its own rules. "Most firms rely on estimates, rather than definitive bills, because there could be additional charges related to the visit that can't be anticipated, such as an extra lab test on a biopsy, for example, and there can be a lag in communicating deductible payments between other physicians and the insurer, says Lori Logan, head of new products for Cigna.

Mark Rukavina, executive director of the Access Project, a health-care advocacy group in Boston, says finding out how much patients owe right away, rather than hanging in limbo for weeks to months, is a positive. What's bad, he says, is that not all providers have let their patients know that payment, or payment arrangements, are expected at the time of care. "That's usually not a pleasant surprise in this economy," says Rukavina, who worries that subtle intimidation could push some people to put bills on an already weighed-down credit card or even avoid care altogether. A Kaiser Family Foundation tracking poll of more than 1,200 adults, completed in mid-February, found that 53% surveyed had put off some form of medical care, including physician visits, because of cost concerns. William Dolan, a trustee of the American Medical Association, and an orthopedic surgeon in Rochester, N.Y., says the AMA has no policy on patients being asked for payment at the time of care but suggests that doctors give patients warning weeks before implementing a new payment policy and that providers be "fair and reasonable" in helping patients make payment arrangements.

Celent's Gillen says that as consumer share of medical expenses increases, he expects banks to issue interest-free health-care-specific credit that might be linked to payrolls for deductions and even offer discounts for users. (Some health-care-only cards exist now but are generally intended for elective health expenses such as Lasik and plastic surgery. They generally start with 0% interest but trigger a percentage increase if payment is late or missed.). One bright note for people who use credit cards to pay their medical expenses: The Federal Reserve has issued rules prohibiting excessive fees or interest rates on credit cards, effective next year. Similar legislation is to be introduced

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in Congress within the next few months and, if passed, could take effect before the Federal Reserve's rules. The AMA's Dolan suggests asking about payment practices when you make your appointment, so that you know what to expect. Increasingly, though, billing staff won't be waiting for you to bring up the subject. [Source: Washington Post Francesca Lunzer Kritz article 3 Mar 09 ++]

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**SBP DIC OFFSET UPDATE 13:** Senator Bill Nelson (D-FL) sent a letter to President Obama, which indicated that he would soon reintroduce his bill to eliminate the SBP/DIC offset. He reminded the President that he had supported the legislation as a Senator and Sen. To see the text of the letter refer to <http://www.naus.org/news/documents/SenNelsonLtrtoPres2-09.pdf>. On 5 Mar Nelson introduced his bipartisan bill, "The Military Retiree Survivor Equity Act" (S.535), which would repeal the law (commonly known as the Widows Tax) that requires deduction of VA survivor benefits from military Survivor Benefit Plan annuities. The reduction can be up to \$1,154 per month and impacts some 57,000 widows and widowers whose spouses died of service-related causes. Under current law, the surviving spouse of a military member who dies from a service connected disability is entitled to Dependency and Indemnity Compensation (DIC) paid by the Veteran's Administration. If the military retiree was also enrolled in the Survivor Benefit Plan (SBP), the surviving spouse's benefits are offset by the amount of DIC (\$1154 per month). If military service causes a veteran's death, the indemnity payment from the VA should be added to normal SBP benefits, not subtracted from them. The House companion bill is (H.R.775) sponsored by Reps. Solomon Ortiz (D-TX) and Henry Brown (R-SC).

In a press release Sen. Nelson noted that for years he has fought to repeal this law and take care of survivors who have lost a loved one to combat or service-connected injuries. In 2005, Congress took a step in the right direction and passed by 92-6 an amendment to repeal the unjust "SBP-DIC offset." And in the fiscal year 2008 National Defense Authorization Act, they took another step when the Senate led with a provision to the NDAA to eliminate the offset. In conference that year, in negotiations with the House, some progress was made and the law was changed to get the survivors a "special payment" of \$50 per month. This coming year, Nelson plans to build on the ground gained in 2008. In the president's speech to Congress he vowed to expand benefits veterans have earned, sending a strong signal that Congress should fully and finally correct the SBP-DIC injustice. Nelson, who was previously the insurance commissioner of the State of Florida, said he had never heard of any other purchased insurance annuity program that justifies refusing to pay the insured their benefits because they receive a different benefit somewhere else. Through this legislation, the Senate has an opportunity to right this wrong, and he is hopeful that this will be the year to finally get this fixed.

