

RAO BULLETIN 1 April 2009

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USFSPA & DIVORCE Update 05: Retired U.S. Navy flight engineer Frank Kurland is trying to get the Oklahoma's state courts to change how military retirement pay is viewed in divorce proceedings. Kurland and several other retired military members are meeting with veterans groups across the state to discuss the state's House Bill 1053. Oklahoma is home to 338,000 retired service members, according to figures from the Veterans Administration. There are an additional 21,000 active-duty members living in the state, Department of Defense figures show. If this bill becomes law, Oklahoma will be the first state to require the courts to view military retirement pay differently. When Kurland ended his marriage of 17 years after he retired from the military, he was surprised to find out his ex-wife was entitled to a percentage of his military retirement pay, even if she remarried. But under HB 1053, that would not be the case. The payments would be viewed as alimony, not property, and alimony ends when the recipient remarries. The bill, filed by Rep. Gary Banz (R-Midwest City), passed the House and was approved by the Senate Judiciary committee last week.

"There is support to move this bill through the process," said Sen. Patrick Anderson (R-Enid) who carried the measure in the Senate. "But it's a serious change and it needs to be looked at very carefully. We don't want to go too far, and we want to make sure we have a way to find equity for both the husband and the wife." Last session, Banz was successful in getting through language that would require judges in divorce proceedings to consider how long a spouse was married to a retired military member and what the service member's pay grade was at the time of the marriage before awarding a percentage of retirement pay. That change was signed into law by Gov. Brad Henry and takes effect 1 JUL 09, Banz said. Before this provision was put into place, a spouse that had been married to an enlisted person for a short amount of time, early in a service member's career, would still be entitled to a portion of the retirement pay. "Usually that person had nothing to do with those promotions, and they still benefited from it," Kurland said. Opponents of the bill say it makes major changes to Oklahoma's divorce laws and gives special preference to veterans. Opponents also say the law could add to Oklahoma's already high rate of divorce.

Sen. Charlie Laster (D-Shawnee), a member of the Senate Judiciary Committee and a family law attorney, voted against the bill when it was heard in committee. "This is a huge change in Oklahoma laws," Laster said. "This would give military members a distinct different status in divorce law. I'm not sure that's good for public policy." Supporters of the change argue that military retirement pay comes with requirements and stipulations that a traditional pension doesn't carry. Kurland has confirmed through the Oklahoma Public State Employees Retirement System OAC 590, Section 590.30-1-6-Termination of a Qualified Domestic Relation order www.opers.ok.gov that all Oklahoma State Legislators' Retirement is protected by a remarriage clause. In other words, payments terminate upon the remarriage of a former spouse. If Oklahoma legislators were to vote against this bill it would be in effect a double standard. In other words state employees (i.e. the legislators voting on the bill) would receive the benefit whereas military retirees would not.

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The USFSPA is non-directive in its divorce pronouncements - it only "allows!" All states have comprehensive divorce laws, alimony and child-support, which makes the "federal divorce law" redundant, unnecessary and out of date. "We're just trying to even the playing field," Kurland said. "We don't want to go after the former spouses, but we want to give the Oklahoma courts something to consider and at least look at." Military retirees who are not familiar with the Uniformed Services Former Spouse's Protection Act (USFSPA) can refer to www.military.com/benefits/retiree/uniformed-services-former-spouses-protection-act to see how it impacts on them. [Source: NewsOK.com Julie Bisbee article 20 Mar 09 ++]

TAX BURDEN for ALABAMA RETIREES: Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. Following are the taxes you can expect to pay if you retire in Alabama:

State Sales Tax: 4% (prescription drugs exempt); The rate can go as high as 12.0% depending on city and county taxes. The state administers over 200 different city and county sales taxes; however, it does not administer all county or city sales taxes. Municipal sales taxes can be seen at <http://216.226.178.107/salestax/Sales/index.cfm>.

Fuel & Cigarette Tax: (Local option taxes on fuel may add up to 3 cents.)

- Gasoline Tax: 20.9 cents/gallon
- Diesel Fuel Tax: 21.9 cents/gallon
- Cigarette Tax: 42.5 cents/pack of 20

Personal Income Taxes:

- Tax Rate Range: Low - 2.0%; High - 5.0%
- Income Brackets: 3 - Lowest \$500; Highest \$3,000. For joint returns, the taxes are twice the tax imposed on half the income.
- Personal Exemptions: Single - \$1,500; Married - \$3,000; Dependents - \$300
- Standard Deduction: Single - \$2,000; Married filing joint return - \$4,000
- Medical/Dental Deduction: Limited to excess of 4% of adjusted gross income
- Federal Income Tax Deduction: Full
- Retirement Income Taxes: Social Security, military, civil service, state/local government and qualified private pensions are exempt. All out-of-state government pensions are tax-exempt if they are defined benefit plans.
- Retired Military Pay: Pay and survivor benefits not taxed.
- Military Disability Retired Pay: Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

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- VA Disability Dependency and Indemnity Compensation: VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.
- Military SBP/SSBP/RCSBP/RSFPP: Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

Property Taxes - The state does not collect taxes on personal property such as boats and computers. Its ad valorem (property tax) is 6.5 mills (<http://216.226.178.107/Taxincentives/proptaxincentives.html>). Each city and county may levy has its own millage rate. For information on all ad valorem tax exemptions refer to www.revenue.alabama.gov/advalorem/exemptions/exemptions.htm. Homeowners 65 and older are exempt from all county property taxes. Some cities also assess separate property taxes. A homestead exemption up to \$5,000 of assessed value is granted by the state on real property taxes. A larger exemption is available to persons over 65. Refer to the state's property tax division web site www.ador.state.al.us/advalorem/index.html. To view the state's homestead summary chart go to www.ador.state.al.us/advalorem/exemptions/homestead.pdf.

Inheritance and Estate Taxes - There is no inheritance tax and the estate tax is limited to federal estate tax collection.

For further information, refer to the Alabama Department of Revenue site www.ador.state.al.us or call 334-242-1170. [Source: www.retirementliving.com/RLstate1.htm Apr 09 ++]

ATOMIC VETS Update 03: An estimated group of more than 200,000 former soldiers were witnesses to above-ground and undersea atomic tests conducted between 1945 and 1963. Nicknamed “atomic veterans,” the soldiers were part of the testing because various governments wanted to see if troops could operate on battlefields contaminated by radiation from nuclear bombs. In 1990, Congress passed the Radiation Exposure Compensation Act, offering veterans who took part in the tests a payment of \$75,000 each. Payments of \$100,000 were offered to miners employed in above-ground or underground uranium mines scattered across the western U.S. Those working downwind of the Nevada test site were offered payments of \$50,000. “They’re called atomic veterans, but they should be called atomic guinea pigs,” Canadian lawyer Tony Merchant said recently. Merchant represents a group of Canadian veterans who filed a class-action lawsuit in FEB 09 seeking compensation from Canada’s government for their radiation exposure and resulting ailments. Many of the U.S. atomic veterans have a taxing list of infirmities ranging from degenerative arthritis to a coronary artery bypass, diabetes and lymphoma (cancer of the lymph nodes). Lymphoma is one of 16 cancers the government presumes to be military service-connected if a veteran participated in a radiation-risk activity.

One such activity was Operation Upshot-Knothole in Nevada. It used two infantry battalions of volunteers to participate in one of 11 blasts. Soldiers were required to have security clearances, and no cameras were allowed. For the test, troops were dressed in routine basic-issue uniforms and leather gloves. They were positioned in a trench 1½ miles from the blast site as part of the tests. The soldiers were told to stand with their shoulders against the trench wall, to cover their eyes with their arms and hands and not to look up and that there would be two explosions for comparison, the first with 2,700 pounds of dynamite. The second would be the nuclear device. Salinan James Trepoy, a veteran of the test and one of the recipients of a \$75,000 payment, recounted on the second blast he heard the countdown, and then the bomb went off. “To this day I never heard the noise (of the explosion),” he said. But he

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felt the heat of the blast, and looking down at his hands he could see his bones. The blast at 4:30 a.m. produced a bright light and the ground shook. Sand blasted over the troops' heads and the desert suddenly got hot, as if someone had opened an oven.

The soldiers were allowed to leave the trench after the detonation to watch the mushroom cloud forming. The cloud formed two separate caps, reaching as high as eight miles into the atmosphere, Trepoy said. The soldiers were told to advance toward ground zero. Along the way they came across a pit where six live sheep had been positioned. The wool on the sides of the sheep facing the blast was charred. "We were told the sheep would be all right, but I swear we had mutton about two days later," Trepoy said. He said the troops were stopped about a half-mile from ground zero and told to turn back because the radiation was too high. "When we got back to the base camp, we all took showers and threw our clothes in the trash. Then we went back to town," Trepoy said. The bomb, equal to a 43-kiloton explosion, shattered windows of vehicles eight miles away and cracked windows in Las Vegas 60 miles away. Fifty kilotons is roughly equivalent to 50,000 tons of TNT. In his memory, the sand that Trepoy saw coming out the trench after the atomic blast is still melted. The glass from the shattered vehicle windows still crunches under his feet. The sheep with the charred wool bleat with fear.

Today, the largest group of atomic veteran survivors is the National Association of Atomic Veterans (NAAV), and Gary Thornton is a member and former commander of the state chapter. The 225,000 military personnel involved with testing between 1945 and 1963 weren't even authorized to speak about their experiences, as the information about their service remained classified until 1996, he said. The NAAV Web site states there are now as many as 195,000 atomic veterans left across America who either don't know that their oath of secrecy about their service has been rescinded, or are not aware of the potential monetary benefits due them for their radiation-induced illnesses. Most of the surviving atomic veterans have long ago given up on seeing any medical or financial compensation for their service-related injuries, Thornton said. [Source: ArmyTimes David Clouston (Salina Journal) article 27 Mar 09 ++]

VA DATA BREACHES Update 43: On 27 JAN 09 the VA agreed to pay \$20 million to settle a class action lawsuit filed after a computer, containing personal information on over 26 million veterans and family members, was stolen from the home of a VA employee. The money, less costs and attorneys fees, will be used to pay claims from veterans who can show that they suffered harm as a result of the theft. Although VA eventually recovered the computer and the FBI stated that the confidential information had not been compromised, thousands of veterans purchased data security monitoring services; still others suffered emotional distress as a result of the theft. The settlement was approved by the Federal Judge assigned to the lawsuit on 10 FEB 09. The attorneys for the plaintiffs (VA) have stated that they will publish public notices describing the claims process. The ruling stipulates that payments will range from \$75 to \$1,500 for veterans who incurred expenses for credit monitoring or physical symptoms of emotional distress. Information regarding the VA data theft litigation, and a claims application form can be downloaded at <http://www.veteransclass.com/Documents/ClaimForm.pdf>. The postmarked deadline to submit a claim is 27 NOV 09. If you don't want to be legally bound by the settlement you must exclude yourself by 29 JUN 09 or you won't be able to sue, or continue to sue, the dependents on your own about the legal claims in this case. If you exclude yourself, you cannot get a payment from the settlement. More information concerning the settlement may be found at <http://www.veteransclass.com> or by calling 1-888-288-9624, or by writing to VA Settlement, PO Box 6727, Portland, OR 97228-6727. [Source: NVS Weekly Update 27 Mar 09 ++]

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MEDAL of HONOR Update 02: The number of Medal of Honor recipients from the wars in Iraq and Afghanistan can be counted on one hand. Each of the five acted spontaneously and heroically to save the lives of comrades. Each exemplified the medal's criteria of "gallantry and intrepidity at the risk of one's own life above and beyond the call of duty." And each was killed in action or died from wounds received in action. Now, 146 years after the first Medals of Honor were awarded to living soldiers, it remains to be seen whether anyone will ever again earn a Medal of Honor and survive to accept it. With the exception of the 1991 Persian Gulf War, no other major conflict in modern military history has failed to produce a living recipient of the nation's highest award for valor. And no war has ever produced so few Medal of Honor or service cross recipients. There are several possible reasons: the proliferation of other valor awards; the changing nature of warfare; and a review process that has become so rigorous — and, some say, meddlesome — that no living person can be good enough to pass all the tests. A *Military Times* analysis of Medal of Honor and service cross awards dating back to 1861, when the MoH was first authorized, shows a sharp decline, rekindling debate on whether the military is properly recognizing today's heroes.

Although numbers don't tell the whole story, America's 20th-century wars produced highly consistent rates of Medal of Honor heroism. From World War I through Vietnam, the rate of Medal of Honor recipients per 100,000 service members stayed between 2.3 (Korea) and 2.9 (World War II). But since the terrorist attacks of 9/11 only five Medals of Honor have been awarded, a rate of 0.1 per 100,000 — one in a million. A similar disparity occurs on the second tier of valor awards: Distinguished Service Cross, Navy Cross and Air Force Cross. Throughout the 20th century, the rate of service cross recipients per 100,000 troops ranged from a low of 19 in Korea to a high of 167 in World War I. But for the post-9/11 wars, it's only one per 100,000. "All of us are a little concerned about the fact that people aren't being recognized," said Army Reserve Col. Jay Duquette, who recently retired as deputy director of operations at Headquarters, 9th Regional Support Command, Fort Shafter, Hawaii. "There's a perception that somehow the political process has at the Defense Department or wherever created some sort of limitation on higher-level decorations," Duquette said. "I don't know if that is true. But that is a perception that exists among the lower-level officer corps."

Former Marine Joseph Kinney, a Vietnam veteran who has advocated for greater recognition of heroism in combat, is convinced that's true. The military awards system, he said, is "broken." Kinney testified before the House Armed Services Committee in 2006, urging the Pentagon to be more consistent in applying award criteria and to speed the review process for Medal of Honor nominees. In an interview, Kinney noted how much longer award reviews took in the George W. Bush years versus the Clinton administration. It took just 6½ months for the Clinton administration to posthumously award Medals of Honor to Army Master Sgt. Gary Gordon and Army Sgt. 1st Class Randall Shughart for heroic action in Somalia on 3 OCT 93. By contrast, during the Bush years, the speediest Medal of Honor approval took 18 months. One took as long as three years. "The system has failed because of this inordinate fear that somebody is going to get the Medal of Honor [and] be an embarrassment," Kinney said. "They decided that the Medal of Honor should go not only to people who are brave, but pure."

Defense and service officials deny that the process has become politicized. The approach used to recognize acts of valor remains unchanged, Pentagon spokeswoman Eileen Lainez said. "Each recommendation is carefully considered based on the merits of the individual's actions, eyewitness accounts and other supporting evidence," she said. "The standard for the Medal of Honor is high, as one would expect." Commandant Gen. James Conway also

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said the standards haven't changed. But he was at a loss to explain why no living service member has been awarded the Medal of Honor in these past 7½ years of war. "The nature of the award isn't such that you have to be dead to receive it. That's never been the standard for awards. It's not the standard today," Conway said. "It's arguably happenstance that the first five out of Iraq or Afghanistan have been posthumous. But that's not the standard and that's not the way commanders are looking at it in the field."

