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MEMORIAL DAY REMEMBRANCE Update 01: Tens of thousands of people are expected to attend Memorial Day observances at more than 100 VA national cemeteries between 23 & 30 MAY 09. These commemorative events held over Memorial Day weekend or on the traditional Memorial Day (May 30) will honor the nearly one million American men and women who have died wearing the uniforms of the U.S. Armed Forces. Special activities include color guards, bands, choirs, moving oratory, historic displays, the display of the "Avenue of Flags" or the placement of individual gravesite flags. Most events are sponsored by community, patriotic and civic groups in cooperation with national cemetery staff. For a listing of these ceremonies refer to www.cem.va.gov/cems/2009MemDay.asp. This listing is in alphabetic order by state. Select the name of the state in which the cemetery is located. Note that there is not a VA national cemetery in every state. For a listing of the locations of national cemeteries refer to www.cem.va.gov/cems_nmc.asp. If in doubt as to where a loved one or family member is buried you might be able to locate him/her on the nationwide grave locator index http://gravelocator.cem.va.gov/j2ee/servlet/NGL_v1.

Memorial Day was officially proclaimed on 5 May 1868 by General John Logan, national commander of the Grand Army of the Republic, in his General Order No. 11, and was first observed on 30 May 1868, when flowers were placed on the graves of Union and Confederate soldiers at Arlington National Cemetery and the US Soldiers' and Airmen's Home, National Cemetery. The first state to officially recognize the holiday was New York in 1873. By 1890 it was recognized by all of the northern states. The South continued to honor their dead on separate days until after World War I (when the holiday changed from honoring just those who died fighting in the Civil War to honoring Americans who died fighting in any war). It is now celebrated in almost every State on the last Monday in May (passed by Congress with the National Holiday Act, P.L. 90 - 363, in 1971 to ensure a three day weekend for Federal holidays). However, southern states have an additional separate day for honoring the Confederate war dead: 19 January in Texas, 26 April in Alabama, Florida, Georgia, and Mississippi; 10 May in South Carolina; and 3 June (Jefferson Davis' birthday) in Louisiana and Tennessee.

Since the late 50's on the Thursday before Memorial Day, soldiers of the 3d U.S. Infantry place small American flags at each of the more than 260,000 gravestones at Arlington National Cemetery. They then patrol 24 hours a day during the weekend to ensure that each flag remains standing. Since 1998, on the Saturday before the observed day for Memorial Day, the Boys Scouts and Girl Scouts place a candle at each of approximately 15,300 gravesites of soldiers buried in Virginia at Fredericksburg and Spotsylvania National Military Park on Marye's Heights. To help Americans re-educate and remind Americans of the true meaning of Memorial Day, the "National Moment of Remembrance" resolution was passed on Dec 2000 which asks that at 3 p.m. local time, for all Americans "To voluntarily and informally observe in their own way a Moment of remembrance and respect, pausing from whatever they are doing for a moment of silence or listening to 'Taps.'" [Source: www.cem.va.gov May 09 ++]

VA HEALTH CARE FUNDING Update 20: Veterans Affairs Secretary Eric Shinseki's testimony on 13 MAY before a key congressional panel included a buzzkill for the top priority of veterans service groups — advanced funding for veterans health care programs. Advanced funding is a mechanism, endorsed by President Barack Obama, under which Congress would approve veterans health care budgets one year in advance to avoid any lapse in funding if an annual appropriations bill isn't approved on time, as often happens. All major veterans service organizations approve the idea, and have put it at the top of their combined legislative agenda for the year. Excitement has surrounded the issue recently because the chairmen of the House and Senate veterans' affairs committees also have backed the initiative, and the 2010 budget spending guideline approved by Congress includes the waivers of budgetary procedures that are necessary for it to be approved. But as Shinseki appeared before the House appropriations subcommittee responsible for veterans funding to discuss the 2010 budget, Rep. Zach Wamp of Tennessee, the panel's ranking Republican, rained on the advanced appropriations parade. Wamp said he does not support the idea because he believes it would reduce congressional oversight and make the powerful appropriators who dole out federal funding irrelevant. And in a little dig at Shinseki, Wamp said he was well aware the Obama administration also has had doubts. Shinseki himself told Congress that he preferred timely annual budgets over advance appropriations, a statement made in February before Obama held an 9 APR news conference to announce he was siding with veterans groups on the issue. Wamp's views that advanced funding reduces appropriations committee members' power — shared by other members — is one reason why the initiative still faces an uphill fight. It could only succeed if the House and Senate appropriations committees approve a two-

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year budget, one for 2010 and another for 2011, and there is no indication they plan to do so. [Source: AirForceTimes Rick Maze article 13 May 09 ++]

MOBILIZED RESERVE 12 MAY 09: The Department of Defense announced the current number of reservists on active duty as of 12 MAY 09. The net collective result is 6,727 more reservists mobilized than last reported in the Bulletin for 1 MAY 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 109,485; Navy Reserve, 6,538; Air National Guard and Air Force Reserve, 15,129; Marine Corps Reserve, 8,449; and the Coast Guard Reserve, 749. This brings the total National Guard and Reserve personnel who have been activated to 140,350, 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/May2009/d20090512ngr.pdf>. [Source: DoD News Release No. 327-09 13 May 09 ++]

LONG TERM CARE FLTCIP Update 04: As many as 155,000 civilian and military employees and retirees enrolled in the Federal Long Term Care Insurance Program (FLTCIP) can expect their premiums to increase by as much as 25% later this year or early next year. The increases will affect most of those who are enrolled in the program's "automatic compound inflation protection" option. Under this option, enrollees' benefit payments increase 5% annually, but premiums do not regularly increase. Under the new policy, however, a range of premium increases will go into effect, depending on the age at which an enrollee first signed up for coverage:

- Enrollees who first purchased coverage at age 65 or younger face a premium increase of 25%.
- Those who purchased coverage between the ages of 65 and 70 face smaller increases.
- Those who purchased at age 70 or older face no increase.
- There will be no premium increase for 69,000 employees and retirees who enrolled in the "future purchase" option, in which benefits and premiums increase every two years.

The size of the increase varies based on the enrollee's age. Enrollees will have time before rates increase to decide whether to stay with the current benefit structure at a potentially higher premium, cut their benefits to keep their premiums at current rates, or switch to the new benefit structure and its higher premiums without underwriting. The FLTCIP is optional for federal civilian employees and retirees, military members and retirees, and qualified relatives. The insurance covers care at home, adult day care, assisted living facilities, hospices and nursing homes. The Office of Personnel Management, which oversees the benefit, said the increase is needed to cover the program's costs. "The announced premium increase is necessary due to changes to certain key components underlying pricing, particularly the expected return on program investments and ... the number of people expected to keep the coverage until they claim benefits," OPM said in a statement to Federal Times.

Some are worried and disappointed by the premium increase. Mike Miles, a Washington-area financial planner who writes the Federal Times Money Matters column said, "So much for OPM's ability to keep a premium down. The idea was supposed to be that [the government's] buying power and leverage would allow [it] to force insurance carriers to keep the premiums low and level." The National Active and Retired Federal Employees Association plans to meet with OPM this week to discuss the hike. "There's a lot of questions we have," said assistant legislative director Dan Adcock. The hike is included as part of a new seven-year contract that OPM awarded to John Hancock Life and Health Insurance Co. to administer the long-term care benefit. OPM started the long-term care program in 2002. Until now, the benefit was managed by a partnership between John Hancock and MetLife. Under the new contract, which OPM announced 1 MAY, MetLife will play no role. OPM would not comment on why it did not choose MetLife. MetLife issued a statement that said it thought it submitted a strong proposal when it bid on the contract. The new contract also includes new options in benefits:

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- Higher home health care reimbursement. The program currently reimburses 75 percent of the daily benefit amount for care provided by a nurse, therapist, informal caregiver, health aide or other authorized provider at home, but the new contract will reimburse 100 percent of the daily benefit amount.
- Higher caps on benefits that can be paid out in a single day. Enrollees can now choose daily benefit caps of \$50 to \$300, but the new limits will range from \$100 to \$450.
- Higher caps on payments for family members, friends and other unlicensed caregivers who provide informal care. The program currently covers up to 365 days of informal care in an enrollee's lifetime, but the new contract will provide up to 500 days of coverage.
- A new option for a two-year benefit period. The benefit period is the length of time that the policy can be expected to pay benefits. The program already lets employees choose options of either three years, five years or a lifetime.

[Source: Search FederalTimes.com Stephen Losey article 11 May 09 ++]

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ALLERGY RELIEF: Pollen grains from trees, grasses and weeds can float through the air in spring, summer or fall. But on their way to fertilize plants and tree flowers, pollen particles often end up in our noses, eyes, ears and mouths. The result can be sneezing spells, watery eyes, congestion and an itchy throat. The collection of symptoms that affect the nose when you breathe in something you are allergic to is called allergic rhinitis; when the symptoms affect the eyes, it's called allergic conjunctivitis. Allergic rhinitis caused by plant pollen is commonly called hay fever-although it's not a reaction to hay and it doesn't cause fever. Pollen allergy affects about 1 out of 10 Americans, according to the National Institute of Allergy and Infectious Diseases (NIAID). For some, symptoms can be controlled by using over-the-counter (OTC) medicine occasionally. Others have reactions that may more seriously disrupt the quality of their lives. Allergies can trigger or worsen asthma and lead to other health problems such as sinus infection (sinusitis) and ear infections in children. Badrul Chowdhury, M.D., Ph.D., an allergist and immunologist in the Food and Drug Administration (FDA) says, "You can distinguish allergy symptoms from a cold because a cold tends to be short-lived, results in thicker nasal secretions, and is usually associated with sore throat, hoarseness, malaise, and fever."

Many people with allergic rhinitis notice a seasonal pattern with their symptoms, but others may need a health care professional's help to find out for sure if pollen is the source of their misery. If symptoms crop up year-round, dust mites, pet dander or another indoor allergy trigger (allergen) could be the culprit. This year-round condition is known as perennial allergic rhinitis. Chowdhury suggests seeing a health care professional if you experience allergies for the first time, your symptoms interfere with your ability to function, you don't find relief from OTC drugs, or you experience allergy symptoms over a long period. You may need an allergy test, the most common of which is a skin test that shows how you react to different allergens, including specific pollen allergens like ragweed and grass pollen. Once you know you have seasonal allergies, try to avoid pollen as much as possible, says Chowdhury. Pay attention to pollen counts and try to stay indoors when pollen levels are highest as indicated below. Pollen counts measure how much pollen is in the air (pollen level) and are expressed in grains of pollen per square meter of air collected during a 24-hour period.