This is the eighth consecutive year this legislation had been introduced in Congress and with veterans support it will be the last. You are encouraged to contact your legislators and encourage them to support his bill. One easy way to do that is to access MOAA's <http://capwiz.com/moaa/issues/alert/?alertid=12848666&type=CO> site, complete your contact data if you have never used one of their legislative Alert sites before, and forward a preformatted message to your legislators by clicking on the appropriate tab. [Source: NAUS Weekly Update 27 Feb & MOAA Legislative Alert 6 Mar 09 ++]

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**TRICARE MTF USE UPDATE 01:** The cost for inpatient care provided at a military treatment facility (MTF) has increased from \$15.15 to \$15.65 per day for active duty family members and retiree family members using Tricare Standard or Tricare Extra and for retiree family members enrolled in Tricare Prime. There are no costs for MTF inpatient care for active duty service members, retirees and Tricare Prime active duty family members. [Source: NAUS Weekly Update 27 Feb 09 ++]

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**TRICARE BENEFICIARY RIGHTS & RESPONSIBILITIES:** In an effort to achieve the best possible health care outcomes and support quality improvement and a cost-conscious environment, the Military Health System (MHS) established a bill of rights and responsibilities to guide Tricare beneficiaries. You have the right to:

- Receive accurate, easy-to-understand information through written materials, presentations and Tricare representatives to help you make informed decisions about Tricare programs, medical professionals and facilities.
- A choice of health care providers that is sufficient to ensure access to appropriate high-quality health care.
- Access emergency health care services when and where the need arises.
- Receive and review information about the diagnosis, treatment and progress of your condition, and to fully participate in all decisions related to your health care or to be represented by family members, conservators or other duly appointed representatives if you are unable to fully participate in treatment decisions.
- Considerate, respectful care from all members of the health care system without discrimination based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.
- Communicate with health care providers in confidence and to have the confidentiality of your health care information protected. You also have the right to review, copy and request amendments to your medical records. See Medical Records for more information.
- A fair and efficient process for resolving differences with your health plan, health care providers and the institutions that serve them. See Appeals and Grievances for more information.
- File a Freedom of Information Act (FOIA) request.

You are also expected and encouraged to assume reasonable responsibility for your health by making an effort to:

- Maximize healthy habits, such as exercising, not smoking and maintaining a healthy diet.
- Be involved in health care decisions, which means working with providers in developing and carrying out agreed-upon treatment plans, disclosing relevant information and clearly communicating your wants and needs.
- Be knowledgeable about Tricare coverage and program options, including covered benefits; limitations; exclusions; rules regarding use of network providers; coverage and referral rules; appropriate processes to secure additional information; and appeals, claims and grievance processes.
- Coordinate all health care with your primary care manager and obtain the proper referrals.
- Follow the claims process and to use the disputed claims process when you have a disagreement concerning your claims.
- Be respectful of other patients and health care workers.
- Make a good-faith effort to meet financial obligations.
- Report any wrongdoing or fraud to the appropriate resources or legal authorities.

[Source: [www.tricare.mil/mybenefit/home/Medical/RightsAndResponsibilities](http://www.tricare.mil/mybenefit/home/Medical/RightsAndResponsibilities) Mar 09 ++]

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**VETERAN RESOURCE UPDATE 01:** The 2009 Retired Military Personnel Handbook is specifically written for all military personnel and retirees and their families and is designed to guide them through every aspect of your retirement, explaining what benefits they may qualify for and how to get them, as well as providing a context for making many of the important decisions that lie ahead. Some of what's NEW in the 2009 edition are:

- TRICARE Plus program--A complete, down-to-earth explanation of the eligibility requirements and the covered benefits.