Comparing medal statistics and heroes throughout the ages is difficult. It's like comparing athletes from one generation to another: Which was better, the 1960s Celtics of Bill Russell or the 1990s Bulls of Michael Jordan? Who was a better boxer, Muhammad Ali or Mike Tyson? In sports, many factors muddy the waters of comparison: rules changes, more specialized physical training and increasingly bigger, faster and stronger athletes. Similarly, a variety of factors complicate valor comparisons: the evolution of the awards system, the proliferation of valor awards, variants of asymmetric warfare. Fred Borch, a retired Army officer and regimental historian for the Judge Advocate General's Corps who writes history columns for Military Times, noted that the vast majority of attacks on U.S. forces in Afghanistan and Iraq result from improvised explosive devices. "It's pretty hard to be a hero against an IED," he said. Charles Mugno, director of the Institute of Heraldry at Fort Belvoir, Va., said the Medal of Honor essentially was the military's sole valor award until 1917. Today, there are two dozen valor decorations. "A lot of Medals of Honor were given out because there was no substitute," Mugno said. "If you look at the citations for [different campaigns], you'll see a significant difference in acts of valor and degree of valor."

The Hall of Valor database contains 3,467 Medal of Honor citations. To see how many have been awarded to the various services refer to <http://www.militarytimes.com/citations-medals-awards/list.php?category=MilitaryBranches>. For a breakdown of awards by conflict refer to <http://www.militarytimes.com/citations-medals-awards/list.php?category=ConflictPeriods>. For additional info refer to the Congressional Medal of Honor Society websites <http://www.cmohs.org> & <http://www.homeofheroes.com/moh/history/society.html>. [Source: NavyTimes Brendan McGarry article 28 Mar 09 ++]

VET INSURANCE Update 01: The Senate Veterans' Affairs Committee chairman introduced legislation 26 MAR to improve veteran's insurance benefits. Sen. Daniel Akaka (D-HI) proposes to expand retroactive payments of traumatic injury insurance, to increase supplemental life insure for totally disabled veterans, and to create a new life insurance program for veterans with service-connected disabilities. This is the second major veterans bill introduced this year by Akaka, who in early March unveiled a rehabilitation and employment package. In a statement, Akaka said the new bill, the Veterans' Insurance and Benefits Enhancement Act of 2009 (S.728), "improves benefits for veterans with severe burn injuries, expands insurance programs, and secures cost-of-living increases for certain benefits, some of which have not been updated for decades. Many totally disabled veterans find it difficult to obtain commercial life insurance," Akaka said in explaining why the programs are important. The bill, like his earlier one, has been referred to the veterans committee for review. The two bills likely will form the backbone of omnibus veterans legislation that the committee will pass later this year. If enacted the bill would expand veteran benefits as follows:

- The traumatic injury insurance provision of the bill attempts to cover a loophole for traumatic injuries suffered by service members between 7 OCT 01 and 30 NOV 05 that were not a direct result of Operations Enduring Freedom or Iraqi Freedom. Injuries resulting from the two military operations were covered by

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the insurance back to the start of deployments, but other injuries were not covered by the insurance, which pays up to \$100,000 under a rate plan based on the severity of the injury and expected length of recovery.

- Makes service members with severe burns eligible for grants to adapt cars and housing to their disability. These two programs currently apply mostly to loss of limbs or loss of the use of limbs.
- A new life insurance program for veterans 65 and older who have service-connected disabilities. The program would offer a maximum of \$50,000 in term life insurance, with an updated mortality table that he hopes will provide lower premiums than charged by the VA's current Service-Disabled Veterans Insurance Program. Under the current program, a 60-year-old pays about \$40 per year for each \$1,000 of coverage.
- In the case of benefits for parents of deceased service members, Akaka is addressing a neglected benefit. "The minimum benefit rate for low-income parents of children who have died during military service, or as the result of a service-connected disability, has remained at only \$5 per month since 1975. This is unacceptable," he said, proposing to increase the payment to \$100.
- Maximum coverage for two existing life insurance programs would be increased. Supplemental life insurance for totally disabled veterans would have the maximum coverage increased to \$30,000, a \$10,000 jump over the current cap.
- Veterans' Mortgage Life Insurance, a program for service-connected disabled veterans, today has a \$90,000 cap that veterans complain is out of date, given the cost of homes. Akaka's bill increases the maximum to \$200,000.

[Source: NavyTimes Rick Maze article 28 Mar 09 ++]

SOCIAL SECURITY BENEFITS Update 01: Many seniors believe that Social Security benefits are guaranteed and cannot be taken away by Congress. However, it is important always to understand that Congress has the authority to change the current benefit scheme or raise Social Security taxes at any time and for any reason. Under current law Congress collects Social Security taxes of more than \$785 billion from the current workforce of approximately 163 million workers. The money collected is used to pay out nearly \$585 billion to 50 million social Security recipients. The difference between what is paid out and what is collected, known as the surplus, is placed into a 2.2 trillion Trust fund and invested in non-marketable special issue government securities to meet future obligations. These special securities are similar to Treasury notes but are only available for purchase by the trust fund and related government owned trusts. The note serves to pay the costs of past debts and the expense of its current deficit. In other words, the surplus is traded for an IOU to the social Security trust fund.

The government spends the funds on everything from debt obligations, to illegal alien health care and things in between and beyond. But the government's debt keeps growing and at some point the IOU will come due. When it does, its payment means more borrowing, benefit reductions or higher taxes. As long ago as 1983, Congress accepted the Greenspan Commission recommendation to sharply increase payroll taxes for Social Security, raise retirement age, and reduce benefits because the program was going broke. Today, we face a similar situation. According to Social Security trustee estimates, around 2016 the amount of social Security benefits paid will exceed taxes collected. When that happens, Social Security benefits are defenseless against actions of Congress to reduce the earned benefit of Social Security. In the U.S. Supreme Court decision *Flemming vs. Nestor* (1960), the Court held that there are no accrued property rights to payment of Social Security benefits. Congress can do anything it

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wants. That means our trust in the program is a political promise from Capitol Hill. To secure that promise we need to protect our Social Security Trust fund, stop robbing our future and stop social security benefit cuts.

At the start of the 111th Congress, the Social Security Protection Act (H.R.236) was introduced by Rep. Ginny Brown-Waite (R-FL) to protect the Social Security beneficiaries against any reduction in benefits. If enacted it would prevent Congress from the consideration of any legislation or joint resolution that reduces current benefits or cost-of-living increases to Social Security beneficiaries. The author of the bill is a strong veterans supporter as well as a key member of the House Ways and Means Committee, which is at the epicenter of decision-making on social Security. The bill would stand as a bulwark against the continuing raid on social security to pay for day-to-day operations and pork barrel projects. It would offer a special protection against congressional weakening of benefits and provide a measure of comfort to many "Americans who rely on their monthly retirement check for their entire retirement. All present and potential beneficiaries of the Social Security program are encouraged to contact their legislators to ask them to cosponsor H.R.236. [Source: NAUS Journal Mar/Apr 2009 ++]

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APPENDICITIS: Appendicitis is an inflammation of the appendix, a 3 1/2-inch-long tube of tissue that extends from the large intestine. No one is absolutely certain what the function of the appendix is. One thing we do know: We can live without it, without apparent consequences. Appendicitis is a medical emergency that requires prompt surgery to remove the appendix. Left untreated, an inflamed appendix will eventually burst, or perforate, spilling infectious materials into the abdominal cavity. This can lead to peritonitis, a serious inflammation of the abdominal cavity's lining (the peritoneum) that can be fatal unless it is treated quickly with strong antibiotics. Sometimes a pus-filled abscess (infection that is walled off from the rest of the body) forms outside the inflamed appendix. Scar tissue then "walls off" the appendix from the rest of the abdomen, preventing infection from spreading. An abscessed appendix is a less urgent situation, but unfortunately, it can't be identified without surgery. For this reason, all cases of appendicitis are treated as emergencies, requiring surgery.

There is no way to prevent appendicitis. However, it is less common in people who eat foods high in fiber, such as fresh fruits and vegetables. In the U.S., 1 in 15 people will get appendicitis. Although it can strike at any age, it is rare under age 2 and most common between ages 10 and 30. It occurs when the appendix becomes blocked, often by stool, a foreign body, or cancer. Blockage may also occur from infection, since the appendix swells in response to any infection in the body. The classic symptoms of appendicitis include:

- Dull pain near the navel or the upper abdomen that becomes sharp as it moves to the lower right abdomen. This is usually the first sign.
- Loss of appetite.
- Nausea and/or vomiting soon after abdominal pain begins .
- Abdominal swelling.
- Fever of 99° F to 102° F.
- Inability to pass gas.

Almost half the time, other symptoms of appendicitis appear, including:

- Dull or sharp pain anywhere in the upper or lower abdomen, back, or rectum.
- Painful urination.

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- Vomiting that precedes the abdominal pain.
- Severe cramps.
- Constipation or diarrhea with gas

Call your doctor if you have pain that matches these symptoms. Timely diagnosis and treatment is very important. Do not eat, drink, or use any pain remedies, antacids, laxatives, or heating pads, which can cause an inflamed appendix to rupture. Diagnosing appendicitis can be tricky. Symptoms of appendicitis are frequently vague or extremely similar to other ailments, including gallbladder problems, bladder or urinary tract infection, Crohn's disease, gastritis, intestinal infection, and ovary problems. The following tests are usually used to make the diagnosis: Abdominal exam to detect inflammation; Urine test to rule out a urinary tract infection; Rectal exam; Blood test to see if your body is fighting infection; CT scans and/or ultrasound.

Surgery to remove the appendix, which is called an appendectomy, is the standard treatment for appendicitis. If appendicitis is even suspected, doctors tend to err on the side of safety and quickly remove the appendix to avoid its rupture. If the appendix has formed an abscess, you may have two procedures: one to drain the abscess of pus and fluid, and a later one to remove the appendix. Antibiotics are given before an appendectomy to fight possible peritonitis. General anesthesia is usually given, and the appendix is removed through a 4-inch incision or by laparoscopy. If you have peritonitis, the abdomen is also irrigated and drained of pus. Within 12 hours of surgery you may get up and move around. You can usually return to normal activities in 2 to 3 weeks. If surgery is done with a laparoscope (a thin telescope-like instrument for viewing inside the abdomen), the incision is smaller and recovery is faster. [Source: WebMD Digestive Disorders Health Center 26 Mar 09 ++]

MOBILIZED RESERVE 24 MAR 09: The Department of Defense announced the current number of reservists on active duty as of 24 MAR 09. The net collective result is 3,606 more reservists mobilized than last reported in the Bulletin for 15 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 98,491; Navy Reserve, 6,552; Air National Guard and Air Force Reserve, 14,352; Marine Corps Reserve, 7,389; and the Coast Guard Reserve, 665. This brings the total National Guard and Reserve personnel who have been activated to 127,449, 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/d20090324ngr.pdf> [Source: DoD News Release No. 191-09 25 MAR 09 ++]

COMBAT VETERAN HEALTH CARE Update 04: A World War II-era law established that veterans who “engaged in combat with the enemy” receive special treatment when they seek disability compensation, making it less burdensome for them to prove the injury was from their time in the service. But members of veterans groups testified 24 MAR before a House Veterans Affairs subcommittee that the law is outdated, and some veterans from Iraq and Afghanistan are struggling to obtain disability benefits because they

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don't meet the definition. There is particular concern, they said, that the rule interferes with disability benefits for veterans with post-traumatic stress disorder whose trauma may not be documented by the military. PTSD can affect people who experience a traumatic event. Symptoms can include flashbacks and anxiety. At his news conference on 24 MAR, President Barack Obama acknowledged that returning veterans haven't always been given the benefits and treatment they need for post-traumatic stress and serious brain injuries. "Unfortunately, over the last several years, all too often the VA has been under-resourced when it comes to dealing with things like post-traumatic stress disorder or traumatic brain injury, dealing with some of the backlogs in admission to VA hospitals," Obama said, in response to a question about spending in defense and veterans programs.

The mental disorder has affected service members in non-infantry roles such as truck drivers or cooks, who on today's battlefields are vulnerable to roadside bombs or mortar attacks. They often lack a combat infantry badge or other documentation to prove their battlefield experience. The Veterans Affairs Department has said about half of all disability claims for PTSD are approved, and the majority of denials come because the veteran lacks evidence of injury related to his time in the service, according to a report last year from the Congressional Budget Office. Rep. John Hall (D-NY), chairman of the House Veterans Affairs subcommittee, which held the hearing, said the law should be updated to define a combat veteran as any veteran who served in a combat theater of operations or in combat against a hostile force. "There should be a better way for VA to assist veterans suffering from PTSD to adjudicate those claims without being burdensome, stressful and adversarial," Hall said. It's estimated that if the law is changed, thousands more veterans would seek disability compensation for PTSD, potentially costing hundreds of millions of dollars annually. Bradley Mayas, director of the Veterans Benefits Administration's Compensation and Pension Service, told the subcommittee that changes have been made to make it easier for veterans with PTSD to qualify for disability compensation. Antonette Zees, deputy chief officer for mental health services at the Veterans Health Administration, noted that the VA provides health care for five years for the recent veterans, so some veterans are getting treatment for PTSD even if they are not receiving disability benefits for it. [Source: ArmyTimes Kimberly Hefling article 25 Mar 09 ++]

LONG-TERM CARE for VETS: The Department of Veterans Affairs needs to revamp its long-term care planning process or face shortages of funds and personnel, according to a report released by the Government Accountability Office last month. The audit of VA's strategic plan for providing institutional care in nursing homes and non-institutional care in veterans' homes or the community showed that VA underestimated cost projections and workload assumptions, which could lead to trouble in the future. According to GAO, VA has plans to increase workload to close gaps in non-institutional care by a factor of 167% between 2007 and 2013. In its FY 2009 budget justification, VA estimated that it will increase its long-term care spending over FY 2008 using cost assumptions that appear unrealistic, GAO says. VA estimated that spending for both nursing home and non-institutional care would increase by about \$108 million and \$165 million respectively. This would bring the total to \$4 billion for nursing home care and \$762 million for non-institutional care.