- In the late summer and early fall, during ragweed pollen season, pollen levels are highest in the morning.
- In the spring and summer, during the grass pollen season, pollen levels are highest in the evening.
- Some molds, another allergy trigger, may also be seasonal. For example, leaf mold is more common in the fall.
- Sunny, windy days can be especially troublesome for pollen allergy sufferers.

It may also help to keep windows closed in your house and car and run the air conditioner, avoid mowing grass and doing other yard work, if possible, and wear a face mask designed to filter pollen out of the air and keep it from reaching nasal passages, if you must work outdoors. FDA regulates medications that offer allergy relief. Here's a rundown of drug options that can help you survive the sneezing season:

- **Nasal corticosteroids:** These are typically sprayed into the nose once or twice a day to treat inflammation. Drugs in this category include Nasonex (mometasone furoate) and Flonase (fluticasone propionate). Side effects may include stinging in the nose.

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- **Oral and nasal antihistamines:** These drugs, whether OTC or prescription, counteract the action of histamine, a substance released in the body during an allergic reaction.
 - Benadryl (diphenhydramine) and Chlor-Trimeton (chlorpheniramine) are examples of OTC antihistamines. Drowsiness is a common side effect, so don't take these types of drugs when you have to drive, operate machinery, or do other activities that require you to be alert.
 - Non-sedating OTC antihistamines include Claritin and Alavert (both loratadine) and Zyrtec (cetirizine). Zyrtec may cause mild drowsiness. Some non-sedating antihistamines, such as Clarinex (desloratadine) and Allegra (fexofenadine), are available by prescription. Many oral antihistamines are available OTC and in generic form.
 - The prescription drugs Astelin (azelastine) and Patanase (olopatadine) are antihistamine nasal sprays approved to treat allergy symptoms. They can be used several times a day. Side effects include drowsiness, a bitter taste in the mouth, headache, and stinging in the nose.
- **Decongestants:** These drugs, available both by prescription and OTC, come in oral and nasal spray forms. They are sometimes recommended in combination with antihistamines, which used alone do not have an effect on nasal congestion. Allegra D is an example of a drug that contains both an antihistamine (fexofenadine) and a decongestant (pseudoephedrine).
 - Drugs that contain pseudoephedrine are available without a prescription but are kept behind the pharmacy counter as a safeguard because of their use in making methamphetamine—a powerful, highly addictive stimulant often produced illegally in home laboratories. You will need to ask your pharmacist and show identification to purchase drugs that contain pseudoephedrine.
 - Using nose sprays and drops more than a few days may give you a "rebound" effect—your nasal congestion will get worse. These drugs are more useful for short-term use to relieve nasal congestion.
- **Non-steroidal nasal sprays:** NasalCrom (cromolyn sodium), an OTC nasal spray, can help prevent symptoms of allergic rhinitis if used before symptoms start. This non-steroidal anti-inflammatory drug (NSAID) needs to be used three to four times a day to be effective.
- **Leukotriene receptor antagonist:** The prescription drug Singulair (montelukast sodium) is approved to treat asthma and to help relieve symptoms of allergic rhinitis. It works by blocking substances in the body called leukotrienes. Side effects may include headache, ear infection, sore throat, and upper respiratory infection.

If you have any other health conditions, check with your health care professional first to determine which OTC medicine to take. For example, people with uncontrolled high blood pressure or serious heart disease shouldn't take decongestants unless directed by a health care professional. And always read the label before buying an OTC product for you or your children, says Chowdhury. "Some products can be used in children as young as 2 years, but others are not appropriate for children of any age." People who don't respond to either OTC or prescription medications, or who suffer from frequent complications of allergic rhinitis, may be candidates for immunotherapy, commonly known as allergy shots. According to NIAID, about 80% of people with hay fever will experience a significant reduction in their symptoms and their need for medication within a year of starting allergy shots. Chowdhury advises sufferers to discuss the option of immunotherapy with their doctor thoroughly because immunotherapy is not for everybody, and there is a significant time commitment involved. The process involves receiving injections of small amounts of allergens that are considered to be responsible for your symptoms. The doses are gradually increased so that the body builds up immunity to the allergens. The injections are given over at least three to five years. Discontinuation is based on having minimal symptoms over two consecutive seasons of exposure to allergens. [Source: FDA's Consumer Health Information Web page May 09 ++]

MILITARY STOLEN VALOR Update 11: A Cal Expo police officer was arrested by the FBI 8 MAY on charges of falsely claiming he earned a Silver Star for gallantry in combat 18 years ago during Operation Desert Storm and then lying to FBI agents when confronted about it. Eric Gene Piotrowski, who is charged under the Stolen Valor Act, made an initial appearance before U.S. Magistrate Judge Dale A. Drozd, who ordered him released on a \$10,000 unsecured bond. Piotrowski, 41, bought the medal and certificate via the Internet in 2007, and created a citation on a personal computer, according to a sworn FBI affidavit in support of a criminal

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complaint. The Marine veteran told family and friends he received the medal and certificate in the mail after requesting a copy of his military records, FBI Special Agent Mark Burgeson wrote in the affidavit.

Without his knowledge, Piotrowski's family arranged for California Department of Veterans Affairs Undersecretary Roger Brautigan to come to his Elk Grove home on an evening in 2007 and formally present the medal to him, according to the affidavit and JP Tremblay, deputy secretary of the department. News of the presentation later appeared on the cover of the department's newsletter, and skeptical veterans urged the FBI to investigate. Created in 1932, the Silver Star is the nation's third highest military decoration. Only the Medal of Honor and the Distinguished Service Cross are higher. "It's the first time we've had anything like this happen," said Tremblay, speaking for the Veterans Affairs Department. "It insults those who really did earn these citations, and it's disheartening to all veterans and those of us who work with them."

The citation cites Piotrowski for "conspicuous gallantry" while leading his platoon, navigating for the battalion and controlling "supporting arms well forward of the lead elements throughout Operation Desert Storm." It says "he exposed himself to direct enemy fire" while providing cover for a team maneuvering to destroy an Iraqi tank. "By his bold leadership, wise judgment, and complete dedication to duty, Cpl. Piotrowski reflected great credit upon himself and upheld the highest traditions of the Marine Corps and the United States Naval Service," the citation concludes. Piotrowski forged the signature of Secretary of the Navy Henry L. Garrett III on it, according to the affidavit. The Veterans Affairs newsletter reported that Brautigan "joined an excited and proud family in their home to surprise Piotrowski." "I was deeply moved while reading Eric's citation . . .," the newsletter quoted Brautigan as saying. Tremblay said Piotrowski's story was made more believable by the fact he was in the Marine Corps and did serve in the Middle East. But Piotrowski, after first insisting he was entitled to the Silver Star when he was interviewed by FBI agents on 17 MAR, confessed in a second interview that he was back in the United States when Desert Storm commenced and "did not encounter any hostile action," according to Burgeson's affidavit. [Source: Sacramento Bee Denny Walsh 9 May 09 ++]

DOD DISABILITY SEVERANCE Update 01: A few hard-nosed choices by the Bush administration in implementing laws to help disabled service members are being rolled back under congressional pressure and a new team of Pentagon policymakers. One regulation change soon to take effect will allow more disability severance pay recipients to keep those lump sum payments without worry that those dollars will be deducted from their VA disability compensation. The 2008 National Defense Authorization Act made several enhancements to disability severance paid to service members found medically unfit due to conditions rated 0, 10 or 20 percent disabling. Two of these enhancements soon will affect more members separated on or after 28 JAN 08, the date the bill was signed.

- The first deals with years of service used in calculating disability severance pay. Instead of actual years served, the 2008 law sets a minimum number of years to apply to the severance pay formula. At least six years will be used to calculate severance -- if injury occurred in the line of duty in a combat zone or in performance of duty in combat-related operations. A minimum of three years is being used to calculate severance for other members.
- The second enhancement deals with deduction of disability severance pay from VA disability compensation. Under the 2008 law, no deduction is required if the disability is incurred in the line of duty in a combat zone, or in performance of duty in combat-related operations.

The Bush administration drew the ire of veterans' service organizations by narrowly interpreting "combat-related" injuries to those incurred in a combat zone or in armed conflict. What Congress intended, lawmakers have made clear, was a broader definition of combat-related injuries, used to establish eligibility for Combat-Related Special Compensation. That includes injuries during training or resulting from an "instrumentality of war," which can mean falls aboard ship or even a stateside traffic accident involving a military vehicle. William J. Lynn III, the new deputy secretary of defense, promised during his Senate confirmation hearing to reconsider the department's more narrow definition of combat-related injuries for severance pay. A revised regulation now is under final review in the Pentagon. When signed, it will apply the broader definition of combat-related injuries but only prospectively,

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to disability separations after the revised regulation takes effect. [Source: Montgomery Advertiser Tom Philpott article 10 Oct 09 ++]

DoD PDBR Update 06: The 2008 defense bill directed DoD to establish a special board to review disability ratings below 30% given to members separated since 9/11. This responded to complaints that the services had low-balled ratings for members found medically unfit. A rating of 30% or higher from a service branch qualifies a member for disability retirement and a lifetime annuity, rather than severance pay. But as the new Physical Disability Board of Review Board (PDBR) began accepting applications, retired Army Lt. Col. Michael Parker, an advocate for disabled veterans, sounded an alarm. He said the PDBR would not operate as Congress intended. Congress wanted the board to review disability cases using the Veterans Administration Schedule for Ratings Disabilities (VASRD), the same liberal rating criteria used by the Department of Veterans Affairs, Parker said. Instead the board would use the same service-modified versions of VASRD that has been used when original rating decisions were made. By FEB 09, the PDBR was feeling heat from Capitol Hill. On 29 APR, Air Force Maj. Gen. Keith W. Meurlin, acting director of the Defense Department's Office of Transition Policy and Care Coordination, announced two significant modifications to the way the PDBR would operate.