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- Federal LTC Insurance program--Contains the eligibility, benefit choices, and premium considerations, including how the program differs for active employees versus retirees, tax considerations and other aspects of the program.
- Tax Policies--The latest information affecting your retirement accounts, estate tax treatment and long-term care premiums.
- New Retirement Lifestyle Information--Including how to evaluate continuing care communities and nursing homes.
- Incapacity Planning--New important information on protecting your heirs.
- Pay and Benefit Policies--The latest on COLAs, health and life insurance, Medicare and Social Security, Veterans Affairs and Defense Department programs, and a look at key legislative initiatives affecting retirees.
- Important Points of Contacts--Just updated points of contact, benefit rates, addresses, tax treatment of annuities, status of important legislation and other vital material.
- The new SGLI family coverage option--What it will cost you and what it will provide.
- Survivor Benefits--The latest information on survivor benefit policies and rates.
- Moving in Retirement--Special considerations for those moving

Plus, Completely Revised Information on:

- Retired pay and benefits--how the latest changes affect you and your family.
- Disability retirement--qualifying, compensation, implications.
- Medicare and Social Security benefits--eligibility and requirements.
- Re-employment with the Government--the veterans' advantage.
- Financial planning--maximizing your military retirement income.
- Taxes in retirement--minimizing your tax burden.
- A plain-English explanation of TRICARE for Life--what it does and doesn't cover, eligibility rules and how to make in prescription drug policies.
- The Senior Pharmacy Program--who is eligible, and how you can use it to save money on your prescription drugs.
- Tricare dental benefits--what's covered and what's not.
- VA health benefits--eligibility and facilities.
- Survivor benefits--spouses and family members, divorce.
- VA retirement compensation--types and how much.
- Life insurance--USGLI, VSLI and other Government plans.
- Other VA programs--assistance with loans, income, education, etc.

The Handbook book, in its tenth year, is updated annually. It can be ordered online at [www.fedweek.com/pubs/index.php](http://www.fedweek.com/pubs/index.php), via telephone at (888) 333-9335, or by writing FEDweek, PO Box 5519, Glen Allen, VA 23058 with a payment of \$15.70 to cover S&H. [Source: Don Mace, Publisher of Armed Forces News 17 Feb 09 ++]

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## MILITARY HISTORY ANNIVERSARIES 1-15 March:

- Mar 01 1916 - WWI: Germany begins attacking ships in the Atlantic
- Mar 01 1941 - WWII: German troops invade Bulgaria
- Mar 01 1942 - WWII: 3 day Battle of Java Sea ends. US suffers a major naval defeat
- Mar 01 1945 - WWII: US infantry regiment captures Mönchengladbach, Germany

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- Mar 01 1954 - US explodes 15 megaton hydrogen bomb at Bikini Atoll.
- Mar 02 1941 - WWII: First German military units enter Bulgaria after it joined the Axis Pact.
- Mar 02 1943 - WWII: Battle of the Bismarck Sea - U.S. and Australian forces sink Japanese convoy ships.
- Mar 02 1991 - Gulf War: Battle at Rumaila Oil Field brings end to the 1991 Gulf War.
- Mar 02 2002 - Iraq War: U.S. invasion of Afghanistan: Operation Anaconda begins (ending on March 19 after killing 500 Taliban and al Qaeda fighters, with 11 Western troop fatalities).
- Mar 02 2004 - Iraq War: Al Qaeda carries out the Ashoura Massacre killing 170 and wounding over 500.
- Mar 03 1942 - WWII: Ten Japanese warplanes raid the town of Broome Western Australia killing more than 100 people.
- Mar 03 1945 - WWII: The American and Filipino troops liberate Manila, Philippines after 30 days of fighting.
- Mar 04 1776 - Revolutionary War: The Americans capture "Dorchester Heights" dominating the port of Boston Massachusetts.
- Mar 04 1944 - WWII: 1st US bombing of Berlin Germany.
- Mar 05 1770 - Boston Massacre. British troops kill 5 in crowd. Crispus Attacus becomes 1st black to die for American freedom.
- Mar 05 1912 - Italian forces are the first to use airships for military purposes using them for reconnaissance behind Turkish lines.
- Mar 05 1915 - WWI: The LZ 33 a zeppelin is damaged by enemy fire and stranded south of Ostend.
- Mar 05 1927 - 1,000 US marines land in China to protect American property
- Mar 05 1942 - WWII: Japanese troop march into Batavia
- Mar 05 1942 - WWII: US Navy's Mobile Construction Battalions "SEABEES" officially formed and placed in action in New Caledonia an island in the southwest Pacific as they landed and began construction of base facilities.
- Mar 05 1943 - WWII: In desperation due to war losses, fifteen and sixteen year olds are called up for military service in the German army.
- Mar 05 1943 - WWII: RAF bombs Essen, Germany
- Mar 05 1945 - WWII: Allies bombs The Hague, Netherlands
- Mar 05 1945 - WWII: The "Battle of the Ruhr" begins.
- Mar 05 1945 - WWII: US 7th Army Corps captures Cologne, Germany.
- Mar 05 1946 - Ho Chi Minh signs an agreement with France which recognizes Vietnam as an autonomous state in the Indochinese Federation and the French Union.
- Mar 06 1862 - Civil War: Battle of Pea Ridge, AR (Elkhorn Tavern)
- Mar 06 1865 - Civil War: Battle of Natural Bridge, Florida
- Mar 06 1943 - WWII: Battle at Medenine North-Africa: Rommels assault attack.
- Mar 06 1944 - WWII: U.S. heavy bombers staged the first full-scale American raid on Berlin.
- Mar 06 1946 - Ho Chi Minh signs an agreement with France which recognizes Vietnam as an autonomous state in the Indochinese Federation and the French Union.
- Mar 06 1991 - Following Iraq's capitulation in the Persian Gulf conflict Pres Bush told Congress that "aggression is defeated. The war is over"
- Mar 07 1942 - Japanese troops land on New Guinea.
- Mar 07 1951 - Korean War: U.N. forces in Korea under General Matthew Ridgeway launch Operation Ripper an offensive to straighten out the U.N. front lines against the Chinese.
- Mar 07 1968 - Vietnam War: The Battle of Saigon begun on the day of the Tet Offensive ends.
- Mar 07 1971 - Vietnam War: A thousand U.S. planes bomb Cambodia and Laos.
- Mar 08 1862 - Civil War: On the second day of the Battle of Pea Ridge Confederate force including some Indian troops under General Earl Van Dorn surprise Union troop but the Union troops win the battle
- Mar 08 1942 - WWII: Japanese troops capture Rangoon Burma