However, this increase was arrived at by assuming that nursing home costs would increase 2.5% in that year—a number that GAO considers unrealistically low. The GAO considers the VA's estimate of the increase in costs for non-institutional care too low as well. In its 2009 budget justification, VA did not explain how it would increase the workload of long-term care services to meet its goal of a 167% increase by 2013 while keeping to such a low budget increase. The GAO report includes several recommendations to ensure VA's future projections do not leave the

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department coming up short. Those include using realistic cost assumptions and workload projects for estimating spending and providing a full report on which measures they are using for their estimates to increase transparency for Congress and for future GAO audits. VA officials received an early copy of the report and agreed with the recommendation for more transparency; however, the change in administration occurred before the VA leaders responsible for the FY 2009 budget could comment on the specifics of the report. According to VA numbers, the department provided non-institutional long-term care to 41,022 veterans in 2007, and projects that it will be required to provide such services to over 109,000 by 2013. [Source: U.S. Medicine Stephen Spotswood article Mat 09 ++]

VA VET CONTAMINANT EXPOSURE Update 01: Officials say more than 3,000 patients at a Veterans Affairs hospital in Miami had colonoscopies with equipment that wasn't properly sterilized. They've been told they should be tested for HIV and other diseases. The VA insists the risk of infection is minimal and only involved tubing on equipment, not any device that actually touched a patient. Worried military men and women flooded the Miami hospital's telephone hot lines 24 MAR after the announcement had been made. The hospital received 2,662 telephone calls, and 351 veterans visited VA clinics in Miami and Fort Lauderdale to ask about their status and to schedule testing, said" Dr. Vara, the chief of staff at Miami's VA Healthcare System . Asked what went wrong at the Miami VA, Vara said, "I can't say for sure. There are manufacturers' recommendations about how things should be handled. Not infrequently in healthcare it may not be implemented in quite that way." But it's the second recent announcement of errors during colonoscopies at VA facilities. Last month, more than 6,000 patients at a clinic in Tennessee were told they may have been exposed to infectious body fluids during colonoscopies. The VA also said 1,800 veterans treated at an ear, nose and throat clinic in Augusta, Ga., were alerted they could have been exposed to an infection due to improper disinfection of an instrument.

As of 26 MAR Veterans Affairs officials would not say if mistakes that may have exposed patients to infections at medical centers in Tennessee and Florida and a clinic in Georgia have been discovered elsewhere. The VA declined to answer four Associated Press requests over the past week about the results of what the department described as a nationwide procedure and training review that was to end 14 MAR. VA spokeswoman Laurie Tranter said the department did plan to issue a response later. Nashville lawyer Mike Sheppard said his firm is preparing to file claims on behalf of up to 15 colonoscopy patients, including several who have since tested positive for hepatitis B. He said an elderly man who had cancer when he had a colonoscopy died shortly afterward. "We are investigating the death," Sheppard said.

US Sen. Bill Nelson (D-FL) and Rep. Kendrick Meek (D-FL) are both "requesting an official inquiry by the inspector general of the VA." In a letter to VA Secretary Eric Shinseki, Nelson said he is also concerned about possible contaminated equipment at facilities in Murfreesboro TN and Augusta GA . "I am requesting that the VA Office of Inspector General begin an investigation into the potential problems of contamination; whether any patient has contracted an infection from unsterilized equipment; and, most importantly, how we can prevent such problems from happening again. Finally, I urge the VA to commit to providing ongoing medical care in cases where it is responsible for exposing someone to a disease", Nelson wrote. VA has no response as they have not yet received the letter. The VA has notified and is providing free medical screenings to thousands of veterans across the South who had colonoscopies and other procedures with equipment that was not properly sterilized. The precaution to:

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- 6,400 veterans who received colonoscopies at the Alvin C. York Campus in Murfreesboro, TN, between April 23, 2003, and Dec. 1, 2008. These veterans should call 1-877-345-8555. More information is available at: <http://www.tennesseevalley.va.gov/news/endoscopyquestions.asp>.
- 3,260 veterans who had colonoscopies at the Miami VA Healthcare System Special Care Clinic between May 2004 and March 12, 2009. These veterans should call 1-877-575-7256. A press release is at: <http://www.miami.va.gov/pressreleases/MVAHSSCCUpdate001.asp>.
- 1,800 veterans who had Ear, Nose & Throat Clinic procedures at the Charlie Norwood VA Medical Center in Augusta, GA, from January through November 2008. These veterans should call 1-888-483-9674. A press release is at: <http://www1.va.gov/augustaga/page.cfm?pg=16>.

[Source: NavyTimes AP Matt Sedensky article 23 May 09 ++] applies

VET GUN CONTROL: Sens. Richard Burr (R-NC) and Jim Webb (D-VA) have joined forces to try to prevent veterans from losing the right to own a gun if a fiduciary is appointed to handle their finances. Burr and Webb, both members of the Senate Veterans' Affairs Committee, are trying to carve out a loophole for veterans in the Federal Gun Control Act that prohibits the sale of firearms to people who are, in the words of the law, "adjudicated as a mental defective." According to Burr, the names of about 116,000 veterans have been turned over to the FBI since 1999 because the Veterans Affairs Department assigned a fiduciary to manage their benefits. That is not the same thing as being a danger to themselves or others, Burr said in a statement included in Monday's Congressional Record when he introduced a bill, S.669, to prevent the VA from reporting the names of veteran to the FBI. "VA focuses on whether or not benefits paid by VA will be spent in the manner in which they were intended," Burr said. "Nothing involved with VA's appointment of a fiduciary even gets at the question of whether an individual is a danger to themselves or others, or whether the person should own a firearm."

The bill, the Veterans Second Amendment Protection Act, was referred to the veterans committee for consideration. Veterans are not the only ones affected, he said. A surviving spouse or child of a veteran might also have a fiduciary appointed if VA is concerned about their financial responsibility. In the case of a child, their name could be permanently on the list unless they petition for its removal, he said. "This makes no sense." Burr said the law is unfair because while the names of veterans and people receiving veterans benefits are reported to the FBI for inclusion in the National Instant Criminal Background Check System used by gun shop owners to screen buyers, the Social Security Administration is not required to turn over the names of any Social Security recipients who have someone appointed to handle their finances. Burr said he isn't trying to put guns in the hands of dangerous people but wants veterans treated fairly. Webb is the only Democratic cosponsor of the bill, which has 14 Republican cosponsors. The American Legion, Veterans of Foreign Wars and other major veterans groups support the bill. [Source: NavyTimes Rick Maze article 24 Mar 09 ++]

SSA DISABILITY CLAIMS Update 02: A joint hearing on 24 MAR of two House Ways and Means subcommittees will review how the Social Security Administration is addressing the significant backlog of disability benefits claims, and how additional stimulus funding could improve service. The agency is facing an unprecedented backlog of more than 1.3 million claims for Social Security and Supplemental Security Income

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disability benefits. The claims bottleneck seems to be particularly problematic at the hearings stage, where the backlog has more than doubled since 2000 -- from about 310,000 claims to more than 765,000 -- and the average waiting time per claim is now nearly 500 days. Congress gave SSA \$500 million in stimulus funds to tackle the growing pile of disability and retirement claims. Rep. John Tanner (D-TN), chairman of the Subcommittee on Social Security, and Rep. Jim McDermott (D-WA) chairman of the Subcommittee on Income Security and Family Support called the hearing. "Congress has responded to this crisis by providing the Social Security Administration with increased funds in order to begin to actively address this problem," McDermott said in a statement. "But it is time for the agency to take more action to significantly reduce the waiting period before an individual gets the benefits and services they need, while also ensuring the integrity of the process."

While Congress and SSA have been working to combat the problem, including developing a plan to eliminate the backlog by 2013, the agency continues to face new challenges. Social Security Commissioner Michael Astrue said in prepared testimony that the tough economy is causing a jump in disability claims beyond what the agency had projected and budgeted for. Astrue will tell lawmakers that SSA expects more than 2.9 million disability filings in fiscal 2009, about 300,000 more than the agency received in fiscal 2009. This number represents more than a 12% increase in new applications and is 13% higher than the amount anticipated in President Bush's fiscal 2009 budget. "The economic downturn, combined with the retirement of the baby boomers, and the fraying of our physical and technological infrastructure have diminished our ability to address our rising workloads and backlogs," said Astrue in prepared testimony. One of SSA's biggest challenges, Astrue will testify, is inadequate and unpredictable funding. The commissioner says he is confident that with sufficient and sustained funding, SSA will be able to eliminate the disability hearings backlog by 2013.

Tanner and McDermott said they also will look into how resource shortages have affected SSA's other responsibilities. The agency has cut back significantly on program integrity activities such as continuing disability reviews and redetermining Supplemental Security Income benefits, even though the reviews have been shown to save as much as \$10 in program costs for every \$1 spent. "We are committed to ensuring that the Social Security Administration ... receives the resources it needs to eliminate the huge backlog in disability claims," Tanner said in a statement. "We must also ensure the agency has the necessary resources to handle increased workloads associated with the economic recession, perform program integrity reviews and provide the highest quality service to the American people." Other witnesses at the hearing will include Patrick O'Carroll, SSA's inspector general, Dan Bertoni, director of disability issues for the Government Accountability Office's Education, Workforce and Income Security Team. The full list of witnesses and other details about the hearing are available on the Ways and Means Committee Web site. [Source: GOVExec.com Elizabeth Newell article 23 Mar 09 ++]

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FILIPINO VET INEQUITIES Update 15: The United States government will start deciding on claims for compensation filed by Filipino World War II veterans by the end of April, according to US Ambassador Kristie Kenney comments on 23 MAR 09. Kenney said they would send out notices informing the claim applicants of acceptance or non-acceptance by the US government of their claims. Around 23,000 veterans had applied for claims under the recently passed American Recovery and Reinvestment Act since last month, she disclosed. The law provided for the official recognition of services rendered by Filipino World War II veterans to the US government and the release of a lump-sum payment to eligible veterans. The US Department of Veterans Affairs will pay around US \$198 million to about 18,000 veterans who will each receive a one-time payment of

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\$9,000 for non-citizens and \$15,000 for US citizens. Kenney said they expected more applications to come in with 11 more months to go. She said the US government wanted all eligible veterans to apply, saying it would be a "tragedy" if they missed out on the compensation. [Source: Inquirer Visayas Nestor P. Burgos article 23 Mar 09 ++]

RED MEAT CONSUMPTION: According to the first large study to examine whether regularly eating beef or pork increases mortality results indicate eating red meat increases the chances of dying prematurely. The study of more than 500,000 middle-aged and elderly Americans found that those who consumed about four ounces of red meat a day (the equivalent of about a small hamburger) were more than 30% more likely to die during the 10 years they were followed, mostly from heart disease and cancer. Sausage, cold cuts and other processed meats also increased the risk. Previous research had found a link between red meat and an increased risk of heart disease and cancer, particularly colorectal cancer, but the new study is the first large examination of the relationship between eating meat and overall risk of death, and is by far the most detailed. "The bottom line is we found an association between red meat and processed meat and an increased risk of mortality," said Rashmi Sinha of the National Cancer Institute, who led the study published in the Archives of Internal Medicine. In contrast, routine consumption of fish, chicken, turkey and other poultry decreased the risk of death by a small amount.

"The uniqueness of this study is its size and length of follow-up," said Barry M. Popkin, a professor of global nutrition at the University of North Carolina, who wrote an editorial accompanying the study. "This is a slam-dunk to say that, 'Yes, indeed, if people want to be healthy and live longer, consume less red and processed meat.'" There are many explanations for how red meat might be unhealthy: Cooking red meat generates cancer-causing compounds; red meat is also high in saturated fat, which has been associated with breast and colorectal cancer; and meat is high in iron, also believed to promote cancer. People who eat red meat are more likely to have high blood pressure and cholesterol, which increases the risk of heart disease. Processed meats contain substances known as nitrosamines, which have been linked to cancer. Although pork is often promoted as "white meat," it is believed to increase the risk of cancer because of its iron content, Sinha said. Regardless of the mechanism, the research provides new evidence that people should follow long-standing recommendations to minimize consumption of red meat, several experts said. The American Meat Institute, a trade group, dismissed the findings, however, saying they were based on unreliable self-reporting by the study participants.

For the study, researchers analyzed data from 545,653 predominantly white volunteers, ages 50 to 71, participating in the National Institutes of Health-AARP Diet and Health Study. In 1995, the subjects filled out detailed questionnaires about their diets, including meat consumption. Over the next 10 years, 47,976 men and 23,276 women died. After accounting for other variables that might confound the findings, such as smoking and physical activity, the researchers found that those who ate the most red meat -- about a quarter-pound a day -- were more likely to die of any reason, and from heart disease and cancer in particular, than those who ate the least -- the equivalent of a couple of slices of ham a day. Among women, those who ate the most red meat were 36% more likely to die for any reason, 20% more likely to die of cancer and 50% more likely to die of heart disease. Men who ate the most meat were 31% more likely to die for any reason, 22% more likely to die of cancer and 27% more likely to die of heart disease. In contrast, those who consumed the most white meat were about 8% less likely to die during the study period than those who ate the least, the researchers found. Poultry contains more unsaturated fat, which improves cholesterol levels, and fish contains omega-3 fatty acids, which are believed to help reduce the risk of heart disease.

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The risk also rose among those who consumed the most processed meat, which included any kind of sausage, cold cuts or hot dogs. Women who consumed the most processed meat (about an ounce a day) were about 25% more likely to die overall, about 11% more likely to die of cancer and about 38% more likely to die from heart disease, compared to those who ate the least. The men who ate the most processed meat were 16% more likely to die for any reason, about 12% more likely to die of cancer and about 9% more likely to die of heart disease. Experts stressed that the findings do not mean that people need to eliminate red meat from their diet, but instead should avoid eating it every day. "You can be very healthy being a vegetarian, but you can be very healthy being a non-vegetarian if you keep your red-meat intake low," Willett said. "If you are eating meat twice a day and can cut back to once a day there's a big benefit. If you cut back to two or three times a week there's even more benefit. If you eliminate it entirely, there's a little more benefit, but the big benefit is getting away from everyday red-meat consumption." The take-home message is pretty clear," said Walter Willett, a nutrition expert at the Harvard School of Public Health. "It would be better to shift from red meat to white meat such as chicken and fish, which if anything is associated with lower mortality." [Source: The Washington Post Rob Stein article 24 Mar 09 ++]

HOSPITAL OBSERVATION STAYS: According to the Chicago Tribune the use of "observation stays" in hospitals raises concerns about the level of coverage and quality of care provided to people with Medicare during and after hospitalizations. "Observation stays" allow hospitals to provide lower-cost care to patients who may not be sick enough to warrant admission to the hospital, but who may still require diagnostic tests and short-term treatment that prevents them from being released after a hospital doctor's initial evaluation. However, while observation stays should be 24 to 48 hours, certain patients remained in observation care for several days, even when their doctors requested inpatient care, the newspaper found. People who are in the hospital for "observations stays" are considered outpatients, and are therefore responsible for coinsurance for services received rather than the cost of the Medicare hospital deductible for inpatient care. It is difficult to predict the cost of coinsurance for outpatient care. If a patient does not have supplemental insurance that helps pay the cost of copayments, their costs can be very high. Also, an outpatient may not receive Medicare coverage for expensive skilled nursing care subsequent to an "observation stay" in a hospital, care that can cost thousands of dollars. Medicare covers skilled nursing care only after an inpatient hospital stay of at least three days. Medicare does not require hospitals to inform Medicare patients when they are in observation care, which may lead to confusion for patients who wrongfully believe they are inpatients but are then responsible for copays or the costs of rehabilitative care subsequent to their hospital stays. Some experts say many hospitals use "observation stays" because they fear being accused of fraud if they submit a bill for an inpatient stay that does not meet Medicare's coverage standards for those services. The Tribune says the number of "observations stays" in hospitals for people with Medicare are increasing. [Source: Medicare Watch 24 Mar 09 ++]

MEDICARE FRAUD Update 11: According to a Government Accountability Office (GAO) report. fraudulent and abusive Medicare billing practices by home health agencies contributed to a national growth rate of 44% in spending for home health services from 2002 to 2006, when home health spending totaled \$13 billion, Texas, Florida and Nevada had the highest growth for home health service spending in the country.