- First, he told a Senate committee, "service-specific DoD guidance that conflicts with the VA's schedule for rating disabilities ... will be disregarded and the conditions and rating will be evaluated only with the VASRD." This could have a significant effect on the number of rating adjustments, particularly for conditions not rated high by the services including Post-Traumatic Stress Disorder and even sleep apnea.
- Second, in reconsidering ratings, the PDBR will review all findings made originally by the service's physical evaluation board (PEB), including disabling conditions found to have had no effect on fitness for duty. For example, Meurlin said, the hearing loss of an artilleryman might have been acknowledged by the physical evaluation board but not found to be unfitting by the Army. It could now be considered for a rating adjustment by the PDBR.

In a phone interview, Meurlin acknowledged initial reaction from Capitol Hill showed "they weren't too pleased with the way we were doing it." So far more than 200 veterans have applied to have ratings reviewed. They are being advised now to supply information on all disabilities found by their PEB. The pool of veterans eligible to have disability separations since 9/11 reviewed is estimated to be as large as 90,000. The PDBR Web site is www.health.mil/Pages/Page.aspx?ID=19. Its mailing address is SAF/MRBR, 550 C Street West, Suite 41, Randolph AFB, Texas 78150-4743. The application form is now available at <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd0294.pdf>. Meurlin also announced that DoD will propose legislation to pay family caregivers of catastrophically injured service members (usually mothers or spouses) monthly compensation. The amount would equal what home health-care aides are paid in the private sector. [Source: Montgomery Advertiser Tom Philpott article 10 Oct 09 ++]

VA HEARING AIDS/EYEGASSES Update 02: The Department of Veterans Affairs must provide audiology and eye care services and hearing aids and glasses to military veterans with any compensable service-connected disability. Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996, changed eligibility laws to allow VHA to furnish prosthetic appliances to veterans. However, that law further provided that VHA could not furnish sensori-neural aids (hearing aids and eyeglasses) except in accordance with guidelines that the Department of Veterans Affairs (VA) prescribes. Subsequently, the Department published regulations (Title 38 Code of Federal Regulations (CFR), §17.149) in the Federal Register establishing such guidelines. In 2002, VHA issued Directive 2002-039 to establish uniform policy for the provision of hearing aids and eyeglasses. It is now VHA policy that all enrolled veterans and those veterans exempt from enrollment are eligible for medical services that include diagnostic audiology and diagnostic and preventive eye care services, and that the prescription and provision of hearing aids and eyeglasses must be furnished to all eligible veterans in accordance with the parameters and criteria defined in VHA DIRECTIVE 2008-070 dtd 28 OCT 08. Full details of the directive can be viewed at http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1789. It identifies eligible's to include:

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- Those with any compensable service-connected disability.
- Those who are former Prisoners of War (POWs).
- Those who were awarded a Purple Heart.
- Those in receipt of benefits under Title 38 United States Code (U.S.C.) 1151.
- Those in receipt of an increased pension based on being permanently housebound and in need of regular aid and attendance.
- Those with vision or hearing impairment resulting from diseases or the existence of another medical condition for which the veteran is receiving care or services from VHA, or which resulted from treatment of that medical condition, e.g., stroke, polytrauma, traumatic brain injury, diabetes, multiple sclerosis, vascular disease, geriatric chronic illnesses, toxicity from drugs, ocular photosensitivity from drugs, cataract surgery, and/or other surgeries performed on the eye, ear, or brain resulting in vision or hearing impairment.
- Those with significant functional or cognitive impairment evidenced by deficiencies in the ability to perform activities of daily living.
- Those who have vision and/or hearing impairment severe enough that it interferes with their ability to participate actively in their own medical treatment and to reduce the impact of dual sensory impairment (combined hearing and vision loss). NOTE: The term “severe” is to be interpreted as a vision and/or hearing loss that interferes with or restricts access to, involvement in, or active participation in health care services (e.g., communication or reading medication labels). The term is not to be interpreted to mean that a severe hearing or vision loss must exist to be eligible for hearing aids or eyeglasses.
- Those veterans who have service-connected vision disabilities rated zero percent or service-connected hearing disabilities rated zero percent if there is organic conductive, mixed, or sensory hearing impairment, and loss of pure tone hearing sensitivity in the low, mid, or high-frequency range or a combination of frequency ranges which contribute to a loss of communication ability; however, hearing aids are to be provided only as needed for the service-connected hearing disability.

Following are the Directive’s Criteria for replacing hearing aids and eyeglasses in accordance with VHA Handbooks 1173.7 and 1173.12:

- Hearing aids or eyeglasses are to be replaced when the device proves to be ineffective, irreparable, or the veteran’s medical condition has changed and a different device is needed.
- Hearing aids or eyeglasses are to be replaced if the device was destroyed or lost due to circumstances beyond the control of the veteran.
- Hearing aids or eyeglasses are not to be replaced because of availability of newer technology, unless there is evidence that the replacement will significantly benefit the veteran.
- For hearing aids, replacement may be based on age of the device, whether they are beyond economical repair, technical performance is reduced, parts or accessories are unavailable, or the device is no longer sufficient for the veteran’s communication needs.
- Replacement hearing aids can be prescribed at any time that change of amplification characteristics are required to maintain or improve communication function. Hearing aids have an expected life span of 3 to 4 years depending on the model of the instrument, daily hours of use, wear and tear, frequency of repair and maintenance, ear conditions, and user lifestyle.
- For eyeglasses, replacement of corrective eyeglasses necessitated by fair wear and tear, loss, or breakage due to circumstances beyond the control of the veteran, or due to required change of prescription, may be made at any time.
- Hearing aids or eyeglasses are not to be replaced solely for cosmetic purposes.

[Source: VA Directive 2008-070 Oct 08 ++]

WOUNDED WARRIOR TRANSITION ASSISTANCE ACT: Legislation aimed at ensuring wounded National Guard and reserve members don’t fall through the cracks and end up waiting months for disability benefits was introduced 30 APR by Sen. Russ Feingold (D-WI). The bill, S.944, would require wounded

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reservists to be kept on active duty until they are fully evaluated or at least have time to consult with a military lawyer about their eligibility for benefits. If they remain on active duty, the bill would require them to be returned to their homes, if medically feasible, to await the outcome of their evaluations. If someone is discharged and cannot work because of his service-connected injury, the bill calls for him to be returned to active duty at full pay until he can access benefits from the Veterans Affairs Department. The idea, Feingold said, is to prevent a gap in income if a person leaves active duty without being eligible for military benefits, or not knowing about military benefits for which he may be eligible and ends up with financial problems while waiting for veterans disability benefits to kick in.

“The armed forces have come a long way in addressing the bureaucratic hurdles that have long plagued wounded service members transitioning out of the services,” Feingold said. “However, much more remains to be done to ensure that wounded service members do not go without income due to injuries sustained in the line of duty.” He said many injured troops are going “without compensation of any kind because they are never told about the patchwork of programs designed to care for them as they transition back to civilian life and into VA.” “This has been a particular concern for members of the reserve components,” he said. Sen. Lisa Murkowski (R-AK) is an original co-sponsor of the bill, which is likely to end up as an amendment offered to the 2010 defense authorization bill. Feingold proposed to cover the cost of additional active-duty pay and legal help and advocates for wounded Guard and reserve members by demanding that the Defense Department recover \$273 million in overpayments made to defense contractors over the last four years. The bill is endorsed by several major veterans groups. [Source: NavyTimes Rick Maze article 18 May 09 ++]

VA BLUE WATER CLAIMS Update 04: On 5 MAY 09 Rep Bob Filner (D-CA-51st) introduced the Agent Orange Equity Act of 2009 (H.R.2244). This legislation would clarify the legal presumption of exposure to Agent Orange for veterans who served in the vicinity of Viet Nam. Currently, 38 US Code Section 1116, defines a Viet Nam veteran as "a veteran who, during active military, naval, or air service, served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975." The Department of Veterans Affairs uses a conservative interpretation to mean "boots on the ground" which excludes most Navy and Air Force personnel who have Agent Orange related issues but who cannot prove "boots on the ground." H.R.2254 would clarify this section by redefining a Viet Nam veteran as one who during active military, naval, or air service (a) served in the Republic of Vietnam (including the inland waterways, ports, and harbors of such Republic, the waters offshore of such Republic, and the airspace above such Republic) during the period January 9, 1962 - May 7, 1975; (b) served in Johnston Island during the period April 1, 1972 - September 30, 1977; or (c) received the Vietnam Service Medal or the Vietnam Campaign Medal. If you would like to see this legislation passed you should contact your legislator and ask that he/she sign on as a sponsor or cosponsor to the bill. One easy way to do this is to go to [http://capwiz.com/usdr/issues/alert/?alertid=13301656&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=13301656&queueid=[capwiz:queue_id]) where you will find a preformatted message that you can use as is or edit the text of to your personal style and forward automatically by entering your zip code and contact data. [Source: NAUS Legislative Alert 8 May 09 ++]

SBP DIC OFFSET UPDATE 16: On 5 MAY 09 Representative Steve Buyer (R-IN-4th) introduced the Surviving Spouses Improvement Act of 2009 (H.R.2243). This legislation would increase the VA Dependency Indemnification Compensation (VA DIC) amount to 55% of the VA 100% disability compensation amount. This 55% level aligns VA DIC with DOD Survivors Benefits Payments and links DIC to VA compensation in an equivalent manner to Federal civilian disability pay. As a practical matter, that would be \$1,470 monthly, vs. the current rate of \$1,154. Further, HR 2243 would end the SBP/DIC "widows tax" offset where DIC offsets SBP \$1 for \$1 of DIC paid. Some 50,000 to 60,000 survivors are impacted by this offset, in some cases as high as \$1154 per month. In many instances this totally wipes out the SBP which was paid from the military spouse's retirement pay. As a result, many SBP/DIC widows live in penury. If you would like to see this legislation passed you should contact your legislator and ask that he/she sign on as a sponsor or cosponsor to the bill. One easy way to do this is to go to [http://capwiz.com/usdr/issues/alert/?alertid=13303636&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=13303636&queueid=[capwiz:queue_id]) where you will find a preformatted message that you can use as is or

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edit the text of to your personal style and forward automatically by entering your zip code and contact data. [Source: NAUS Legislative Alert 8 May 09 ++]

VA BUDGET 2010 Update 02: On 7 MAY, the U.S. Department of Veterans Affairs (VA) announced President Obama's 2010 budget for VA. The budget emphasizes a Veteran-centric commitment to expanded services with a 15.5% increase over 2009, the largest percentage increase for VA requested by a president in more than 30 years. Secretary of Veterans Affairs Eric K. Shinseki said, "Our 2010 budget represents the President's vision for how VA will transform into a 21st Century organization that is Veteran-centric, results-driven, and forward-looking. This transformation is demanded by new times, new technologies, new demographic realities, and new commitments to today's Veterans. It requires a comprehensive review of the fundamentals in every line of operation the Department performs. We must be sure that valuable taxpayer dollars are invested in programs that work for our Veterans." The centerpiece of the \$112.8 billion VA budget proposal is a dramatic increase in Veteran health care funding, with an 11% increase over the current year's funding (excluding one-time Recovery Act funds). Deputy Secretary of Veterans Affairs W. Scott Gould said, "Organizational transformation requires changes in culture, systems, and training. This will require resources, but it will also demand commitment and teamwork. The entire Department is dedicated to serving the needs of Veterans, and every VA employee has a stake in transformation to meet those needs."