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- Mar 08 1943 - WWII: Japanese forces attack American troops on Hill 700 in Bougainville. The battle will last five days.
- Mar 08 1965 - Vietnam War: More than 4,000 Marines land at Da Nang in South Vietnam and become the first U.S. combat troops in Vietnam
- Mar 09 1847 - Mexican-American War: The first large-scale amphibious assault in U.S. history is launched in the Siege of Veracruz
- Mar 09 1862 - Civil War: The USS Monitor and CSS Virginia fight to a draw in the Battle of Hampton Roads the first fight between two ironclad warships.
- Mar 09 1862 - Civil War: The USS Monitor and CSS Virginia fight to a draw in the Battle of Hampton Roads the first fight between two ironclad warships.
- Mar 09 1944 - WWII: Japanese troops counter-attack American forces on Hill 700 in Bougainville in a battle that would last five days.
- Mar 09 1945 - WWII: U.S. B-29 bombers launched incendiary bomb attacks against Japan resulting in an estimated 100,000 deaths.
- Mar 09 1966 - Vietnam War: The North Vietnamese capture a Green Beret camp at Ashau Valley.
- Mar 09 1968 - Vietnam War: General William Westmoreland asks for 206,000 more troops in Vietnam.
- Mar 10 1942 - WWII: General Douglas MacArthur abandons Corregidor.
- Mar 10 1945 - WWII: The Imperial Japanese Navy attempts a large-scale kamikaze attack on the U.S. Pacific fleet anchored at Ulithi atoll in Operation Tan No. 2
- Mar 10 1953 - Korean War: North Korean gunners at Wonsan fire on the USS Missouri. The ship responds by firing 998 rounds at the enemy position.
- Mar 10 1975 - Vietnam War: The North Vietnamese Army attacks the South Vietnamese town of Ban Me Thout the offensive will end with total victory in Vietnam.
- Mar 11 1863 - Civil War: Union troops under General Ulysess S. Grant give up their preparations to take Vicksburg after failing to pass Fort Pemberton north of Vicksburg.
- Mar 11 1865 - Civil War: Union General William Sherman and his forces occupy Fayetteville N.C.
- Mar 11 1942 - WWI: General Douglas MacArthur leaves Bataan for Australia.
- Mar 14 1947 The United States signs a 99-year lease on naval bases in the Philippines.
- Mar 14 1951 - Korean War: U.N. forces recapture Seoul for the second time during the Korean War.
- Mar 14 1954 - The Viet Minh launch an assault against the French Colonial Forces at Dien Bien Phu.
- Mar 14 1943 - WWII: The Kraków Ghetto is 'liquidated'.
- Mar 14 1864 - Civil War: Union troops occupy Fort de Russy, Louisiana
- Mar 14 1915 - WWI: German cruiser Dresden blows itself up near coast of Chile
- Mar 14 1916 - WWI: Battle of Verdun - German attack on Mort-Homme ridge West of Verdun
- Mar 15 1944 WWII: Cassino, Italy is destroyed by Allied bombing.
- Mar 15 1781 - Revolutionary War: Battle of Guilford Court House, SC (British suffer heavy losses)
- Mar 15 1989 - VA elevated to a Cabinet-level agency under Public Law 100-527