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Specifically, Texas had a growth rate of 144%, Florida's was 90%, and Nevada's 88%. Fraudulent billing activities by home health agencies included "upcoding," which is overstating the severity of an individual's condition to increase payment. Some home health agencies also paid kickbacks to providers and patients. Certain home health agencies provided payments to doctors for patient referrals and made payments directly to patients for use of their Medicare identification number even when they did not require home health services, the report found. The report recommended that the Center for Medicare & Medicaid Services (CMS) issue regulations that would expand the types of improper billing practices that justify revocation of home health agencies' billing privileges. In response to the report, CMS said that they would continue to examine policies to prevent fraud and abuse that cause wasteful spending, including issuing stricter regulations. [Source: Medicare Watch 24 Mar 09 ++]

MEDICARE Update 06: The Medicare Payment Advisory Commission (MedPAC), the nonpartisan panel that counsels Congress, released its annual report, which included recommendations to reform payments for services under Original Medicare and to Medicare private health plans under the Medicare Advantage (MA) program. MedPAC found that Medicare payments for most services under Original Medicare are adequate. MedPAC recommended that no update (annual increase) in payment rates was necessary for skilled nursing facilities in 2010, and stated that some payments for services, such as imaging tests and home health services, may be too high and should be cut. MedPAC said, however, that Medicare may undervalue primary care services and the program should increase payments to doctors who focus on primary care in order to prevent future problems involving access to care. In addition, MedPAC recommended that Medicare reimbursement incorporate "pay for performance," which links payments to quality of care. For example, hospitals that have high quality scores, including low re-admission rates, would be paid more than those hospitals that rank low on quality measures.

In 2009 insurance companies that run Medicare private health plans will receive subsidies for each enrollee that average 14% more than the cost of care under Original Medicare, according to the report. MedPAC recommends parity between payments to Medicare private health plans and costs under Original Medicare in order to promote efficiency and savings. MedPAC continues to have concerns about financial relationships between doctors and pharmaceutical manufacturers. MedPAC recommends manufacturers be required to report their financial relationships with providers to the Department of Health and Human Services, and that this information be posted on a website for public review. Congress is already considering taking such action. The Physician Payments Sunshine Act of 2009 (S.301), introduced by Senator Chuck Grassley (Republican of Iowa) and Senator Herb Kohl (Democrat of Wisconsin), proposes the development of a similar database. [Source: Medicare Watch 24 Mar 09 ++]

RESERVE RETIREMENT AGE Update 16: Senator Saxby Chambliss (R-GA) has introduced the National Guard and Reserve Retired Pay Equity Act 2009 (S.644). This is a bill to Amend Title 10, United States Code, to include service after 911, as service qualifying for the determination of a reduced eligibility age for receipt of non-regular service retired pay. The bill was referred to the Committee on Armed Services. Congress knows that since 911 members of the Reserve Components have been sent in harm's way and fought alongside members of the regular components of the Armed Forces. To date well over 600,000 members of the Reserve Components were mobilized for military operations in Iraq, Afghanistan, and other contingency operations.

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More than 142,000 members of reserve components were mobilized more than once during that period. Public Law 110-181 offered an earlier retirement than the mandatory retirement age of 60 by three months for every aggregate 90 days of active duty for members of the Reserve Components who were mobilized in support of contingency operations after 28 JAN 08. This bill and its companion H.R.208 would change the effective date to 11 SEP 01 and make the provision in any fiscal year after fiscal year 2001.

During the Bush administration, the Defense Department opposed the change in retired pay, arguing it could end up hurting the services to allow any Guard and reserve member retire earlier. That opposition is the reason why the 2008 law applied only prospectively. Chambliss was prevented last year from trying to retroactively apply the mobilization credit when the Senate got bogged down in procedural problems and cut off almost all amendments to the 2009 defense policy bill. As of 24 MAR only senators Byron L. Dorgan (ND), Johnny Isakson (GA), Edward M. Kennedy, (MA), Blanche L. Lincoln (AR), Pat Roberts (KS), James M. Inhofe (OK), Tim Johnson (SD), John F. Kerry (MA), Mark L. Pryor (AZ) and Charles E. Schumer (NY) have signed on as cosponsors to this bill. Additional cosponsors are needed for this bill to reach the floor of the Senate and stand a chance of passage into law. Veterans are encouraged to contact those senators that have not yet signed on and let them know that you, as a constitute, are concerned about the bill's passage. An easy way to do this is to utilize the NCOA action alert email system at [http://capwiz.com/ncoausa/issues/alert/?alertid=12995086&queueid=\[capwiz:queue_id\]](http://capwiz.com/ncoausa/issues/alert/?alertid=12995086&queueid=[capwiz:queue_id]). All it takes is to enter your zip code to direct the message to your senators and fill in your contact data to allow your senators to respond. [Source: NCOA Action alert 24 Mar 09 ++]

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TRICARE USER FEE Update 34: A limited pool of available funding means that an effort to provide full concurrent receipt of disability and retirement pay to veterans medically retired before 20 years of service could weaken a separate effort to continue fending off proposed increases in Tricare fees for many retirees. Nothing is etched in stone as yet, or even formally proposed, on possible increases. But a meeting 18 MAR between veterans advocacy groups and House Democratic leaders has raised concerns that if the Obama administration's already voiced proposal to eliminate the offset in retired pay required of those who also draw disability compensation is approved by the House Armed Services Committee, and if the administration's forthcoming detailed defense budget also proposes Tricare fee increases, the committee won't have enough budget flexibility to hold the line on the fee hikes.

Steve Strobridge, director of government relations for the Military Officers Association of America, attended the meeting. He said Rep. Ike Skelton (D-MO), chairman of the House Armed Services Committee, discussed the administration's proposal to expand full concurrent receipt of retirement pay from the Defense Department and disability compensation from the Veterans Affairs Department to all veterans medically retired from the military with less than 20 years of service. Most people in that group, known as "Chapter 61" retirees for the section of federal law under which they fall, have remained subject to the reduction in retired pay imposed on those also drawing disability payments, even as this offset has been eliminated or is phasing out for most other disabled military retirees in recent years. The proposal to expand concurrent receipt to all Chapter 61 retirees is part of the administration's skeleton defense budget unveiled in late February. According to Strobridge, Skelton said at the meeting that such an initiative must be funded in part by what is known as "mandatory spending," which covers automatic benefits outlays such as retired pay. As a result, the committee would have to go "hat in hand" to other committees to ask for such funds because it has none of its own to spare. Under congressional budget rules, a

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committee can't propose any mandatory spending increase without also proposing offsetting reductions within its own budget, Strobridge said.

Skelton's point, Strobridge said, is that the House Armed Services Committee already has been told that it will get help from other committees to fund the concurrent receipt proposal. But if the administration also proposes to raise Tricare fees — something that also would fall under mandatory spending — the armed services committee won't be able to go back to the other committees a second time and beg for more money to cover the budget shortfall that would result if it rejects the Tricare fee hikes. "That really puts the hammer on the armed services committee," Strobridge said. The Pentagon has proposed increases in Tricare enrollments, deductibles and co-pays, mostly for "working age" retirees under 65, for the past three years. Each time, Congress has blocked the proposal. Defense officials say such increases are needed to help address what it describes as an exponential rise in health care costs since 2001 and forecasts of even greater increases in future years. No Tricare fees have been adjusted since the system began operating in 1994. Strobridge expects that the Pentagon will try again, but what it will ask for this year remains to be seen. The administration will not unveil its full defense budget until sometime in April. [Source: NavyTimes William H. McMichael article 22 Mar 09 ++]

DISABILITY EVALUATION SYSTEM DoD-VA Update 02: Senior military officials working to streamline the process of determining when a disabled service member should be medically retired warned 18 MAR that there are limits to how many bureaucratic steps can be eliminated. The services' surgeons general — who have a big role in the overhaul of physical and disability evaluation systems — told the Senate Appropriations defense subcommittee that they do not see a day when both the Defense and Veterans Affairs departments will use the same assessment criteria. Army Surgeon General Lt. Gen. Eric Schoomaker said a pilot program in which a single physical exam can be used in both the military's physical evaluation process and VA's process for assigning a disability rating for those who end up leaving the military is "going very well," and the services plan to expand the pilot program "as widely as we can." But Schoomaker said he doesn't think the Defense Department and VA will ever share a similar assessment system because the two departments have entirely different needs. The services, he said, need to know if a person can continue serving in the military, while VA needs to determine a disability rating for the purposes of paying compensation for those who get out of the military — either by their own choice or because the military finds them no longer fit. "We are making progress, but we are not where you want us to be, and not where we want to be," said Air Force Surgeon General Lt. Gen. James Roudebush, in response to questions from senators.

Sen. Patty Murray (D-WA) who raised the issue, seemed pleased with the progress. "Nobody said it was going to be easy," she said. The pilot program began in November 2007 as a result of recommendations that needless steps could be eliminated in the transition from military to civilian life, and as a result of complaints of large disparities in physical evaluation and disability determinations between the military and VA systems. Navy Surgeon General Vice Adm. Adam Robinson said he is becoming well-versed in the differences between military and veterans programs as the date nears for opening a joint Navy-VA hospital in Illinois. There are differences in personnel policies, financing and oversight, many of which will not be worked out by the time the hospital opens this fall, he said. "I think we are going to solve all of these issues," Robinson said, but some are going to take time. In the interim, the top goal will be "focusing on patient care" while working out kinks, he said. [Source: NavyTimes Rick Maze article 30 Mar 09 ++]

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VETERANS CORPS: The Generations Invigorating Volunteerism and Education Act or the "GIVE Act" passed by the House was read twice and placed on the Senate calendar 19 MAR 09. It is an Act to amend the national service laws which were enacted by the National And Community Service Act (NSCA) of 1990 and the Domestic Volunteer Service Act of 1973 (DVSA) and reauthorize appropriations through FY2014. If enacted it would establish a Veterans' Corps that identifies unmet needs of veterans through the following activities:

- Promote community-based efforts to meet the unique needs of military families while a family member is deployed and upon that family member's return home;
- Recruit veterans, particularly returning veterans, into service opportunities, including such opportunities that reflect their military experience;
- Work to assist veterans in developing their educational opportunities, including opportunities for professional certification, licensure, and credentials. This would include coordinating with and assisting State and local agencies administering veterans education benefits and programs for internships and fellowships that could lead to employment in the private and public sector;
- Promote efforts within the community to serve the needs of veterans and members of the Armed Forces serving on active duty, including such efforts to help veterans file benefits claims and assist Federal agencies in providing services to veterans;
- Assist veterans in developing mentoring relationships with economically disadvantaged students;
- Develop projects to assist disabled, rural, unemployed, and older veterans, including such projects that assist such veterans with transportation; and
- Support other activities addressing unmet veterans' needs as may be designated.

[Source: GQ.com 21 Mar 09 ++]

POSTAL SERVICE Update 01: Battered by the economic downturn, the U.S. Postal Service is offering early retirement to 150,000 workers, cutting management and closing offices, the agency said 20 MAR. The Postal Service lost \$2.8 billion last year and is facing even larger losses this year despite rate increases -- including a 2-cent hike to 44 cents for a first-class stamp -- scheduled to take effect 11 MAY. Aside from offering early retirement to 23% of the agency's 646,000 workers, the Postal Service said it would reduce management staff by 15%, which would eliminate more than 1,400 processing, supervisor and management posts at nearly 400 facilities. The Postal Service made early retirement offers last year, but unions discouraged their members from accepting them and they were not widely used. The post office did not say if the new proposal would include financial incentives.

The American Postal Workers Union issued a statement saying: "Retirement is a personal matter, and the union defers to the decisions of employees who meet the qualifications." However, the union said it would continue to challenge the Postal Service's authority to offer voluntary early retirement without including severance pay. The Postal Service also said it would close six of its 80 district offices in Lake Mary, Fla.; North Reading, Mass.; Manchester, N.H.; Edison, N.J.; Erie, Pa.; and Spokane, Wash. Postal service officials said the closings should not

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affect local mail delivery; district offices handle only administrative functions. Anyone desiring to apply for a postal service employment who meets the following criteria should call 1-800-910-9941. Average starting pay is \$20 per hour:

- At least 18 years of age.
- High School diploma or GED equivalent.
- U.S. citizen or have a green card.
- Must be able to pass a drug screen.

[Source: Los Angeles Times AP article 21 Mar 09 ++]

POSTAL SERVICE Update 02: With the U.S. Postal Service headed for its third year with a multibillion-dollar deficit, Postmaster General John Potter faced tough questioning on Capitol Hill 25 MAR to explain the red ink as well as his compensation package. As last week's outrage over the American International Group executive bonus fiasco remains fresh in members' minds, House Oversight and Government Reform Federal Workforce, Postal Service and the District of Columbia Subcommittee Chairman Stephen Lynch (D-MA) grilled Potter, noting that the huge increase in pay for Mr. Potter is incongruent with the post office's recent performance. The Postal Service, which is a semi-government agency that has not received an operational subsidy from Congress since 1982, faces another massive deficit that Potter estimates will reach \$6 billion in fiscal 2009. This follows deficits of \$2.8 billion in fiscal 2008 and \$5.1 billion in fiscal 2007. The service last turned a profit of \$900 million in fiscal 2006. According to Postal Regulatory Commission records Potter, who has been in office since JUN 01, receives a \$857,459 plus compensation package that includes:

- Base compensation for fiscal 2008 listed at \$263,575.
- A \$135,041 performance incentive bonus, deferred until he leaves office.
- Perks amounting to \$77,347 which cover parking, life insurance premiums, airline clubs, spousal travel and security.
- His \$381,496 pension.
- Deferred until he leaves office is accrued annual leave totaling more than \$245,000, as of September 2008, which he will receive in a lump sum.