That transformation is already underway. For instance, the enhanced use of automated tools, coupled with more efficient processes, recent staffing increases, and improved training is expected to reduce the compensation and pension claims processing time to 150 days in 2010, or 16% faster compared to 2008, while reducing the pending inventory and improving accuracy. VA anticipates an 8% increase in education claims in 2010 compared to this year due largely to the improved education benefits of the Post-9/11 Veterans Educational Assistance Act. Nonetheless, VA's goal is to complete all education claims without any increase in average processing days. "We are making the smart choices today to improve the services that our Veterans receive tomorrow," Secretary Shinseki said. VA's budget request contains four major categories of activities. These activities include: creating a reliable management infrastructure, delivering ongoing services, making progress on Departmental priorities, and instituting new initiatives critical to meeting the needs of Veterans now and in the future.

Nearly two-thirds of the increase (\$9.6 billion) would go to mandatory programs (up 20%); the remaining third (\$5.6 billion) would be discretionary funding (up 11%). The total budget would be almost evenly split between mandatory funding (\$56.9 billion) and discretionary funding (\$55.9 billion). The budget request:

- Provides for an estimated 122,000 more patients to be treated over the current year. Many of these patients will have multiple visits in the course of the year. VA expects to end fiscal year 2010 with nearly 6.1 million individual patients having received care, including 419,000 Veterans of the Iraq and Afghanistan war zones who separated from service. "VA has too often in the past been seen as difficult and bureaucratic as it relates to its charge of providing for our Nation's Veterans," Secretary Shinseki said. "Changing that perception will require a significant transformation. We will not nibble at the edges of this change. We must be bold and demand that we begin immediately showing measurable returns on investment in a responsible, accountable and transparent manner."
- Supports the administration's goal to gradually expand health care eligibility to more than 500,000 new enrollees by 2013, while maintaining excellent care quality and timeliness. In 2010, the transformation of VA health care will support scheduling of 98% of primary care appointments within a month of the desired date.
- Places a high priority on initiatives aimed at making servicemembers' transition to civilian life and VA benefits seamless. This includes the President's initiative for VA and the Department of Defense to collaboratively develop and implement a joint "Virtual Lifetime Electronic Record."
- Supports the administration's initiative for a uniform registration of all servicemembers with VA.
- Will improve delivery of benefits by assuring availability of medical and administrative data useful both in future medical care as well as in the determination of service-connection in disability ratings. "The Department's number one priority is providing for our Veterans," Deputy Secretary Gould said. "We have an obligation to make sure that every dollar goes to delivering timely, high-quality benefits and services to

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our clients—the Veterans. A strong corporate model will enable decentralized provision of services at VA by professionals in the field while providing integrated policy and coordination through a central office.”

- Fosters strong support for Veteran-focused information technology, providing more than \$3.3 billion to ensure reliable, accessible and secure computer systems. In addition to improvements in VA's electronic health records, this investment will support the President's goal of making claims decisions timely, fair, and consistent with the extension of a new paperless processing initiative expected to lead to an electronically based benefits system by 2012.
- Will preserve VA-managed national cemeteries as shrines while maintaining the current high level of service. The National Cemetery Administration would receive \$242 million in operations and maintenance funding in the fiscal year 2010 request. The budget provides for activation of three new national cemeteries, Bakersfield National Cemetery in California, Alabama National Cemetery near Birmingham, and Washington Crossing National Cemetery in southeastern Pennsylvania. VA expects to perform 111,500 interments in 2010, a four-percent increase from the estimate for the current year.
- Provides more than \$1.9 billion for construction projects and other capital programs in VA. This continues work on five major medical projects already in progress, begins seven new ones, and provides resources to support the cemetery system's expansion needs, including resources for improvements at Abraham Lincoln National Cemetery in Elwood, Illinois, and Houston National Cemetery. The seven new medical facility projects move VA towards new construction or renovations at VA medical facilities in Brockton, Massachusetts; Canandaigua, New York; Livermore, California; Long Beach, California; Perry Point, Maryland; San Diego, California; and St. Louis, Missouri. Capital funds also will support ongoing improvements at medical centers in Bay Pines, Florida; Denver, Colorado; Orlando, Florida; San Juan, Puerto Rico; and St. Louis, Missouri.
- Contains \$600 million for minor construction projects, \$85 million in grants for construction of state extended care facilities, and \$42 million in grants for state Veterans cemeteries.

[Source: VA News Release 7 May 09 ++]

MEDICARE PART E: Medicare’s \$1,068 deductible for a hospital stay and the 20% coinsurance charged for doctor visits and outpatient services like chemotherapy can become an overwhelming burden for older adults and people with disabilities. With no annual cap on out-of-pocket spending, the Medicare benefit does not provide enough protection against the high costs of treating a serious illness unless it is combined with supplemental insurance. But the cost of supplemental “Medigap” coverage is increasingly out of reach for people on fixed incomes. Average costs are projected to reach \$2,329 in 2011, and in 2021 the average cost will be close to \$4,000. The private insurers offering Medigap plans spend only 72% of their members’ premiums on medical claims; more than one dollar in four goes to marketing and administrative costs or profit. The rules in most states allow Medigap insurers to discriminate against people who have Medicare because of a disability, to charge higher premiums to older enrollees and, in certain circumstances, to enrollees with a history of illness.

One third of people with Medicare have retiree coverage through a former employer. But with each passing year, fewer employers are offering such coverage to their former employees. Between 1988 and 2006, the share of employers with 200 employees or more offering retiree health benefit packages decreased from 66% to 35%. In addition, more than half of the people enrolled in Medicare private health plans are in plans with no out-of-pocket maximum. Other plans offer very high limits or limits riddled with loopholes: doctor visits or chemotherapy or other essential services don’t count toward the limit. Medicare private health plans are also an inefficient way to deliver extra benefits. It costs the government \$1.30 for every \$1.00 in extra benefits provided through Medicare private health plans.

The best solution is to allow people with Medicare to pay a surcharge on their Part B premium for supplemental Medicare coverage that lowers co-pays for medical services, provides an integrated drug benefit under Original Medicare, and caps annual out-of-pocket spending for both medical services and prescription drugs. One such proposal, entitled Medicare Extra, would allow older adults and people with disabilities to get all their medical and drug coverage from the most trusted and efficient source—Original Medicare—without paying the added costs of insurance middlemen. In the meantime, Congress should strengthen protections for people who choose a private insurer for supplemental Medigap coverage, and prevent insurers from charging high premiums to the sickest and

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most vulnerable older adults and completely excluding people with disabilities. Guaranteed issue rules should be expanded to include people with disabilities, people who quit their Medicare private health plan and people who want to switch to a lower cost Medigap plan. Supportive of this approach are conclusions reached in the following reports:

- Beneficiaries currently enrolled in Medigap plans would save a total of \$357 per year by enrolling in Part E. On average, supplemental premiums would drop from an estimated \$1,400 per year under Medigap to \$1,103 under Part E; typical out-of-pocket costs would drop from \$933 to \$873 per year. To provide equitable access for beneficiaries with low incomes, Part E premiums could be subsidized under the Medicare Savings Programs or through federal premium assistance, the authors say. (Medicare Extra: A Comprehensive Benefit Option for Medicare Beneficiaries, Commonwealth Fund, OCT 05).
- As of AUG 07, about 48% of beneficiaries were enrolled in plans that had an out-of-pocket maximum. However, some plans excluded certain services from the out-of-pocket maximum. Services that were typically excluded were Part B drugs obtained from a pharmacy, outpatient substance abuse and mental health services, home health services, and durable medical equipment. (Medicare Advantage: Higher Spending Relative to Medicare Fee-for-Service May Not Ensure Lower Out-of-Pocket Costs for Beneficiaries, Government Accountability Office, FEB 08)
- Employers looking to rein in spending have been shifting costs onto retirees in the form of higher premium contributions and cost-sharing requirements, with a smaller share of employers terminating subsidized benefits for future retirees. These terminations have primarily affected new or recent hires. (Retiree Health Benefits Examined, Kaiser/Hewitt, DEC 06)

[Source: Medicare Consumer Advocacy Update 7 May 09 ++]

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BLOOD THINNERS Update 02: In a setback for the fledgling field of personalized medicine, Medicare has decided not to pay for genetic tests intended to help doctors determine the best dose of the blood thinner Warfarin for a particular patient. In a proposed decision posted on its Web site 4 MAY, the Centers for Medicare and Medicaid Services said that there was not enough evidence that use of the tests improved patients' health. But the agency said it would pay for the tests as part of clinical trials to gather such evidence. The Warfarin response tests, which cost \$50 to \$500, look at variations in two specific genes in a patient. They are among a group of new tests that seek to tailor medical treatments based on a patient's genetic makeup. Such tests might help tell which drug would be best for a particular person, or whether a patient might be susceptible to dangerous side effects. As many as one million or more Medicare patients a year start therapy with the drug, which is used to prevent life-threatening blood clots. But determining the proper dose of Warfarin is notoriously tricky. Even a slight change in dosage can mean the difference between too little, which would not be effective in preventing blood clots, and too much, which can cause dangerous internal bleeding. Tens of thousands of people end up in the hospital each year with complications from Warfarin, which is also sold under the brand name Coumadin.