[Source: Various Mar 09 ++]

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*Where we Stand*

**VETERAN LEGISLATION STATUS 13 MAR 09:** Refer to the Bulletin's Veteran Legislation attachment for or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111<sup>th</sup> 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

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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](http://www.thecapitol.net/FAQ/cong_schedule.html) for dates that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 13 Mar 09 ++]

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*Andy Rooney #2*

**Have You Heard:** Andrew Aitken "Andy" Rooney is an American radio and television writer. He became most famous as a humorist and political commentator with his weekly broadcast 'A Few Minutes With Andy Rooney', a part of the CBS News program 60 Minutes since 1978. Following is his opinion on issues that allegedly aired on CBS. As a fan of 60 Minutes I remember hearing him say a number of them:

- I don't think being a minority makes you a victim of anything except numbers.. The only things I can think of that are truly discriminatory are things like the United Negro College Fund, Jet Magazine, Black Entertainment Television, and Miss Black America. Try to have things like the United Caucasian College Fund, Cloud Magazine, White Entertainment Television, or Miss White America; and see what happens...Jesse Jackson will be knocking down your door.
- Guns do not make you a killer. I think killing makes you a killer. You can kill someone with a baseball bat or a car, but no one is trying to ban you from driving to the ball game.
- I believe they are called the Boy Scouts for a reason, which is why there are no girls allowed. Girls belong in the Girl Scouts!
- I think that if you feel homosexuality is wrong, it is not a phobia, it is an opinion.
- I have the right 'NOT' to be tolerant of others because they are different, weird, or tick me off.
- When 70% of the people who get arrested are black, in cities where 70% of the population is black, that is not racial profiling; it is the Law of Probability.
- I believe that if you are selling me a milkshake, a pack of cigarettes, a newspaper or a hotel room, you must do it in English! As a matter of fact, if you want to be an American citizen, you should have to speak English!
- My father and grandfather didn't die in vain so you can leave the countries you were born in to come over and disrespect ours.
- I think the police should have every right to shoot you if you threaten them after they tell you to stop. If you can't understand the word 'freeze' or 'stop' in English, see the above lines.
- I don't think just because you were not born in this country, you are qualified for any special loan programs, government sponsored bank loans or tax breaks, etc., so you can open a hotel, coffee shop, trinket store, or any other business.
- We did not go to the aid of certain foreign countries and risk our lives in wars to defend their freedoms, so that decades later they could come over here and tell us our constitution is a living document; and open to their interpretations.
- I don't hate the rich; I don't pity the poor.
- I know pro wrestling is fake, but so are movies and television. That doesn't stop you from watching them.
- I think Bill Gates has every right to keep every penny he made and continue to make more. If it ticks you off, go and invent the next operating system that's better, and put your name on the building.
- It doesn't take a whole village to raise a child right, but it does take a parent to stand up to the kid; and smack their little behinds when necessary, and say 'NO!'

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- I think tattoos and piercing are fine if you want them, but please don't pretend they are a political statement. And, please, stay home until that new lip ring heals. I don't want to look at your ugly infected mouth as you serve me French fries!
- I am sick of 'Political Correctness.' I know a lot of black people, and not a single one of them was born in Africa ; so how can they be 'African-Americans'? Besides, Africa is a continent. I don't go around saying I am a European-American because my great, great, great, great, great, great grandfather was from Europe. I am proud to be from America and nowhere else.
- And if you don't like my point of view, tough...

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