The salary for Potter and four lower-level postal executives was approved by the U.S. Postal Service's Board of Governors in MAY 07, retroactive to JAN 07. "I was not imploring people for a pay raise," said Potter, who by law has a basic salary limited to 2% above the vice president's salary. It first came to light in January under a Freedom of Information Act request by a trade publication. The board boosted Potter's salary from \$186,600 to \$258,840 for fiscal 2007, but with deferred compensation and performance incentive pay his compensation came to more than \$850,000 that year and remained the same for fiscal 2008. The pay increases for Potter and other top postal executives are a result of a 2006 Postal Reorganization Act approved by Congress that allowed increases in salary for top officers. Potter said his perks including \$66,000 in security costs should not be a part of the package. The security detail was assigned after the 2001 anthrax attacks that targeted the postal system. He defended the bonus, which he said was based on his performance as the chief executive, high employee satisfaction and reduced accident rate. Potter also denied receiving a "sweetheart" mortgage deal from Countrywide Financial Corp., which was a leading subprime mortgage lender before its sale to Bank of America. "I believe the terms of my loan were from a

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good credit history," Potter said. "There was no linkage to official acts." The Postal Service has hired an outside investigator to look into allegations Potter received 1 point shaved off a \$322,700 mortgage loan and waived fees.

Potter told the Senate Homeland Security and Governmental Affairs Federal Financial Management Subcommittee in January and again during this hearing the financial situation of the mail service is grave. To save money, he is appealing for congressional help and proposing cutting back six-day mail delivery to five days -- which would require congressional approval to delete a rider on appropriations bills requiring six-day mail service. He also sought approval of a bill by Rep. John McHugh (R-NY) to end a structural requirement that it pre-fund health benefits of future retirees that he says will save \$2 billion in fiscal 2009. The price of a first-class stamp is due to go from 42 to 44 cents in May and commercial mail rates are also scheduled to rise. Although Potter and other top executives have received big pay boosts, he told the Senate panel he has frozen all their pay to 2008 levels. [Source: CongressDaily Michael Posner article & GovExec.com 23 & 25 Mar 09 ++]

VET TOXIC EXPOSURE: In 2003, National Guard soldiers from Indiana, Oregon, West Virginia and South Carolina guarding the Qarmat Ali water treatment facility in Iraq were exposed to sodium dichromate, a deadly carcinogen. The environmental health threats that the Guardsmen faced at Qarmat Ali are not unique. In July 2005, a senior Department of Defense official testified before the House Committee on Government Reform about numerous incidents involving potentially hazardous materials. These included incidents at Al Tuwaitha Nuclear Research Center in Iraq, with possible excessive exposure levels of ionizing radiation; Al-Samawah in Iraq, with depleted uranium and exposure to toxic chemicals; Ash Shuaiba Port in Kuwait, with industrial pollution at a large port; Camp War Eagle in Iraq, with possible airborne lead exposures; Baghdad, with possible exposure to sarin; Kharsi Khanabad in Uzbekistan, with suspected environmental radiological and chemical agent contamination; and, Al Mishraq Sulfur Plant in Iraq, with airborne combustion products from a sulfur fire.

Senators Evan Bayh (D-IN), Byron Dorgan (D-ND) and Ron Wyden (D-OR) introduced legislation on 19 MAR to improve medical care for U.S. soldiers exposed to toxic chemicals during wartime military service. The Health Care for Members of the Armed Forces Exposed to Chemical Hazards Act of 2009 (S.642), would guarantee lifelong care at Veterans Administration (VA) medical facilities for service members who have been exposed to occupational and environmental hazards while deployed. Their proposed VA medical registry is modeled after the government's response to the Agent Orange exposure during the Vietnam War. The legislation was originally introduced by Senator Bayh as an amendment to last year's National Defense Authorization Act. Original cosponsors of the legislation are Senators Bayh, Dorgan, Wyden, Robert Byrd (D-WV), and Richard Lugar (R-IN). Barack Obama and Hillary Clinton, then Senators, were both cosponsors. The legislation would establish a registry making at-risk veterans eligible for a series of medical examinations and laboratory tests. It would also authorize scientific reviews of the evidence linking exposure to adverse health effects. Under this approach, a veteran's own report of exposure would constitute sufficient proof necessary to receive medical care, barring evidence to the contrary. [Source: Sen. Wyden Press Release 19 Mar 09 ++]

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ECS 2009 Update 07: The recently enacted 2009 economic stimulus (ECS) plan reduces federal income taxes up to \$400 for working individuals and \$800 for couples via smaller tax withholding from their paychecks. But the need for quick-implementation is leading the IRS to apply the smaller withholding to all taxpayers – including non-working retirees who aren't eligible for the tax cut but have retired pay. That will cause some rude awakenings early next year, when retirees discover they've been "under-withheld" and owe an unexpectedly large tax bill. A good indicator of this happening to you is if you see an unexpected increase in your monthly check or direct deposit statement. If current efforts of urging Treasury Secretary Geithner to exempt taxable retired pay and pensions from the lower withholding are unsuccessful, retirees can ask DFAS to restore the original withholding on their retired pay to avoid a bigger 2009 tax bill. [Source: MOAA Leg Up 20 Mar 09 ++]

ECS 2009 Update 08: The American Recovery and Reinvestment Act of 2009 provides for a one-time payment of \$250 to individuals who receive benefits from the Social Security Administration (SSA), including Supplemental Security Income (SSI), the Railroad Retirement Board (RRB), or Department of Veterans Affairs (VA). However, the law allows only one \$250 payment per individual. VA beneficiaries who are also eligible for SSA, SSI, or RRB benefits will be paid through the SSA or RRB, and will therefore not receive payment from VA. To be eligible for the \$250 payment, VA beneficiaries must have received compensation, pension, Dependency and Indemnity Compensation (DIC), or spina bifida benefits at any time between NOV 08 and JAN 09. VA will use its existing payment records to determine eligibility to the \$250 payment. No application is necessary. VA expects to release payments in JUN 09. Beneficiaries will receive their payments in the same way they receive their monthly VA benefits (either by direct deposit or mail). VA will inform both the general public and actual beneficiaries when releasing the payments. This payment is not countable in determining eligibility for any Federal program, including VA pension or Parents' DIC. The beneficiaries must reside within the United States or its territories (Puerto Rico, Guam, Northern Mariana Islands, American Samoa, and the U.S. Virgin Islands). This does not apply to Filipino vets residing overseas who submit claims authorized under the ECS Plan for WWII U.S. service payments of \$15,000 if they are U.S. citizens or \$9,000 if they are non-U.S. citizens. [Source: DAV FL ExDir 24 Mar 09 ++]

VETERANS TAX RELIEF Update 02: VA claims can take years to adjudicate. When the adjudication is found for the veteran, the VA makes a retroactive payment from the date of the initial claim filing. For veterans who had not retired from military service, that meant that they received a significant amount of non-taxable cash. However, retired military had their VA compensation withheld, up to the amount of retired pay they had already received. This was particularly significant prior to enactment of Concurrent Retirement and Disability Pay (CRDP) in 2004. After the retired veteran had received his or her letter from DVA, they could then file an amended return for the affected years, deducting the amount of withheld VA compensation from a particular year's total taxable income and generally receive additional Federal income tax refunds - plus interest! Additionally, the veteran could also amend their state income tax returns.

On 20 JUN 08 president Bush signed into law The Heroes Earnings Assistance and Relief Tax Act" (H. R. 6081 - Public Law No: 110-245) which changed the Internal Revenue Code to allow certain retired military members who received retroactive disability compensation benefits from the Department of Veterans Affairs to file amended

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Federal income tax returns beyond the normal three year statute of limitations to receive additional refunds. This is a one-time-good-deal and is effective only between 18 JUN 08 and 16 JUN 09 for VA determinations between 31 DEC 00 and 18 JUN 08. For example if in tax year 2007 you received a retroactive pay for a claim filed in tax year 2003 you were only able to file amended tax returns for tax years 2004, 2005, and 2006 to recoup the tax withheld in those years. Under Public Law 110-245 you can now file an amended return for 2003 and recoup the tax withheld in 2003 plus interest provided your amended returns are postmarked prior to 16 JUN 09.

To file an amended return, you need to have your tax return for the year you want to change and copy(s) of your determination letter from the DVA. The form to use is the Form 1040-X, which can be downloaded from <http://www.irs.gov/pub/irs-pdf/f1040x.pdf>. Instructions on completing the Form 1040-X are at <http://www.irs.gov/pub/irs-pdf/i1040x.pdf>; the instructions specifically discuss this special exemption. Generally, you can amend any state return as well, but each state's requirements on filing are different. It is important to note that you must use the tax tables for the years you are changing, NOT the tax tables for 2008! If unable to locate federal tax tables elsewhere request them from raoemo@sbcglobal.net. Remember, you only have about three months left to take action if this affects you. [Source: Public Law No: 110-245 Mar 09 ++]

COLA 2010 Update 04: The Bureau of Labor Statistics announced the consumer price index (CPI) for February. The CPI is the metric used to calculate annual cost of living adjustments (COLA) for military retired pay, Social Security and survivor annuities. Inflation is making its way towards positive territory, but not very fast. The February CPI increased 0.5% over January's number. That puts cumulative inflation at -4.1% since OCT 08. This is the lowest rate of inflation in almost 40 years. Only five times since 1970 has there been a CPI swing of more than 4% in the space of five months. And this is the first time that large of a swing has been negative. If inflation is negative or flat for the entire fiscal year, there would be no COLA for retired pay or Social Security. [Source: MOAA Leg Up 20 Mar 09 ++]

VA CATEGORY 8 CARE Update 11: Public Law 110-329 provided additional funding to allow an expanded enrollment opportunity for select Priority 8 veterans. The VA expects to enroll approximately 266,000 additional veterans into the VA medical system through fiscal year 2010 and is gearing toward a 15 JUN 09, start date for the enrollment. The new provision allows veterans whose incomes do not exceed the VA Means Test threshold or the Geographic Means Test threshold (which ever is applicable) by more than 10 percent to enroll in the VA system. The Veterans Health Administration has developed a calculator that will help veterans determine if their income makes them eligible for enrollment. To use the calculator go to the VHA site <http://www.va.gov/healtheligibility/apps/enrollmentcalculator>. To learn more about the plans for implementation and other issues on the expanded enrollment refer to <http://www.va.gov/healtheligibility/eligibility/PG8Relaxation.asp>. This week at a briefing on the progress of the expansion the National Association for Uniformed Services representative asked if the 266,000 veterans to be enrolled was a hard number. VA Undersecretary for Health Dr. Michal Kussman said that the number was a goal. If anyone meets the income criteria they would be enrolled even if the numbers exceed the 266,000 target. [Source: NAUS Weekly Update 20 Mar 09 ++]

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HVAC Update 04: The House Veterans' Affairs Subcommittee on Economic Opportunity approved on 19 MAR measures that aim to strengthen employment rights and benefits of veterans and servicemembers. "These bills are good steps to achieving the goals of this subcommittee," said Chairwoman Stephanie Herseth Sandlin (D-SD at large). Each of the bills was approved by voice vote. The bills approved were:

- **H.R.228 *Visual Impairment Scholarship Program*** sponsored by Sheila Jackson Lee (D-TX) -- Would direct the secretary of Veterans Affairs to establish a program for students seeking a degree or certificate in areas dealing with visual impairment. It would authorize the award of financial assistance up to \$15,000 per academic year and no more than \$45,000 total over six years be made effective no more than six months after the date of enactment.
- **H.R.466 *Wounded Veteran Job Security Act*** sponsored by Lloyd Doggett (D-TX) -- would prohibit employment discrimination against any person who has a disability or injury that has been determined by the secretary of Veterans Affairs to have been incurred in military service.
- **H.R.1088 *Mandatory Veteran Specialist Training Act of 2009*** sponsored by Herseth Sandlin (D-SD) -- Would reduce, from three years to one year, the period during which a disabled veterans' outreach program specialist must complete the training program provided by the National Veterans' Employment and Training Services Institute.
- **H.R.1089 *Veterans Employment Rights*** sponsored by Herseth Sandlin (D-SD) -- Would authorize the enforcement of employment and unemployment rights of veterans and members of the armed forces by the Office of the Special Counsel. Before approving HR 1089, the panel adopted by voice vote an amendment by Ann Kirkpatrick (D-AZ) that would make technical changes to the bill. The amendment would give the Office of the Special Counsel the authority to investigate cases arising under the Uniformed Services Employment and Re-employment Rights Act (USERRA). "This amendment would make sure the Office of Special Counsel has the same authority the Department of Labor has to investigate USERRA cases," Kirkpatrick said. "It should strengthen OSC to better serve our nation's veterans."

The House Veterans Affairs Committee gave voice vote approval 25 MAR for submission to the full House the following three measures that would increase benefits for wounded or homeless veterans:

- **H.R.1377 *Emergency Treatment for Veterans*** sponsored by Chairman Bob Filner of California - Would allow reimbursements to veterans who receive emergency treatment at a non-department facility. The bill would require the VA to pay for a non-service connected condition if a third party insurer doesn't cover the full cost of care, including the difference between the amount paid by the insurer and the maximum VA allowable amount. Michael H. Michaud (D-ME) said veterans would still be responsible for co-payments to third party insurers. As amended in the panel's Health Subcommittee last week, the measure would allow for reimbursements for emergency treatment provided at a non-department facility at any time before the date of bill's enactment.
- **H.R.1171 *Homeless Veterans Reintegration Program Reauthorization Act of 2009*** sponsored by John Boozman (R-AR) - Would reauthorize the Homeless Veterans Reintegration Program for fiscal 2010-2014. Boozman touted the success of the program, saying that it has helped 9,061 homeless veterans get

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back to work. "The program gives a sense of self-worth and pride," Boozman said. Before approving the bill, the panel approved by voice vote an amendment by Steve Buyer of Indiana, the committee's top Republican, that added provisions from another bill (H.R.293) to establish a five-year, \$10 million homeless women veterans and homeless veterans with children reintegration grant program. Buyer said he had hoped funding for the homeless veterans program would be included in the \$787 billion economic recovery package Congress passed in February. Of the underlying measure (H.R.1171), Buyer said the bill could "do more" in addressing the issue of homeless veterans. As amended, the \$300 million bill would authorize grants to provide job training, counseling, placement services and child care services to homeless women veterans.

- **H.R.1513 Veterans' Compensation Cost-of-Living Adjustment Act of 2009** sponsored by Ann Kirkpatrick (AZ-1) - Would increase the rates of disability compensation for veterans with service-connected disabilities and the rates for dependency and indemnity compensation (DIC) for survivors of certain service-connected disabled veterans. The COLA bill would increase the benefits, effective 1 DEC 09 by the same amount as the annual COLA for Social Security beneficiaries.