Medicare said there was little evidence that use of the genetic test led to better outcomes for patients compared with the existing procedure, in which doctors estimate an initial dose based on a patient's age, weight and other factors. Then they test the blood's clotting propensity every few days and adjust the dose accordingly. Some studies have shown that using the genetic test might allow the proper dose to be achieved more quickly. But Medicare said there was little evidence that doing so translated into a lower risk of blood clots or hemorrhages. Conclusions about health outcomes, it said, "seem to us premature, even though they are intuitively appealing." Medicare's proposed decision will be open for public comment for the next month. Edward Abrahams, executive director of the Personalized Medicine Coalition, which advocates such genetic testing, said the expensive clinical trials required by Medicare might be unreasonable for diagnostic tests. Several diagnostic companies, including Nanosphere, Osmetech and ParagonDx, sell Warfarin genetic tests to hospitals and other laboratories. Some labs offer their own tests.

The decision was not a complete pushback, said Bill Moffitt, Nanosphere's chief executive, pointing to Medicare's willingness to pay to help generate evidence of the tests' usefulness. Kathy Hudson, director of the Genetics and Public Policy Center at Johns Hopkins University, agreed with Medicare's decision. "We should pay for what works," she said. Medical societies were divided on the issue. And the Food and Drug Administration

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recommends, but does not require, a genetic test for patients starting on Warfarin. Critics say that there are various practical problems with the Warfarin genetic tests. The test results often do not come back fast enough to influence the initial dose. And simply knowing which variants of the two genes a patient has does not automatically tell the doctor what dose to give. That depends on other factors as well. Moreover, use of the genetic tests does not eliminate the need to periodically test the patient's blood-clotting propensity. [Source: New York Times Andrew Pollack article 4 May 09 ++]

VA Sexual Trauma Program Update 01: Officials on 6 MAY said the Department of Veterans Affairs will review the billing practices of veterans health centers around the country amid concerns that some are improperly charging for care relating to sexual assault in the military. The department is required to provide free care, including counseling and prescription drugs, to veterans who were sexually harassed or assaulted while in military service. Sexual assault includes rape and attempted rape. But the Office of Inspector General at the department found this year that an outpatient clinic in Austin, Tex., had repeatedly charged veterans, mostly women, for those services. Based on concerns that the practice may be more widespread, the office decided to expand its review to a sampling of veterans health care centers and clinics nationwide. An official in the office declined to comment, saying it does not discuss pending reviews. The official said the review would be made public when it was completed, possibly by October. In a statement, the Department of Veterans Affairs said the Central Texas Veterans Health Care System, which oversees the Austin clinic, was reimbursing patients who had been improperly billed. "Patients seen for military sexual trauma should not be billed for payment," the statement said. "We apologize for the inconvenience this has caused."

Studies have found that male and female members of the military have reported high rates of sexual harassment and assault while in the service, according to the Department of Veterans Affairs. A 2003 report by the department estimated that nearly a quarter of women in the National Guard or Reserve reported having been sexually assaulted. Over half of the assaults were at a military base or worksite during duty hours, and in most cases, military personnel were the offenders, the report said. The inspector general's review was prompted by complaints from a woman in Texas who said the clinic in Austin had for years charged her for care relating to military sexual trauma, the department's term for physical and psychological problems caused by sexual harassment or assault. Her complaints reached Senator Daniel K. Akaka, Democrat of Hawaii and chairman of the Senate Veterans' Affairs Committee, who requested the review. "Disabilities resulting from military sexual trauma, physical or invisible, must be treated like other service-connected wounds: V.A. has an obligation to provide and pay for the care," Mr. Akaka said in a statement. [Source: New York Times James Dao article 6 May 09 ++]

MERCHANT MARINE WWII COMPENSATION Update 03: A new World War II battle was waged 6 MAY in the House Veterans' Affairs Committee as lawmakers tussled over how far to extend veterans' status to contractors who were part of the war effort. The fight came as the committee considered H.ER.23, a 10-year-old bill that would provide a \$1,000 monthly pension and a chance to use 60-year-old GI Bill education benefits to Merchant Marine veterans who served during World War II, including members of the Army Transport Service and Naval Transport Service. This should have been easy, because the committee and the full House of Representatives passed the same bill last year, only to see it die when the Senate never considered it. Rep. Bob Filner (D-CA), the chief sponsor of the bill and the veterans' committee chairman, said he is pushing the measure as a matter of fairness to Merchant mariners who were given veterans' status years ago but never received the same benefits as other veterans. But Rep. Steve Buyer of Indiana, the committee's ranking Republican, launched a two-pronged attack: First, he argued against the entire bill because it could set a precedent for contractors working alongside U.S. troops in Iraq to also demand veterans' benefits. He also argued that if Merchant Marine veterans deserved special status, then so do people in 28 similar groups who worked with the U.S. military during World War II — including the Flying Tigers, civilian volunteers in Bataan, the Women's Army Auxiliary Corps and the Women's Air Force Service Pilots.

Buyer said a \$1,000 pension for Merchant Marine veterans elevate their status because it would be one of the rare situations in which the government would pay veterans a pension not based on disability or low income. The only

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other veterans who qualify for such payment are Medal of Honor recipients, who receive a \$1,100 monthly pension. "Not even groups of prisoners of war get a pension like this," Buyer said. Filner said that in the 10 years he has been pushing for better Merchant Marine benefits, he has never heard from any other group of people asking for similar treatment. He said he'd be willing to consider such entreaties from other groups — just not as part of this particular bill. The \$1,000 pension and the chance to use 1944 GI Bill benefits if they never received such benefits are not guaranteed. The bill would make the benefits subject to the availability of funding, and benefits would be provided only to those who apply within one year of the measure becoming law. It also is not clear how someone would attend college using GI Bill benefits that paid a maximum of \$500 a year for tuition. The legislative skirmish ended with a 15-14 vote that excluded the 28 additional groups, and sends the Merchant Marine bill off to a future vote by the full House. [Source: NavyTimes Rick Maze article 6 May 09 ++]

TRICARE USER FEE Update 37: The Obama administration's first defense budget will not seek an increase in Tricare fees, according to a White House statement and a representative of a major military organization retired Army Maj. Gen. Bill Matz, president of the National Association for Uniformed Services (NAUS). The veteran of three battles with the Bush administration over its attempts to raise Tricare enrollment fees, deductibles and co-payments, said he received word from the White House 5 MAY that Tricare fee hikes would not be part of the budget due to be sent to Congress on 7 MAY. Matz said the exact words were: "We are not touching Tricare." "This is an important budget victory and shows that President Obama is willing to listen to the concerns of our nation's uniformed service members and retirees," Matz said. "Giving priority in the budget to the health-care promises made to our men and women who serve, and have served, in uniform is an important recognition of our nation's commitment to those who serve and sacrifice in her defense, particularly, when we're at war.

However, the promise not to touch Tricare is good for only one year. "I did not hear the word 'never,'" Matz said. A statement provided to the association from Obama says: "We have a sacred trust to those who wear the uniform of the United States of America. It's a commitment that begins at enlistment, and it must never end." Matz said he thinks he was among the first to receive word from the White House because he hand-delivered a strongly worded letter on Tricare fee hikes during a meeting with Obama in early April. Omission of Tricare fee increases from the 2010 defense budget is not a complete surprise. Defense Secretary Robert Gates said in early April that after Congress rejected Defense Department requests in 2007, 2008 and 2009 to increase fees for working-age military retirees and their families and to raise some fees for using retail pharmacies, there didn't seem much point in asking again in the 2010 budget. "Hit us over the head with a two-by-four three times, and we're beginning to get the message," Gates said. Instead of proposing an increase, Pentagon officials plan to highlight the cancellation or delay of weapons systems and other large cuts in military spending and make an argument that the inability to hold down soaring health care costs is part of the reason for those cuts. The idea, defense officials said, is that Congress may decide on its own that it is time to increase Tricare fees, which have not changed since the Tricare system was introduced in the mid-1990s. [Source: ArmyTimes Rick Maze article 6 May 09 ++]

Armed Forces Day: On 31 AUG 49, Secretary of Defense Louis Johnson announced the creation of an Armed Forces Day to replace separate Army, Navy and Air Force Days. The single-day celebration stemmed from the unification of the Armed Forces under one department -- the Department of Defense. Each of the military leagues and orders was asked to drop sponsorship of its specific service day in order to celebrate the newly announced Armed Forces Day. The Army, Navy and Air Force leagues adopted the newly formed day. The Marine Corps League declined to drop support for Marine Corps Day but also supports Armed Forces Day. In a speech announcing the formation of the day, President Truman "praised the work of the military services at home and across the seas" and said, "it is vital to the security of the nation and to the establishment of a desirable peace." In an excerpt from the Presidential Proclamation of 27 FEB 50, Mr. Truman stated: Armed Forces Day marks the first combined demonstration by America's defense team of its progress, under the National Security Act, towards the goal of readiness for any eventuality. It is the first parade of preparedness by the unified forces of our land, sea, and air defense.

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The theme of the first Armed Forces Day was "Teamed for Defense." It was chosen as a means of expressing the unification of all the military forces under a single department of the government. Although this was the theme for the day, there were several other purposes for holding Armed Forces Day. It was a type of "educational program for civilians," one in which there would be an increased awareness of the Armed Forces. It was designed to expand public understanding of what type of job is performed and the role of the military in civilian life. It was a day for the military to show "state-of-the-art" equipment to the civilian population they were protecting. And it was a day to honor and acknowledge the people of the Armed Forces of the United States. According to a New York Times article published on 17 MAY 52: "This is the day on which we have the welcome opportunity to pay special tribute to the men and women of the Armed Forces ... to all the individuals who are in the service of their country all over the world. Armed Forces Day won't be a matter of parades and receptions for a good many of them. They will all be in line of duty and some of them may give their lives in that duty."