[Source: Congressional Quarterly Adjoa Adofa article 19 & 25 Mar 09 ++]

DOD BUDGET FY 2010: This week the House and Senate Budget Committees started working on similar, but separate versions of the FY 2010 Budget Resolution. According to news reports, both resolutions closely mirror the President's initial Budget outline. Budget Resolutions are a broad outline of the spending amounts for all Government agencies. The authorizing and appropriations committees work out the details over the year. These details are where we learn how much will be allowed for the various departments and their programs such as health care, weapons procurement and all the various programs that each agency is responsible for. Next week the full House and Senate will take up independently the recommendations from their respective Budget Committee and will brace for an avalanche of expected amendments. The Senate has devoted the entire week to work on the Budget and the House is likely to do the same. The budget process has been so contentious in recent years that Congress sometimes hasn't been able to pass a budget resolution, but that's a big priority this year for the Democrats who control the White House and both chambers of Congress. But it's going to be a challenge amidst the current fiscal turmoil, and they're starting behind the power curve already, because the new Administration won't deliver its budget until the end of April - two weeks after the 15 APR deadline when Congress is supposed to have finished action on it. Meanwhile, committee leaders are soldiering on, going out of their way to express their empathy for military and VA people programs.

According to Chairman Sen. Kent Conrad (D-SD), the Senate Budget Committee's fiscal year 2010 budget plan "matches President Obama's core defense budget and the President's request for additional war costs." In addition, Conrad says, it "includes a far more honest accounting of the likely costs of overseas contingency operations including the wars in Iraq and Afghanistan." It will also "enhance oversight of war funds and save vital defense resources." Defense discretionary spending in the Senate's 2010 Budget resolution would be set at \$556.1 billion, up by 3.8%. Discretionary spending for domestic and international programs would increase 7% to \$524.8 billion or \$15 billion less than requested. President Obama's budget includes a 10% increase for the VA, and continues that commitment by increasing funding for the VA by \$25 billion over the next five years. The Senate Budget Committee supports that increase and provided additional resources to the VA so that veterans' insurance need not be billed for service connected VA care.

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The House Budget Committee Chairman Rep. John Spratt (D-SC) reports that their version of the resolution would enhance health care for military personnel and veterans; maintain the affordability of health care for military retirees and veterans; improve disability benefits or evaluations for wounded or disabled military personnel and veterans, including measures to expedite the claims process; expand eligibility to permit additional disabled military retirees to receive both disability compensation and retired pay (concurrent receipt); eliminate the offset between Survivor Benefits Plan annuities and veterans' Dependency Indemnity Compensation and does not authorize the Department of Veterans Affairs to bill private insurance companies for treatment of health conditions that are related to veterans' military service. [Source: NAUS Weekly Update 27 Mar 09 ++]

VA BUDGET FY 2010 Update 01: Republicans on the House Veterans' Affairs Committee are proposing a \$1.9 billion increase to the Obama administration's veterans budget request for 2010, a jump twice as large as the one proposed by Democrats on the same panel. About \$550 million of the increase in the Republican plan would be in discretionary programs, which include health care and administrative costs and money to run the national veterans cemetery system. The remaining \$1.36 billion would be in direct spending, which covers benefits, employment and training programs. Democrats, who proposed an \$800 million increase on 13 MAR, would use \$200 million of the total for operating expenses and \$600 million for medical expenses. Republican priorities include trying to improve the benefits claims process. A \$2.5 million increase would be used to hire 30 more people to train claims processors; \$170 million would speed deployment of a paperless claims adjudication system; and \$5 million would fund a two-year pilot program in which veterans could pick the regional office they want to process their claim based on a performance report. The single largest direct-spending increase, \$1 billion, would go to reauthorize an expired small-business loan program for companies owned by veterans.

The \$53.3 billion veterans health care budget proposed by Republicans is the same amount proposed by committee Democrats. Republicans ask that \$605 million of the increase be designated for a three-year pilot program to improve health care for veterans in highly rural areas by using non-VA providers, and \$100 million to modernize the VA's prosthetic limb program, which the Republicans said in a report is important "to meet the needs of the younger and more active amputees with the latest technology. Additionally, \$250 million would be designated to improve mental health programs and \$25 million to support family caregivers. The Democratic and Republican recommendations from the veterans committee were submitted to the House Budget Committee, which is responsible for drawing up the budget resolution that will be used to set tax and spending targets for federal programs.

The VA budget is likely to be considered too small by some veterans groups, even though the Obama administration's proposed \$4.9 billion increase would be the largest one-year increase ever in the veterans budget, both in dollars and percentage terms. Paul Sullivan of Veterans for Common Sense said the main problem is that VA is vastly underestimating the needs of Iraq and Afghanistan veterans who will be seeking medical care and benefits as operations in Iraq wind down. Sullivan said VA estimates it will treat 419,000 Iraq and Afghanistan veterans in 2010, but it already has treated 400,000 in 2009. VA should be bracing for a tidal wave, he said. He estimated that the department will treat 520,000 Iraq and Afghanistan veterans by the end of fiscal 2009 on 30 SEP, and will treat 640,000 by the end of 2010. "VA should be asked how they arrive at their consistently and wildly wrong estimates," Sullivan said. [Source: AirForceTimes Rick Maze article 18 Mar 09 ++]

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DoD REHAB TREATMENT: The chairman of the Senate Appropriations Committee said 18 MAR that he is not convinced the treatment and rehabilitation being given to injured Iraq and Afghanistan war veterans is significantly better than the help he received in World War II. Sen. Daniel Inouye (D-HI), who received the Medal of Honor for his World War II service, spent 22 months in military and veterans hospitals undergoing treatment and rehabilitation for the loss of an arm. He said he is concerned that while medical care may have made great advances in the 64 years that passed since his combat injury, rehabilitation and preparing veterans to return to civilian life has not improved. At a hearing of the Senate defense appropriations subcommittee where the service surgeons general talked about preparations for a troop increase in Afghanistan and continuing efforts to ease the transition out of the military for wounded veterans, Inouye said he doesn't see the same type of help available today that he received and suspects someone with his type of injury would be released after just six months of treatment and rehabilitation.

Rehabilitation training included learning carpentry and other skills, such as self-defense and how to dine and dance, Inouye said. "Are people leaving the services, as I did, reassured and confident?" he asked the surgeons general. Army Lt. Gen. Eric Schoemaker said time is not a guide to treatment and rehabilitation. Rather, the Army is "looking at goodness for the soldier" in deciding what help is needed. Schoemaker said everything is not perfect, however, and improvement is possible, including an overhaul of the military's physical evaluation process that seems outdated in its guidelines for deciding when a person is no longer physically able to continue military service. Navy Vice Adm. Adam Robinson said another difference is that families are more involved today in both treatment and transition to civilian life than families were in World War II, which means that service members can get home earlier. [Source: AirForceTimes Rick Maze article 18 Mar 09 ++]

PROSTATE CANCER Update 09: Men are being urged to carefully consider risks before undergoing prostate cancer screening in the wake of two large, long-awaited studies that did not produce convincing evidence that routine testing significantly reduces the chance of dying from the disease. Researchers reported 18 MAR the PSA blood test, which millions of men undergo each year, did not lower the death toll from the disease in the first decade of a U.S. government-funded study involving more than 76,000 men. The second study, released simultaneously, was a European trial involving more than 162,000 men that did find fewer deaths among those tested. But the reduction was relatively modest and the study showed that the tests resulted in a large number of men undergoing needless, often harmful treatment. Together, the studies cast new doubt on the utility of one of the most widely used tests for one of the most common cancers. "Americans have been getting screened for prostate cancer because there is this religious faith that finding it early and cutting it out saves lives," said Otis W. Brawley of the American Cancer Society. "We've been doing faith-based screening instead of evidence-based screening. These findings should make people realize that it's a legitimate question about whether we should be screening for prostate cancer."

Other experts were more circumspect, arguing that the European study did indicate at least some benefit for some men, and that the U.S. trial could eventually confirm those findings as it follows the men for longer periods. But they agreed that the new findings should prompt patients and their doctors to discuss the risks and benefits of the

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testing. "It shouldn't be a knee-jerk response to get tested," said Christine D. Berg of the National Cancer Institute, which sponsored the U.S. study. "We should be telling these guys to go talk to their physician and say, 'In light of the current evidence and what you know about me and my health, what should I do?'" Some researchers, however, remain supportive of routine testing, saying the U.S. study has flaws that could have limited its ability to detect a reduction in deaths. "I don't think that screening should be summarily dismissed based on these trials," said E. David Crawford, a urology professor at the University of Colorado at Denver who helped conduct the U.S. study and heads the Prostate Conditions Education Council, which promotes testing. "I think they say we should be more smart when we screen."

The findings address perhaps the most important and contentious issue in men's health: how best to detect and treat prostate cancer. The disease is diagnosed in more than 218,000 U.S. men each year and about 28,000 die of it, making it the most common cancer after skin cancer and the second-leading cancer killer among men. The PSA test, which measures a protein produced by prostate tissue called the prostate-specific antigen, has significantly increased the number of prostate cancer cases being caught at early stages. But it has been far from clear whether that translates into a reduction in deaths from the disease. Prostate cancer often grows so slowly that many men die from something else without ever knowing they had it. Because it is not clear precisely what PSA level signals the presence of cancer, many men experience stressful false alarms that lead to surgical biopsies, which can be painful and in rare cases can cause serious complications.

Even when the test detects a real cancer, doctors are uncertain what, if anything, men should do about it. Many are simply monitored. Many others, however, undergo surgery, radiation and hormone treatment, which often leave them incontinent, impotent and experiencing other sometimes debilitating or even possibly life-threatening complications. "I know guys who are morbidly depressed because of the complications of their prostate cancer treatment," Brawley said. "I know three people who attempted suicide. I know widows of guys who died from their treatment. There are significant harms associated with over-treatment of prostate cancer." Because of the uncertainty, many major medical groups have stopped recommending routine PSA testing. Nevertheless, its use remains widespread, and many experts were hoping the two large trials would help settle the issue. [Source: Washington Post Rob Stein article 19 Mar 09 ++]

VA HOSPITALS Update 02: Fulfilling President Obama's pledge to "stand with our veterans as they face new challenges," Secretary of Veterans Affairs Eric K. Shinseki announced today that the Department of Veterans Affairs (VA) will build a stand-alone replacement hospital for its existing facility in Denver. The new facility will be located on the grounds of the Army's former Fitzsimons hospital in Aurora. The new medical center will provide Denver-area Veterans with a full range of medical, laboratory, research and counseling services, including services for Veterans with spinal cord injuries (SCI) and other disabilities. VA will also create new Health Care Centers, which provide ambulatory care and same-day surgical services, in Colorado Springs CO and Billings MT. The Colorado Springs facility will be managed in collaboration with the Department of Defense. VA also plans to add eight new health care facilities in rural areas throughout the region.

The new medical center in Denver will include a 30-bed, state-of-the-art SCI center providing services to Veterans throughout VA's Rocky Mountain Network, which includes Montana, Wyoming, Utah and Colorado, plus

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parts of five other states. In Denver, 78 SCI Veterans who now receive inpatient hospital care at other VA facilities will be able to receive their care locally, and 984 other SCI patients will no longer have to travel elsewhere for outpatient services. Once the new facilities are operational, 92% of all Colorado Veterans will live within a 60-minute drive of a VA primary care provider, and 81% of those Veterans will live within 120 minutes of either a VA Medical Center or a VA Health Care Center. This year, VA expects to spend about \$2.3 billion on behalf of Colorado's 426,000 veterans. VA operates major medical centers in Denver and Grand Junction. Additionally, it has more than a dozen community-based outpatient clinics throughout the state, plus four Vet Centers and two national cemeteries. [Source: VA News Release 18 MAR 09 ++]

CA VET LEGISLATION Update 02: The following is a continued listing of some of the bills that have been introduced in the Legislature so far in 2009. Committee actions are expected to start in late March, just before the legislators take their Spring break on 2 APR. Complete information on all state legislation involving veterans' issues is available at the website: <http://www.califveterans.com>:

- **SB 369 Prisoner-of-War/Missing-in-Action Flag:** state-owned buildings and facilities. (Abel Maldonado, Santa Maria) -- Existing law requires the flag of the National League of POW/MIA Families to be flown over specified state buildings where the United States flag and the California state flag currently fly on certain dates during business hours. The specified buildings include, among others, the National Guard Armories, Department of Veterans Affairs, Military Department, and State Capitol. This bill would instead require the flag to be flown during business hours at all state-owned buildings and facilities where the United States flag and the California state flag currently fly. The bill has been referred to Senate Committee on Veterans Affairs.
- **SB 469 Northern California Veterans Cemetery: fees.** (Sam Aanestad, Grass Valley) -- Existing law authorizes honorably discharged veterans and their spouses and children to be interred at the Northern California Veterans Cemetery, and requires a fee of \$500 to be charged for each spouse or child interred at the cemetery. This bill would authorize the fee for the interment of the spouses and children of honorably discharged veterans to be waived if the cemetery administrator determines that the families do not have sufficient means to pay for the costs of interment, and would require any costs for these interments to be paid from non-state funds.
- **AB 264 Welcome Home Vietnam Veterans Day.** (Paul Cook, Yucaipa) -- Would require the Governor to annually proclaim 30 MAR as "Welcome Home Vietnam Veterans Day." The bill has been referred to Assembly Committee on Governmental Organization.
- **AB 265 Office holding: forfeiture.** (Paul Cook, Yucaipa) -- Would require that any elected state officer to forfeit their office upon the conviction of a crime as specified in the federal Stolen Valor Act of 2005, relating to false claim of receipt of any military decoration or medal.
- **SB 1482** (Correa) was passed and signed by the Governor in 2008 to provide for forfeiture of office by local elected officials under the same conditions. This bill would extend these provisions to elected state officials. The bill has been referred to Assembly Committee on Elections and Redistricting.
- **AB 776 Veterans.** (Mary Salas, Chula Vista) -- Existing federal law requires the proceeds from tax-exempt bonds, which fund the CAL-VET Farm and Home Loan Program, to be used for the acquisition of a single-family residence. This bill would require the department to urge the Congress of the United States to act

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immediately to remove this requirement from federal law, as specified, so that the proceeds from the bonds can be used for other types of housing. Note: The apparent intent of the bill is to subvert the purposes of the CAL-VET Program which has been functioning in this state for over 80 years.

Several bills have been introduced that have the intention of assisting military personnel who are deployed overseas to vote in elections by extending the time allowed to return absentee ballots. Under current law, such ballots must be received by the close of polls on Election Day.

- **AB 1340 Absentee voters.** (Bonnie Lowenthal, Long Beach, and V. Manuel Perez, Cathedral City. Coauthor, Senate: Denise Moreno Ducheny, San Diego) (Sponsored by Secretary of State Debra Bowen.) -- Would give absentee voters 10 days after the election to return the ballot to the appropriate elections official.
- **AB 1367 Elections: vote by mail ballots.** (Nathan Fletcher, San Diego; Paul Cook, Yucaipa; Chuck DeVore, Irvine; Danny Gilmore, Hanford; and Steve Knight, Lancaster) -- Would require that vote by mail ballot be postmarked on or before election day and received by their elections official not later than 21 days after election day.
- **SB 370 Elections: voting.** (George Runner, Antelope Valley) -- Would require that a vote by mail ballot be cast by Election Day and received by elections officials no later than 25 days after Election Day.

[Source: VFW Dept of CA Leg Chairman Update Report 14 Mar 09 ++]

BURN PIT TOXIC EMISSIONS Update 06: The Veterans Affairs Department is gathering data to monitor potential health problems among troops who say they were made ill by exposure to smoke from open-air burn pits in Iraq and Afghanistan, VA Secretary Eric Shinseki said in a 13 MAR letter to Congress. Responding to a letter sent in early February by Rep. Tim Bishop, (D-NY) and several other House lawmakers, Shinseki said data on exposure to burning trash and waste is already a part of a large, ongoing population-based study comparing the health of 30,000 veterans deployed to Iraq and Afghanistan with the health of 30,000 non-deployed veterans. That study evaluates "self-reported exposures (including burning trash and feces), symptoms, chronic health conditions, functional status, pregnancy outcomes and health care utilization," Shinseki wrote in his letter, a copy of which was provided to Military Times by Bishop's office.

Shinseki also said VA will work with the Defense Department to obtain "all relevant exposure data" on veterans of the wars in Iraq and Afghanistan, "with the goal of establishing potential correlations with health problems among affected veterans. Our scientists will also review data gathered from DoD's Post-Deployment Health Assessment surveys, which ask about exposure to smoke from burn pits, subsequent symptoms, and a variety of other health-related questions." He noted it is essential for VA to educate its health care providers about toxic exposures and possible long-term health effects related to the burn pits. But Shinseki stopped short of saying that VA will directly monitor levels of toxic substances in veterans of Iraq and Afghanistan, only that his department would "evaluate the feasibility" of such monitoring efforts. "Most toxic materials from burn pits may be eliminated from the bodies of exposed veterans in a matter of days or weeks," Shinseki wrote.

That is the same view espoused by defense officials, who say that health effects as a result of exposure to burn pit smoke are likely to be temporary and should clear up once troops return home. But a growing number of service

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members who say they were exposed to everything from burning petroleum products to plastics to batteries in burn pits used to dispose of waste at every base in Iraq and Afghanistan are reporting more serious adverse health effects that they believe are linked to those exposures. Tests on the burn pits in the war zones have shown that the fires released dioxins, benzene and volatile organic compounds, including substances known to cause cancer. Disabled American Veterans is keeping a database of veterans who have contacted DAV to say they are sick, and that they think burn-pit exposure played a role in their ailments. Kerry Baker, DAV's assistant national legislative director, issued an update 17 MAR in which he reported that about 182 veterans are now in the database. Of those, 48 have developed lymphoma, leukemia or some other form of cancer. Another 55 report pulmonary disorders, including asthma and asthma-like symptoms. Other reported conditions include multiple sclerosis, skin infections, sleep apnea, allergy-like symptoms and heart problems. At least 16 veterans entered into the database have since died, Baker said.

Shinseki insisted that VA has learned important lessons on veterans' health issues from the Vietnam War and 1991 Gulf War and now strives to anticipate and respond to the needs of veterans who have concerns about environmental exposures. "In fact he wrote, "We are currently evaluating the need for an independent assessment by nongovernmental scientific experts to help us understand the health effects of various combat exposures. I want to assure you that VA takes very seriously its responsibility to evaluate potential health problems that may result from environmental exposures during combat deployments." [Source: AirForce Times article 18 Mar 09 ++]

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VA THIRD PARTY INSURERS Update 02: The leader of the nation's largest veteran's organization says he is "deeply disappointed and concerned" after a meeting with President Obama on 17 MAR to discuss a proposal to force private insurance companies to pay for the treatment of military veterans who have suffered service-connected disabilities and injuries. The Obama administration recently revealed a plan to require private insurance carriers to reimburse the Department of Veterans Affairs (DVA) in such cases. "It became apparent during our discussion today that the President intends to move forward with this unreasonable plan," said Commander David K. Rehbein of the American Legion. "He says he is looking to generate \$540-million by this method, but refused to hear arguments about the moral and government-avowed obligations that would be compromised by it." The Commander, clearly angered as he emerged from the session said, "This reimbursement plan would be inconsistent with the mandate '... to care for him who shall have borne the battle...' given that the United States government sent members of the armed forces into harm's way, and not private insurance companies. I say again that The American Legion does not and will not support any plan that seeks to bill a veteran for treatment of a service connected disability at the very agency that was created to treat the unique need of America's veterans!"

Commander Rehbein was among a group of senior officials from veterans service organizations joining the President, White House Chief of Staff Rahm Emmanuel, Secretary of Veterans Affairs Eric Shinseki and Steven Kosiak, the overseer of defense spending at the Office of Management and Budget (OMB). The group's early afternoon conversation at The White House was precipitated by a letter of protest presented to the President earlier this month. The letter, co-signed by Commander Rehbein and the heads of ten colleague organizations, read, in part, "There is simply no logical explanation for billing a veteran's personal insurance for care that the VA has a responsibility to provide. While we understand the fiscal difficulties this country faces right now, placing the burden of those fiscal problems on the men and women who have already sacrificed a great deal for this country is

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unconscionable.” Commander Rehbein reiterated points made last week in testimony to both House and Senate Veterans’ Affairs Committees. It was stated then that The American Legion believes that the reimbursement plan would be inconsistent with the mandate that VA treat service-connected injuries and disabilities given that the United States government sends members of the armed forces into harm’s way, and not private insurance companies.

The proposed requirement for these companies to reimburse the VA would not only be unfair, says the Legion, but would have an adverse impact on service-connected disabled veterans and their families. The Legion argues that, depending on the severity of the medical conditions involved, maximum insurance coverage limits could be reached through treatment of the veteran’s condition alone. That would leave the rest of the family without health care benefits. The Legion also points out that many health insurance companies require deductibles to be paid before any benefits are covered. Additionally, the Legion is concerned that private insurance premiums would be elevated to cover service-connected disabled veterans and their families, especially if the veterans are self-employed or employed in small businesses unable to negotiate more favorable across-the-board insurance policy pricing. The American Legion also believes that some employers, especially small businesses, would be reluctant to hire veterans with service-connected disabilities due to the negative impact their employment might have on obtaining and financing company health care benefits.

“I got the distinct impression that the only hope of this plan not being enacted,” said Commander Rehbein, “is for an alternative plan to be developed that would generate the desired \$540-million in revenue. The American Legion has long advocated for Medicare reimbursement to VA for the treatment of veterans. This, we believe, would more easily meet the President’s financial goal. We will present that idea in an anticipated conference call with White House Chief of Staff Rahm Emmanuel in the near future. I only hope the administration will really listen to us then. This matter has far more serious ramifications than the President is imagining,” concluded the Commander. The proposed provision could be a bargaining chip to get the groups to agree to budget cuts. When asked whether the groups were drafting an alternative plan, Joseph A. Violante, the legislative director of Disabled American Veterans, said it was not his or any other group’s place to do so. “It is not our responsibility to find a savings for them, especially when we don’t know what the money is going to be used for,” Violante said. The administration does not plan to apply the savings to cover costs of caring for veterans with non-service-related injuries whose incomes are above a certain threshold, on average about \$30,000. “We asked what is it for, and they said, ‘We don’t know, we’ll get you that information’.”

The president spoke 16 MAR at the DVA to commemorate its 20th anniversary and said he hopes to increase funding by \$25 billion over the next five years. But he said nothing about the plan to bill private insurers for service-related medical care. Few details about the plan have been available and a VA spokesman did not provide additional information. But the reaction on Capitol Hill to the idea has been swift and harsh. "Dead on arrival" is how Democratic Sen. Patty Murray of Washington described the idea. " ... when our troops are injured while serving our country, we should take care of those injuries completely," Murray, a member of the Senate Veterans' Affairs Committee, told a hearing last week. "I don't think we should nickel and dime them for their care." In separate comments, Sen. Kit Bond (R-MO) said the nation "owes a debt to the veterans who fought and paid for our freedom." Secretary of Veterans Affairs Eric Shinseki said at the hearing where Murray spoke that the plan was "a consideration." He also acknowledged that the VA's proposed budget for next year included it as a way to increase revenue. But Shinseki told the Senate Veterans' Affairs Committee that "a final decision hasn't been made yet." [Source: AL Press Release 17 Mar 09 ++]

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VA THIRD PARTY INSURERS Update 03: President Obama on 18 MAR dropped his proposal to collect money from private insurance companies for treating veterans with service-connected disabilities at Veterans Affairs Department hospitals. The administration had considered placing the provision in its fiscal 2010 budget request but met stiff resistance from members of Congress and veterans' groups. White House press secretary Robert Gibbs said the administration had been "considering the third-party billing issue . . . to maximize the resources available for veterans. However, the president listened to concerns raised by the veterans' groups that this might, under certain circumstances, affect veterans' and their families' ability to access health care. Therefore, the president has instructed that its consideration be dropped." Opponents of the proposal celebrated the announcement, which appears to be the first major defeat for one of Obama's budget initiatives. "The president kept to his word and made the right decision," said Glen M. Gardner Jr., national commander of the Veterans of Foreign Wars. Veterans' groups were concerned that the initiative would drive up premiums and make it more difficult for veterans and their families to get private health insurance. They also feared that the provision could have discouraged civilian employers from hiring disabled veterans because doing so would drive up their insurance rates.

Key congressional leaders had warned that the proposal would not be welcome on Capitol Hill. House Speaker Nancy Pelosi, D-Calif., announced that it was dead at a meeting with veterans' groups. "President Obama did the right thing in dropping this proposal. Injured veterans and their families have already paid enough of a price; they shouldn't have to worry about the tab for service-related care," said Sen. Patty Murray (D-WA). Murray, who sits on the Veterans' Affairs Committee, had previously said any budget request containing that provision would be "dead on arrival." Rep. Steve Buyer of Indiana, the ranking Republican on the House Veterans' Affairs Committee, said, "The administration should have recognized how outrageous the whole idea was that disabled veterans, who have sacrificed their bodies in defense of our freedom, should be responsible for paying for treatment of their injuries with their personal insurance coverage. Veterans with service-related disabilities currently receive free care at veterans' hospitals. The Department of Veterans Affairs does bill private insurers, however, for treatment of non-service-related injuries. CQ Today Matthew M. Johnson, CQ article 18 Mar 09 ++]

VA CAREGIVER PROGRAM Update 01: Researchers at the Stanford University School of Medicine are recruiting participants for a pilot program aimed at improving at-home caregiving for U.S. veterans. The study will assess the effectiveness of an online workshop that provides training to at-home caregivers of veterans who suffer from traumatic brain injury, post-traumatic stress disorder, Alzheimer's disease or other forms of dementia. Veterans who are caring for people with these disorders are also eligible. The six-week-long workshop, called "Building Better Caregivers," will train informal caregivers, such as family members and friends, how to not only provide better care, but also to manage their own emotions, stress and physical health. The interactive online workshop will also provide a forum in which small groups of caregivers can share personal experiences and insights on solving problems, handling difficult emotions and celebrating milestones. Each week, participants will be asked to log on at least three times and spend two hours on lessons and homework.

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A major impetus for this study has been the conflicts in Iraq and Afghanistan. The Brain Trauma Foundation, a national nonprofit organization whose mission is to improve outcomes for TBI patients, estimates that between 150,000 and 300,000 Iraq veterans have some level of traumatic brain injury. That's 10 to 20% of Iraq veterans. Shock-wave blasts from explosive devices, land mines and rocket-propelled grenades are the leading cause of TBI for active duty military personnel in combat zones, according to the Brain Injury Association of America. Such dramatic events can lead to relatively subtle symptoms, such as confusion, headache, dizziness, mood changes, sleep disturbances, agitation and problems with memory and attention. "Caregiving has become a major, major problem," said Kate Lorig, RN, DrPH, emeritus professor of immunology and rheumatology, currently at the Stanford Patient Education Research Center. "Usually, older caregivers stay in caregiving relationships, despite the challenges. But increasingly, young wives and, in some cases, husbands are affected. It's a hellishly difficult task that may cause young relationships to end. As a result, siblings and parents, who never expected to be caregivers at that stage in life, must step in."

Currently, resources for these serendipitous caregivers are lacking. "There are some small group networks and call centers that caregivers can rely on, but there are very few resources for them on the Internet. In particular, there's not much structured interaction among caregivers outside of the hospital. The hardest problem is reaching folks who are really isolated," said Lorig. In response to this growing need for caregiver training, the Department of Veterans Affairs announced in DEC 07 a nationwide initiative that would provide nearly \$4.7 million for eight caregiver assistance pilot programs. "Building Better Caregivers" is one of the projects. Its focus is to help caregivers cope with difficult behaviors - angry outbursts and violence - as well as the inability to make decisions, and fears about the future. "The course teaches strategies for coping with stress," said Lorig. "If they can reduce stress, caregivers will be healthier." If the program proves successful, it may be used nationally, she said. Eventually, she would like to extend this program to rural areas, where caregivers are the hardest to reach. "This is a real opportunity for people in difficult situations to help others help themselves."

Potential participants must be either a veteran who is a caregiver or a caregiver of a veteran; provide caregiving services for at least 10 hours a week; be over age 18; and reside in Hawaii, California or southern Nevada. The injured person must have TBI, PTSD or physician-diagnosed memory loss. To learn more, refer to <http://caregivers.stanford.edu>, call Diana Laurent at (650) 723-7935, or e-mail caregivers@med.stanford.edu.
[Source: Medical News Today article 13 Mar 09 ++]

VETERANS' COURT: U.S. military veterans facing criminal charges in San Bernardino County Superior Court can seek alternatives to jail through a new Veterans' Court. The court held its first session 13 MAR, although it actually is just formalizing an approach that has been taken for several years, said Superior Court Judge David Cohn, who oversees the veterans' and other court treatment programs. The court enrolls veterans facing criminal charges related to drug or alcohol abuse or psychological problems in state and federal programs offered to veterans. All participants will be required to take part in a program at the Jerry L. Pettis Memorial VA Medical Center in Loma Linda that includes treatment for alcohol abuse, psychological counseling and job training. Other programs offered include residential treatment, help with housing and individual and group counseling. Participants must plead guilty to felony criminal charges and agree to two to five years of probation. Those who successfully complete the program can have their probation term reduced and in some cases reduce felony charges to a misdemeanor conviction.