The first Armed Forces Day was celebrated by parades, open houses, receptions, and air shows. In Washington D.C., 10,000 troops of all branches of the military, cadets, and veterans marched past the President and his party. In Berlin, 1,000 U.S. troops paraded for the German citizens at Templehof Airfield. In New York City, an estimated 33,000 participants initiated Armed Forces Day "under an air cover of 250 military planes of all types." In the harbors across the country were the famed mothballed "battlewagons" of World War II, the Missouri, the New Jersey, the North Carolina, and the Iowa, all open for public inspection. Precision flying teams dominated the skies as tracking radar was exhibited on the ground. All across the country, the American people joined together to honor the Armed Forces. Armed Forces Day is celebrated annually on the third Saturday of May which this year is the 16th. Armed Forces Week begins on the second Saturday of May and ends on the third Sunday of May, the day after Armed Forces Day. Because of their unique training schedules, National Guard and Reserve units may celebrate Armed Forces Day/Week over any period in May. [Source: About.com: U.S. military article May 09 ++]

MEDICARE OFF-LABEL COVERAGE STANDARD: More than two years after it first filed an appeal, based on a study published in the journal *Gynecologic Oncology*, the Medicare Rights Center (MRC) on 20 APR 09 successfully secured Medicare coverage of an off-label Part D cancer drug for a New York woman suffering from ovarian cancer. The MRC is a national, not-for-profit organization dedicated to ensuring that seniors and people with disabilities have access to affordable, quality health care. New regulations that took effect 1 JAN 09 allow Part D coverage of off-label cancer treatments when supported by medical evidence in peer-reviewed literature. For over two years, the woman had been fighting to obtain Medicare coverage under Part D for Cetrotide, a hormone treatment costing upwards of \$35,000 per month that has effectively contained her cancer. Before 2009, regulations prohibited Part D plans from covering drugs for off-label indications (i.e. uses not approved by the FDA) that were not supported by specific drug compendia (i.e. AMA-DE, USP-DI, or AFHS-DI privately published reference manuals). This victory is important for Mrs. Layzer and for all cancer patients," said Paul Precht, Medicare Rights Center Director of Policy and Communications. "It is also a sign for policymakers on Capitol Hill and in the Obama administration that coverage decisions in these types of drug treatments can, and should, be made case-by-case on the basis of sound evidence vetted through the peer-review process."

The MRC pursued a legislative remedy to seek clarification from Congress that off-label drug treatments could be covered under Part D if there is evidence of efficacy in peer-reviewed literature. That effort was successful for off-label cancer drugs with the passage of "The Medicare Improvements for Patients and Providers Act (MIPPA)". The Act clarified the standard of coverage for anticancer drugs, explicitly allowing consideration of evidence in peer-reviewed literature (i.e. respected journals such as the New England Journal of Medicine). The organization's efforts continue in order to obtain coverage of drugs used to treat conditions other than cancer. At present they are pursuing a federal lawsuit challenging the regulations that restrict coverage of off-label treatments for those suffering from a rare form of muscular dystrophy. The lawsuit is currently pending in the U.S. District Court in the Southern District of New York. [Source: MRC Medicare Watch Newsletter 5 May 09 ++]

HVAC Update 05: In the House Veterans Affairs Committee (HVAC) on 6 MAY the following bills were approved which sends them on to a future vote by the full House:

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- H.R.23 - To provide would provide a \$1,000 monthly pension and a chance to use 60-year-old GI Bill education benefits to Merchant Marine veterans who served during World War II.
- H.R.1088 - To provide a one-year period for the training of new disabled veterans' outreach program specialists and local veterans' employment representatives.
- HR 1089 - To give the Veterans Affairs Department Office of Special Counsel exclusive jurisdiction in enforcing employment rights of veterans and members of the armed forces employed by Federal executive agencies.
- H.R.1170 - To establish a grant program for the development of technologies to adapt housing for disabled veterans. It authorizes \$2 million a year for five years (FY 10 through FY14) for grants up to \$200,000 a year for innovative housing concepts. This bill is expected to win full House approval.

[Source: Various 6 MaY 09 ++]

SVAC Update 02: The Senate Veterans' Affairs Committee (SVAC) held a hearing in late APR on the following pending veterans' health care legislation.

- S.801, the Family Caregiver Program Act of 2009, would establish a permanent program for the caregivers of disabled veterans, providing them with training and certification, access to VA health care and financial support, and new travel benefits.
- S.734, the Rural Veterans Health Care Access and Quality Act of 2009, would improve health care staffing, enhance access to quality care, and provide travel benefits, for veterans living in rural and remote areas.
- S.423, the Veterans Health Care Budget Reform and Transparency Act of 2009, would promote timely and predictable funding for the largest health care system in the country, which has started 19 of the past 22 fiscal years without knowing its budget for the year.

Committee Chairman Sen. Daniel Akaka said, "VA must adapt to the changing needs of America's veterans and their families. These bills recognize veterans' families as partners, allow veterans to receive the care they've earned, and make veterans' health care funding more timely and secure. I look forward to moving these important measures from the Veterans' Affairs Committee to the President's desk." Sen. Richard Burr (R-NC), the committee's ranking Republican said, "Yesterday's hearing marked a critical step forward in the Committee's consideration of important legislation, including the Family Caregiver Program Act (S.801), a bill I introduced with Chairman Akaka to strengthen support for family caregivers and attendants of veterans who make sacrifices to care for traumatically injured veterans." Markup of the bills is expected to begin in May. [Source: AUSA Leg Up 27 Apr 09 ++]

RETIREE LIFE EXPECTANCY: Results of new study provide more evidence that participating in volunteer activities may add years to an older person's life. In a study of U.S. retirees, researchers found that volunteering significantly reduced the chances of dying over a four-year period. Volunteering, the investigators say, may improve health outcomes by expanding retirees' social networks, increasing their access to resources and improving their sense of self-worth. In the study, Dr. Sei J. Lee and colleagues from the VA Medical Center and University of California, San Francisco, examined 6360 retirees older than age 65 who enrolled the Health and Retirement Study in 2002. As part of the study, the men and women, whose average age was 78 years, were asked: "Have you spent any time in the past 12 months doing volunteer work for religious, educational, health-related, or other charitable organization?" Lee and colleagues found that volunteering was strongly associated with lower death rates, with 12% of 1766 volunteers dying by 2006 compared to 26% of 4594 non-volunteers. Even after adjusting for numerous factors that could influence the results, such as the seniors' socioeconomic status, chronic illnesses, and functional limitations, volunteering remained strongly correlated with lower death rates. The findings of the study were reported over the weekend at the American Geriatrics Society annual meeting in Chicago. To review Military Retiree Life Expectancy tables refer to the DoD Office of the Actuary MAY 08 report at www.defenselink.mil/actuary/statbook07.pdf. [Source: Reuters Health Megan Rauscher article 4 May 09 ++]

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TSP Update 17: All the funds in the Thrift Savings Plan posted significant gains in April, some rising by double digits. Those increases mean that five of the TSP's 10 offerings have grown in value since the beginning of 2009, helping to make up for earlier losses.

- The S Fund, which invests in small- and mid-size companies and tracks the Dow Jones Wilshire 4500 Index, posted the largest gains in April, rising 15%. Since the beginning of 2009, the fund's value is up 2.98% , though significant losses in the financial downturn last fall mean it's still down 33.35% from the same time in 2008.
- The I Fund, invested in companies in Europe, Asia and Australia, rose 12.13% last month, but its value is down 4.97% since the beginning of 2009, and at a 43.06% deficit over the past 12 months, the largest loss of any fund in the plan.
- The C Fund, which invests in common stocks of large companies on the Standard & Poor's 500 Index and had the biggest gains of any fund in March, again posted strong returns in April, surging 9.58%. The fund is down 2.41% in 2009, and 35.26 since April 2008.
- The G Fund of government securities and the F Fund, which invests in fixed-income bonds, made smaller gains in April, but rose in value since January 2009 and during the past year. The G Fund inched up 0.21% in April, while the F Fund rose 0.49%. The G Fund is up 0.85% since the beginning of 2009 and 3.45% since April 2008, while the F Fund is up 0.62% and 3.93% during the past year.

All five life-cycle funds got a boost in April, though all also have lost value during the past 12 months. The L funds are designed to move participants from riskier, but potentially higher yielding investments early in their careers to a more conservative mix as they reach retirement. The L 2040 Fund, which is the riskiest mix of investments, increased 9.38% in April; the L 2030 Fund was up 8.20%; the L 2020 Fund experienced a 6.79% hike; the L 2010 Fund rose 3.20%; and the L Income Fund, the most stable option for enrollees about to retire, received a 2.37% boost. Since the beginning of 2009, the L 2040 Fund is down 1.07%; the L 2030 Fund has fallen 0.69%, and the L 2020 Fund has decreased 0.39%. The L 2010 Fund has risen 0.29% and the L Income Fund is up 0.63%. During the past year, all the L funds have lost value. The L 2040 Fund has decreased 29.88%; the L 2030 Fund has tanked 25.91%; the L 2020 Fund has lost 21.42% of its value; the L 2010 Fund is down 9.62%; and the L Income Fund lost 4.71% of its value. [Source: GovExec.com Alyssa Rosenberg article 5 May 09 ++]

PRESCRIPTION DRUG DISPOSAL: Over the years, Americans have been alerted to the dangers of a lot of problematic waste materials -- paint thinner, batteries, air conditioners. But leftover pills can seem so small, so easily disposable, that many people routinely flush them down toilets, wash them down sinks or throw them in trash that goes to a landfill. And then they often end up in places where they shouldn't be, like the public water supply. The average American takes more than 12 prescription drugs annually, with more than 3.8 billion prescriptions purchased each year, according to the Kaiser Family Foundation. The most commonly cited estimates from Environmental Protection Agency researchers say that about 19 million tons of active pharmaceutical ingredients are dumped into the nation's waste stream every year. The EPA has identified small quantities of more than 100 pharmaceuticals and personal-care products in samples of the nation's drinking water. Among the drugs detected are antibiotics, steroids, hormones and antidepressants. Last year, the Associated Press reported that trace amounts of drugs had been found in the water supplies of 24 major metropolitan areas; water piped to more than a million people in the Washington area had tested positive for six pharmaceuticals.