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The program takes advantage of the specialized programs offered to veterans, freeing limited state dollars for treatment programs for the general population while offering veterans a chance to change their ways, said James McGuire, presiding judge for the county superior courts. "It's helping us protect society a little better than the standard 'We'll warehouse them'" approach, he said. With the Veterans' Court, Cohn will devote his Friday morning calendar to veterans instead of dealing with them in the general mix of defendants seeking treatment programs. He said veterans do better when they're grouped together. "A very important part of the treatment program for these men and women is the camaraderie they have together," he said. Forty-one defendants are enrolled in the program, with another seven to 10 about to join, Cohn said. [Source: Riverside Press-Enterprise Imran Ghori article 16 Mar 09 ++]

SBP DIC OFFSET Update 14: A bipartisan group of more than 160 lawmakers has promised to increase government benefits for about 57,000 survivors of service members who died while on active duty. But the lawmakers did not explain where they will find the estimated \$480 million that would be needed to cover the cost. With the Obama administration talking about trying to hold down the costs of government entitlements, and defense officials worried about not having enough money in future budgets for modernizing weapons and other priorities, it is hard to see how the outcome for survivors will be different from what has happened over the past five years when Congress has dangled the promise of better benefits before widows, only to disappoint them in the end. Edie Smith, a member of Gold Star Wives who has been working for more than 20 years to get the offset eliminated, said money has been the main obstacle, and Pentagon opposition to changing the rules hasn't helped.

The Military Officers Association of America estimates that 57,000 survivors are hurt by law that reduces Survivor Benefit Plan payments by the Defense Department by any amount received in Dependent Indemnity Compensation from the Veterans Affairs Department. For most, the offset reduces survivor benefits by \$1,154 a month. Congress approved a modest benefit increase for survivors two years ago. A special payment of \$50 a month took effect 1 OCT for those affected by the offset. The \$50 payment is set to increase by \$10 a year for five years, which means survivors can expect to get \$60 per month starting 1 OCT of this year. Rep. Solomon Ortiz (D-TX), a senior member of the House Armed Services Committee, is the chief sponsor of a House bill, H.R.775, that would end the offset. He introduced the bill 17 FEB and it has the support of 102 Democrats and 50 Republicans. A similar Senate bill, S.535, sponsored by Sen. Bill Nelson, D-Fla., a member of the Senate Armed Services Committee, has 11 co-sponsors. Nelson's proposal has been approved each of the past five years as an amendment to the annual defense authorization bill — last year by a 94-2 vote — but the House has blocked the measure because there is no money to pay for the benefits.

The House has stricter rules about paying for proposed legislation than the Senate. House aides, speaking on the condition of anonymity, said nothing has changed to boost the chances of passage this year of the so-called SBP/DIC legislation. But in a statement released when he reintroduced his bill, Nelson said he hopes a promise made during the election campaign by President Barack Obama to expand veterans benefits might lead to support for his proposal. Nelson noted that Obama, when he was an Illinois senator, supported his amendment. "I'm hopeful this will be the year we get this fixed," Nelson said. Vets are encouraged to contact their 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

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sites before, and forward a preformatted message to your representatives by clicking on the appropriate tab. At <http://capwiz.com/usdr/issues/alert/?alertid=12541746> can be found an USDR action alert letter that can be forwarded (as is or edited) to your senators. [Source: AirForceTimes Rick Maze article 16 Mar 09 ++]

VET CEMETERY FLAGS: It's a small but significant sign of respect that veterans have long bestowed on each other -- the placing of the American flag on the graves of those who have served. But it turns to disrespect, veterans say, when dirty and wind-whipped flags are left torn and tattered on the graves. A video showing their condition can be accessed at <http://abclocal.go.com/wpvi/story?section=news/local&id=6719187&rss=rss-wpvi-article-6719187>. Members of the Pennsylvania Lehigh County American Legion have asked their county to do a better job of honoring its military veterans by replacing the flags more than once a year. "These men and women died for this country or came back safe and passed away later. Where would we be if these men and women had not taken the time out of their life to do this? And we can't afford to pay for an extra flag?". The flags, which are purchased by the county before Memorial Day each year, look "terrible" during the winter, said American Legion Pennsylvania's 14th District commander Mark W. Queen. He told the county commissioners they should replace the old flags with new ones halfway through the year because the veterans deserve it. Kaitlin Horst, spokeswoman for the cemetery, noted that many cemeteries around the country place flags on veterans' graves on Memorial Day, including Arlington National Cemetery in Virginia, the final resting place of thousands of U.S. military veterans. The flags are placed on each veteran's grave on the Thursday before Memorial Day and are removed the Tuesday after.

County spokeswoman Kathleen Parrish said officials would be happy to meet with veterans to remedy the problem. According to Tom Dye, county director of Veterans Affairs, changing the roughly 32,000 flags twice during the year would cost the county an additional \$53,000. Each flag is 12 inches by 18 inches and is attached to a 30-inch staff. They cost the county \$1.66 a piece. The law allows the flags to be removed after the Fourth of July, so the frayed flags do not have to be left up for the year. "County taxes pay for the flags and the markers that go along with them," Dye said, adding that the county has paid for the replacement of flags and markers when they have been vandalized or damaged. "We are happy to give someone another flag if we have any extras". Queen offered another solution to the commissioners. He said the veterans would be happy with an illuminated pole flying a single flag in each cemetery all year. The initial cost would be about \$900 to \$1,000 per cemetery, plus the cost to erect the pole, and replacement flags would cost about \$20 per cemetery each year. Queen said the area veterans would be happy with either replacing flags once a year or erecting flagpoles. They just don't want the present practice of flags left in place for a year. [Source: www.MorningCall.com Darryl R. Isherwood article 16 Mar 09 ++]

CENSUS BUREAU JOB RECRUITING Update 01: Layoffs may be sweeping the country, but one enterprise is hiring roughly 1.4 million people nationwide at salaries of \$10 to \$25 an hour: the 2010 census. A small army of laborers will be needed to locate, count and categorize each of the nation's residents. This spring, 140,000 workers will verify addresses across the country. And in 2010, an estimated 1.2 million will take to the streets to gather information from people who didn't return their census forms, U.S. Census Bureau spokesman Stephen Buckner said. The bureau has received an overwhelming response from applicants, Buckner

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said -- more than 1 million for those first 140,000 jobs. Moreover, he's been hearing from regional census directors that the pool of applicants has been very strong. "We're getting a very highly qualified group of applicants, people that have college degrees, graduate degrees, doctorate degrees, former lawyers, bankers, even Wall Street-type individuals," he said. "Keep in mind that these are part-time, temporary jobs, and in these conditions, additional money where you can get it" can help.

Census workers earn \$10 to \$25 an hour, depending on local supply and demand. Those who work in cities generally earn higher wages, and more of them are needed because of the high concentration of people. However, some of the hardest work is done in the rural areas because homes are so scattered. "Trying to count every single person living in the United States in a very short amount of time is no small challenge," Buckner said. "We literally have to walk every single street and path and dirt road to make sure we don't miss anyone." Because of the nation's constantly increasing population, next year's census will be the largest, Buckner said. The number of counters hired by the Census Bureau is directly proportional to the number of forms that aren't returned, and response rates have fallen since the 1970 census. That year, 78% of people returned their forms voluntarily. But in 2000, only 67% turned in their forms on time. "It's a lot harder in today's world to get people to respond to the census than it was 20 or 30 years ago," Buckner said.

That lack of response means more feet are needed on the ground, Buckner added. "We knock on every single door that didn't respond," he said. Those feet cost money. For every 1% that the response improves, the census saves about \$85 million, Buckner said. The effect of hiring so many people will be a nice little boost, but because most census jobs will be temporary, it's not much of a solution for unemployment, said Daniel Hamermesh, economics professor at the University of Texas at Austin. "You're getting what you're paying for," Hamermesh said. "It's not a permanent job creation program, but it's a little bit of extra stimulus that wouldn't have otherwise happened. . . . It's not part of a solution at all, no way." But it is fortunate that the census is happening when the economy needs all the help it can get, Hamermesh said. "It's a good thing the census is now, rather than two years ago, when the market was very tight," Hamermesh said. "It is some extra spending, and it does keep people off the streets for a bit." [Source: Los Angeles Times Ben Meyerson article 14 Mar 09 ++]

MILITARY HISTORY ANNIVERSARIES:

- Mar 16 1802 - The Army Corps of Engineers is established to found and operate West Point Academy.
- Mar 16 1935 - Adolf Hitler orders Germany to rearm herself in violation of the Versailles Treaty.
- Mar 16 1942 - WWII: The first V-2 rocket test launch. It explodes at liftoff.
- Mar 16 1945 - WWII: The Battle of Iwo Jima ends but small pockets of Japanese resistance persist.
- Mar 16 1968 - Vietnam: In the My Lai massacre, between 350 and 500 Vietnamese villagers: men, women, and children are killed by American troops.
- Mar 17 1776 - American Revolution: British forces evacuate Boston, Massachusetts.
- Mar 17 1942 - WWII: Holocaust: The first Jews from the Lviv Ghetto (western Ukraine) are gassed at the Belzec death camp (eastern Poland).
- Mar 17 1945 - WWII: The Ludendorff Bridge in Remagen, Germany collapses, ten days after its capture.
- Mar 17 1973 - Vietnam: First POWs are released from the "Hanoi Hilton" in Hanoi, North Vietnam.

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- Mar 18 1945 - WWII: 1,250 U.S. bombers attack Berlin.
- Mar 19 1944 - WWII: The German 352nd Infantry Division deploys along the coast of France.
- Mar 19 1945 - WWII: Adolf Hitler issues his "Nero Decree" ordering all industries, military installations, shops, transportation facilities and communications facilities in Germany to be destroyed.
- Mar 19 1945 - WWII: Off the coast of Japan, a dive bomber hits the aircraft carrier USS Franklin, killing 724 of her crew. Badly damaged, the ship is able to return to the U.S. under her own power.
- Mar 19 2002 - Afghanistan: Operation Anaconda ends (started on March 2) after killing 500 Taliban and al Qaeda fighters with 11 allied troop fatalities.

- Mar 20 1942 - Holocaust: in Rohatyn, western Ukraine, the German SS murder 3,000 Jews, including 600 children, annihilating 70% of Rohatyn's Jewish ghetto.
- Mar 20 1942 - WW II: General Douglas MacArthur, at Terowie, South Australia, makes his famous speech regarding the fall of the Philippines, in which he says: "I came out of Bataan and I shall return".

- Mar 20 1969 - Vietnam: U.S president Nixon proclaims he will end Vietnam War in 1970.
- Mar 20 2003 - Iraq: Invasion of Iraq by American and British led coalition begins without United Nations support and in defiance of world opinion.

- Mar 21 1918 - WWI: The Germans launch the 'Michael' offensive [First Battle of the Somme].
- Mar 21 1943 - WWII: Assassination attempt on Hitler fails.
- Mar 21 1945 - WWII: 1st Japanese flying bombs (ochas) attack Okinawa.
- Mar 21 1971 - Vietnam: Two U.S. platoons in Vietnam refuse their orders to advance.
- Mar 22 1942 - WWII: Heavy German assault on Malta.
- Mar 22 1945 - WWII: U.S. 3rd Army crosses Rhine at Nierstein.
- Mar 22 1965 - Vietnam: U.S. confirms its troops used chemical warfare against the Vietcong.
- Mar 23 1862 - Civil War: Confederate General Thomas "Stonewall" Jackson faces his only defeat at the Battle of Kernstown, Va
- Mar 23 1942 - WWII: Japanese forces occupy Andaman Islands in Indian Ocean.
- Mar 23 1942 - WWII: U.S. move native-born of Japanese ancestry into detention centers.
- Mar 23 1945 - WWII: Largest operation in Pacific war, 1,500 US Navy ships bomb Okinawa.
- Mar 23 1951 - Korea: U.S. paratroopers descend from flying boxcars in a surprise attack in Korea.
- Mar 24 1944 - WWII: In an event later dramatized in the movie The Great Escape, 76 prisoners begin breaking out of Stalag Luft I.
- Mar 25 1915 - 1st submarine disaster; a US F-4 sinks off Hawaii, killing 21.
- Mar 25 1953 - Korean War: The USS Missouri fires on targets at Kojo, North Korea, the last time her guns fire until the Persian Gulf War of 1992.
- Mar 26 1945 - WWII: Kamikazes attack U.S. battle fleet near Kerama Retto.
- Mar 26 1945 - WWII: U.S. 7th Army crosses Rhine at Worms Germany.
- Mar 26 1970 - 500th nuclear explosion announced by the US since 1945.
- Mar 27 1794 - The U.S. establishes a permanent navy and authorizes the building of 6 frigates.
- Mar 27 1945 - WWII: Gen Eisenhower declares German defenses on Western Front broken.

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- Mar 27 1945 - WWII: Iwo Jima occupied, after 22,000 Japanese & 6,000 US killed.
- Mar 27 1945 - WWII: Operation Starvation, the aerial mining of Japan's ports and waterways begins.
- Mar 27 1952 Korea: Elements of the U.S. Eighth Army reach the 38th parallel.
- Mar 28 1945 WWII: Germany launches the last of its V-2 rockets against England.
- Mar 29 1943 - WWII: Meat rationed in US (784 gram/week, 2 kilogram for GI's).
- Mar 29 1951 Korea: The Chinese reject Gen. Douglas MacArthur's offer for a truce in Korea.
- Mar 29 1973 - Vietnam: US troops leave, 9 yrs after Tonkin Resolution.

- Mar 30 1944 WWII: The U.S. fleet attacks Palau, near the Philippines.
- Mar 30 1972 Vietnam: Hanoi launches its heaviest attack in four years, crossing the DMZ.
- Mar 31 1941 - WWII: Germany begins a counter offensive in Africa.
- Mar 31 1965 - US ordered the 1st combat troops to Vietnam.

[Source: Various Mar 09 ++]

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VETERAN LEGISLATION STATUS 29 MAR 09: Both the House and Senate will be on spring recess from 6-17 APR. Refer to the Bulletin's Veteran Legislation attachment for or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th Congress. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your representative and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for dates that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 27 Feb 09 ++]

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HAVE YOU HEARD: Years ago, there was an old tale in the Submarine Service about a lieutenant who inspected his sailors and told the COB (Chief of the Boat) that they smelled bad. The Lieutenant suggested that they change their underwear. "Aye, aye sir, I'll see to it immediately."

He went into the crew quarters and said, "The lieutenant thinks you guys smell bad and wants you to change your underwear. Smith, you change with Jones, McCarthy you change with Brown, and Witkowski you change with Minotti. Get to it."

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The moral: A candidate may promise 'change' in Washington, but don't count on things smelling any better.

Lt. James "EMO" Tichacek, USN (Ret)

Director, Retiree Assistance Office, U.S. Embassy Warden & IRS VITA Baguio City RP

PSC 517 Box RCB, FPO AP 96517

Tel: (951) 238-1246 in U.S. or Cell: 0915-361-3503 in the Philippines.

Email: raoemo@sbcglobal.net Web: http://post_119_gulfport_ms.tripod.com/rao1.html

AL/AMVETS/DAV/FRA/NAUS/NCOA/MOAA/USDR/VFW/VVA/CG33/DD890/AD37 member

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