The EPA does not require testing for drugs in drinking water and has not set safety limits on allowable levels. While the minute quantities now being detected appear not to pose an immediate health risk, according to federal authorities, "there is still uncertainty about their potential effects on public health and aquatic life" over the long term, the EPA's water chief, Benjamin Grumbles, told a Senate committee last year. But the impact of long-term exposure of drugs on humans as well as on other species is less clear. Hormone-disrupting pharmaceuticals, for example, are one possible cause of a high incidence of "intersex" fish in the Potomac River basin: male smallmouth bass producing eggs, females exhibiting male characteristics. Until recently, federal guidelines recommended that

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surpluses of highly toxic medications be flushed down the toilet; the same advice applied to drugs with a high potential for abuse or "diversion" -- the industry's word for what happens, for example, when kids help themselves to the OxyContin or Percocet in their parents' medicine cabinet. For other drugs, consumers have been directed to adulterate the medication by mixing it with an unpalatable substance -- such as cat litter or coffee grounds -- and put it out with the household trash.

This spring, concerns about pharmaceuticals in the water supply led the Office of National Drug Control Policy to amend its advisory, telling consumers to avoid flushing unless the label or patient information specifies that method of disposal. The new guidelines still describe the cat-litter method of putting drugs in the trash, but they also encourage consumers to make use of community drug take-back programs. And that's the problem: In much of the country drug take-back sites are almost impossible to find. An informal survey of the Washington District and 10 surrounding jurisdictions turned up no city- or county-organized drug disposal programs. A major hurdle in any take-back program is what to do with controlled substances -- for example, morphine -- which constitutes about 10% of all prescription medications in this country. Under Drug Enforcement Administration rules, a third party -- beyond the patient and pharmacist -- may not legally have possession of such drugs. Thus, a family member or caregiver cannot return an unused portion of a controlled substance to a take-back program on the patient's behalf. And any take-back program must have a DEA-registered representative -- a pharmacist or a law enforcement officer -- present to accept the drug.

The problem of disposal becomes especially acute for hospice providers, who often are confronted with a medicine cabinet full of painkillers after a patient dies or when a drug regimen is changed. "There is a very delicate balance with an immediate need to avoid abuse potential versus the long-term need to protect the environment," said Catherine J. Woods of ExcelleRx, a Philadelphia medication management company that serves 800 hospices nationally. "They are both legitimate needs." Woods said hospice workers often feel forced to flush the drugs simply because there is no other convenient alternative. Clarifying the chain-of-custody rules is one of the key changes in the Safe Drug Disposal Act, introduced in FEB 09 by Rep. James P. Moran Jr. (D-Va.). The bill, co-sponsored by Rep. Jay Inslee (D-WA), is intended to foster state take-back programs. The bill would allow caregivers as well as the patient to turn over regulated medications for disposal in DEA-approved, government-run programs. The bill also would bar pharmaceutical companies from independently recommending flushing as a disposal method. The goal of the bill is to eliminate obstacles to getting unwanted medication out of circulation. The growing problem of drug diversion to illicit users "makes the issue all the more compelling," said Julie Simpson, an aide to Moran. The measure would require the DEA to create five take-back models from which states may choose. [Source: Washington Post Susan Q. Stranahan article 5 May 09 ++]

CA VET LEGISLATION Update 03: Following is a summary of committee actions during the week of 27 APR on California veteran related legislation. Complete information on all state legislation involving veterans issues is available at the website: <http://www.califveterans.com>:

Passed by the Assembly Committee on Veterans Affairs:

- AB 702 Veterans Housing and Assistance Program. (Mary Salas, Chula Vista) - Would establish the Veterans Housing and Assistance Program, under which the Department of Housing and Community Development would be authorized to make grants from the Veterans Housing and Assistance Fund, upon appropriation by the Legislature, to local governments and nonprofit organization to provide emergency or temporary housing for homeless veterans. The bill is presented in the expectation that the Legislature will appropriate \$4 million to fund the program. The bill had previously been approved by the Committee on Housing and Community Development, and now goes to the Appropriations Committee where it will undoubtedly be placed on the suspense file.
- AB 716 Veteran services: state agencies and departments. (Alyson Huber, Lodi) - Would require the Department of Veterans Affairs to establish a veteran data exchange system and enter into memorandums of understanding or interagency agreements with other state agencies and departments to ascertain the veteran status of all persons receiving services, benefits, or assistance from those state agencies and departments. The purpose of establishing this system would be to have the California Department of Veterans Affairs and other state agencies and departments, as well as local government agencies, that come

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into regular contact with veterans and returning National Guard members do a better job of informing resident veterans and their dependents of their eligibility for federal benefits so that veterans and their dependents can enroll and begin the application process sooner.

- AB 1570 Veterans: service providers. (Assembly Committee on Veterans Affairs, Mary Salas, Chula Vista, Chair; Ted Lieu, Torrance; V. Manuel Perez, Cathedral City; Lori Saldana, San Diego; and Mariko Yamada, Vacaville.) Would provide very detailed list of standards that would have to be met by any entity (organization, business, etc.) which wanted to enter into a contract with any department of the state government to provide social services to veterans. Note: The actual purpose, and need, for this bill is very questionable.

Failed passage by the Assembly Committee on Veterans Affairs: 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 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. The bill was officially opposed by VFW, Department of California, on the basis that this would subvert the purposes of the Cal-Vet Program. VFW had worked at the federal and state level so this program could be extended to combat veterans who served after the Vietnam War. The Veterans Bond Act of 2008 was passed by the voters in November with the stated purpose of providing funding for home loans to veterans who served in Iraq and Afghanistan during recent years. Assemblymember Paul Cook took the lead on the Committee in opposing the bill and was joined by 4 of the other Members.

Passed by the Assembly Committee on Health: AB 710 Veterans' Substance Abuse and Mental Health Services Fund. (Mariko Yamada, Vacaville) . Would require the Department of Veterans Affairs to submit a grant application to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for the purposes of funding community-based organizations, certified by the department, to provide substance abuse and mental health services to veterans.

Passed by Assembly Committee on Housing and Community Development:

- AB 1330 Veterans: pilot project: cooperative housing. (Mary Salas, Chula Vista). This bill would authorize the Department of Veterans Affairs to establish a pilot project for the purpose of operating a cooperative housing project. The Department would be required to use funds from the Cal-Vet Farm and Home Loan Program. There may be a question whether this is a legal use of the bond funds.
- AB 1459 Multifamily Housing Program: veterans. (Mike Davis, Los Angeles). This bill would provide that a sponsor of a supportive housing development may restrict occupancy to persons with veteran status if, in addition to meeting other requirements, the development is located on property that is owned or leased by a city, county, or city and county.

Passed by Senate Committee on Transportation and Housing: SB 595 Homeless Veterans Housing and Supportive Services Act of 2010. (Gil Cedillo, Los Angeles)

Would enact the Homeless Veterans Housing and Supportive Services Act of 2010, which would authorize the issuance of bonds in the amount of \$1.5 million to be used to finance supportive housing projects for homeless veterans, or veterans at risk of homelessness. If the bill is passed by the Legislature, the proposed bond act would be placed on the ballot for the November 2, 2010 General Election.

Passed by Senate Committee on Education:

- SB 611 Student Financial aid: Cal Grant A Entitlement Awards: veterans. (Lou Correa, Santa Ana). Existing law requires that students who receive the CalGrant education awards use the funds only for tuition or student fees, or both. This bill would authorize a student whose tuition or fees, or both, are paid in full by the Post 9/11 GI Bill to use the CalGrant award funds for living expenses and expenses for transportation, supplies and books.
- SB 646 Student financial aid: veterans and dependents. (Jeff Denham, (Merced). Enacts the Golden State GI Bill of Rights for Higher Education, would require that the University of California, California State University, and the California Community Colleges not charge tuition or fees to those students who qualified for the Post 9/11 GI Bill but have no remaining entitlement for funds.

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- SB 815 Student financial aid programs: military services. (Dave Cogdill, Fresno). Would establish the California National Guard Education Assistance Award Program on behalf of qualifying members of the California National Guard, the State Military Reserve, and the Naval Militia.

Passed by Senate Committee on Public Employment and Retirement: SB 644 Civil Service Examinations: veterans' preference. (Jeff Denham, Merced). Existing law provides that disabled veterans who become eligible for certification from eligible lists by attaining the passing mark established for an entrance examination held on an open, nonpromotional basis are allowed 10 additional points. Other veterans are allowed 5 additional points. This bill, as now amended, would instead provide that disabled veterans shall be allowed 15 additional points and other veterans shall be allowed 10 additional points.

[Source: Bill Manes, Chairman, VFW Legislative/PAC Committee, Department of California 4 May 09 ++]

GI Bill Update 45: As the Department of Veterans Affairs is accepting sign-ups for the Post-9/11 GI Bill, officials are encouraging anyone considering enrolling in the program to get educated about it first to ensure it is right for them. The Post-9/11 Bill that takes effect 1 AUG 09 has generated a lot of buzz. Besides broader educational benefits, it includes a popular provision that will enable enrollees to transfer their benefits to immediate family members. But before electing to shift to the new program from the Montgomery GI Bill or another VA-sponsored education program, Keith Wilson, director of education service for the Veterans Benefits Administration recommends people get the facts first. Shifting to the new program is an irrevocable decision. "It's a great program, and it's going to be beneficial for a lot of veterans," Wilson said of the Post-9/11 benefit. But jumping too quickly to sign up without fully evaluating it ultimately could shortchange some people, he said.

So as VA works to get word out about the Post-9/11 GI Bill, it has also geared up a big education campaign about what it does and does not deliver. "The important thing to remember is that this is one of several programs we administer, all of which have different eligibility criteria. The program that is best for the individual veteran is not always going to be the Post-9/11 GI Bill." "There are a series of things, both monetary and nonmonetary, that individuals need to consider," Wilson said. He encourages anyone eyeing the new Post-9/11 program to read up about it on the VA Web site <http://lyris.dmasa.dma.mil/t/2186590/5065329/4006/0>. Those who need additional assistance can click on a link on the site to e-mail VA officials with a question, or can talk with a VA benefits counselor by calling (888) 442 4551. "We're emphasizing education so people understand the full range of our educational programs. We really want to be sure we tailor the best program to the individual." Among questions Mr. Wilson encourages people to consider when making the decision are:

- Which benefit will pay more? This needs to factor in, not just what VA pays, but also the impact on any other educational assistance the person receives. For example, if the student attends school in one of the many states that offers veterans free tuition or receives another form of state or campus aid, will switching to the Post-9/11 benefit change that?
- What tier of benefit are they eligible for under the Post-9/11 GI Bill? The program includes three payments: tuition and fees, a living allowance, and a book and supply stipend. But current active-duty people cannot receive the living allowance.
- What type of training do they want to pursue? Not all training covered by the Montgomery GI Bill, for example, is covered by the Post-9/11 bill. The new benefit, for example, does not cover technical school training.
- How long do you expect to take to use the benefit? The Post-9/11 GI Bill pays out benefits for 15 years, five years longer than the Montgomery GI Bill benefit.
- Do you plan to attend school less than full-time? It will affect whether you receive the housing allowance under the Post-9/11 benefit.
- Do you plan to transfer your unused benefits to an immediate family member? Only the Post-9/11 benefit offers that option.

Meanwhile, a disabled Iraqi war veteran now serving as a top VA official is going to some unprecedented lengths to ensure servicemembers and veterans alike understand the opportunities available to them through the Post-9/11 GI Bill. Tammy Duckworth, who was confirmed recently as VA's assistant secretary for public and intergovernmental affairs, taped a YouTube video to encourage those who qualify for the benefit to check it out.

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Although the new benefit does not take effect for several more months, Duckworth said it is time to get busy now so people can make decisions about enrolling in the program in time to use it to cover educational costs during the upcoming fall semester. "Right now is when students are getting their acceptance letters from universities and trying to decide what school they are going to," she said. Similarly, she said, current servicemembers may be making decisions about whether they will re-enlist in the military, and whether they can afford college. Defense Department officials emphasize that applicants must be on active duty or in the Selected Reserve on 1 AUG to qualify for transferability provisions under the Post-9/11 GI Bill.

Duckworth is busy tapping into just about any communications vehicle available -- from the VA Web site to newsletters to veterans' service groups and community outreach -- to help get word out about the new benefit. She is also hoping the YouTube video will help. "It's to put a face of another [Operation Iraqi Freedom] veteran out there telling other OIF vets, 'You have earned these benefits, this is going to start in August,' and encouraging them to get more information so they can decide if this is right for them," she said. Duckworth understands her audience well. A member of the Illinois Army National Guard, she was deployed to Iraq in NOV 04 when militants attacked the UH-60 Black Hawk helicopter she was piloting. The rocket-propelled grenade cost Ms. Duckworth both legs and severely damaged her right arm. Now, as she reaches out to fellow veterans of operations Iraqi Freedom and Enduring Freedom, she emphasized that she is not "selling" the Post-9/11 GI Bill. "There are three different GI bills that they can choose from. Just because this is the newest doesn't mean this is the most appropriate for the veteran. They have to get good information so they can make the best decision as to whether or not the Post-9/11 GI Bill is the right one for them." [Source: AFPS Donna Miles article 1 May 09 ++]

GI Bill Update 46: Starting 1 MAY, career service members could sign up to share education benefits with family members under the Post-9/11 GI Bill, forever changing military family benefits when the new program formally launches 1 AUG. Basic rules approved by defense and service officials require a service member to have at least six years of service and make a new commitment to serve another four to transfer benefits to a spouse or children. But for about 240,000 officers and enlisted troops who will become eligible to retire between Aug. 1, 2009, and Aug. 1, 2012, temporary rules will cut the extra time they must serve to qualify for transfer rights. The clock on their new obligation begins on the date the benefits transfer is approved — so the sooner they sign up, the sooner they will be able to retire. Many eligible spouses and children could begin using GI Bill benefits this fall if service members sign up quickly for transfer rights. About 60,000 people with approved retirement dates falling between Aug. 1, 2009, and July 1, 2010, get an even better deal: They will be able to transfer benefits to family members with no new service obligation. The special rules were designed so that people who had no way of knowing that transfer rights were coming when they put in for retirement would not miss out on the highly anticipated benefit.

The chief Pentagon policymaker on transfer rules, Bob Clark, said defense and service officials have high hopes for the Post-9/11 GI Bill, which will be worth an average of \$75,000 to \$90,000 for college education spread over 36 months of payments. Clark, the Defense Department's deputy accession policy director, said sharing education benefits "is one of the most requested benefits we have heard about from the field and fleet for the last several years." He predicted transfer rights will have a very positive impact on recruiting and retention. Keeping midcareer people in uniform is a key reason the Pentagon insisted that Congress include transfer rights in the new GI Bill program. In writing the rules for sharing benefits, personnel officials took care not to create a situation that would encourage people whose service was no longer needed to stay in a few more years so they wouldn't be left out of the new benefit. Clark said

- GI Bill benefits can be shared with a spouse, one child or several children, as long as the recipient is enrolled in the Defense Enrollment Eligibility Reporting System at the time the member transfers benefits.
- Troops can transfer some or all of their maximum allotment of 36 months of GI Bill benefits. Changes in the sharing arrangement can be made only once a month.
- A service member may cancel a family member's use of benefits at any time. "The benefit belongs to the service member and always belongs to the service member," Clark said.

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- A spouse can begin using transferred benefits before the member completes the required additional four years of service, but children may not use benefits until the member has completed at least 10 years of service.
- Anyone with at least 10 years of service who is unable to complete four additional years because of defense or service policy or law could be granted transfer rights under one of the special rules that will apply to officers twice passed over for promotion and enlisted members facing high-year tenure or other restrictions. They can transfer benefits if they agree to serve the maximum additional time that they're allowed to stay in service.

[Source: NavyTimes Rick Maze article 4 May 09 ++]

VA VET CONTAMINANT EXPOSURE Update 03: A fifth patient has tested positive for HIV, and seven more tested positive for hepatitis after being exposed to contaminated medical equipment at three Department of Veterans Affairs hospitals, the agency said 1 MAY. That brings the total who have tested positive for hepatitis to 33. They are among thousands tested because they were treated with endoscopic equipment that wasn't properly sterilized between patients and exposed them to the body fluids of others. The equipment is often used in colonoscopies and ear, nose and throat procedures. Nearly 11,000 former sailors, soldiers, airmen and Marines could have been exposed at the hospitals in Miami, Murfreesboro, Tenn., and Augusta, Ga. The agency said 6,687 patients have been notified of their test results so far. VA spokeswoman Katie Roberts said the new HIV case was found in the Miami hospital. The agency said in a news release the positive tests were "not necessarily linked to any endoscopy issues." The VA has agreed to treat all the veterans regardless of where they may have contracted it,

The VA has said the problems with the endoscopic equipment had gone on for years, but were discovered in December when officials learned the Murfreesboro facility wasn't following cleaning procedures the manufacturer recommended. It issued an internal alert for hospitals to check procedures, and the problem at Augusta was discovered in January. On 9 FEB, the VA announced a nationwide safety check of endoscopic equipment used in colonoscopies and ear, nose and throat treatments. The procedure involves a narrow, flexible tube fitted with a fiber-optic device such as a telescope or magnifying lens that is inserted into the body. Some veterans were warned in February to get tested, and more were alerted in March when the Miami hospital backtracked on its previous conclusion that it didn't have a problem.

The day after the first HIV infection became public 6 APR, the VA announced that its top medical official, Dr. Michael Kussman, was retiring. Kussman still works at the VA but could not be reached for comment. Roberts has said there was "no connection whatsoever." The endoscopic equipment is made by Center Valley, Pa.-based Olympus American Inc., and the company has said its recommended cleaning procedures are clear. The VA and its inspector general have started investigations, and congressional members of the Veterans Affairs Committee have asked for a hearing in late May to discuss how the VA has been handling the problem. The VA is providing a hot line for veterans and their families and posts the information it is releasing on its Web site. [Source: MSNBC AP article 1 May 09 ++]

CHAPTER 61 LEGISLATION Update 01: On 30 APR Senators Russell Feingold and Lisa Murkowski introduced the Wounded Warrior Transition Assistance Act of 2009. The key points of this important legislation would close many of the loop holes in the current Chapter 61 medical disability process by:

a. Requiring the secretaries of the military departments to give wounded members of the reserve components the option of remaining on active duty during the transition process in order to continue to receive military pay and allowances and would authorize members to reside at their permanent places of residence during the process.

b. Requiring the secretaries of the military departments to ensure that each service member undergoing Chapter 61 proceedings be represented and given legal counsel by a member of the judge advocate general corps for that department. Additionally, these members of the judge advocate general corps shall be enfranchised to represent the service member to the Veterans Administration.

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c. Requiring the recall to active duty at full pay for those discharged for service connected disabilities who can not work, until such time as they can qualify for benefits provided by the Veterans Administration.

Veterans can support this legislation by encouraging their legislators to sign on as cosponsors of the bill. One easy means of doing this is to go to <http://capwiz.com/usdr/issues/alert/?alertid=13266571>, review a preformatted editable message on the subject, enter your personal contact data, and forward it by automatic email to the senators representing your zip code. [Source: USDR Action Alert 2 May 09 ++]

TRICARE BEHAVIORAL HEALTH RESOURCE GUIDE: No one questions the need for medical care when someone is physically injured, but when people experience emotional problems, they may feel embarrassed and afraid to seek help when the troubling signs first surface. During Mental Health Month in May, Tricare is reminding beneficiaries about the new publication A Tricare Guide: Understanding Behavioral Health. The 80-page booklet is available online to all Tricare beneficiaries at the Tricare Smart Site at www.tricare.mil/tricaresmart. "This guide is an important tool to reduce the stigma associated with getting help for behavioral and mental health issues," said Army Maj. Gen. Elder Granger, deputy director of Tricare Management Activity. "It is always our goal to care for our beneficiaries and to provide them with information to learn about the resources available to them." The booklet corresponds with two Defense Department initiatives. The first promotes awareness about post-traumatic stress disorder treatment and the other is an effort to help returning service members by providing expanded counseling services. The guide provides information on seven main topics that will lead a person to better understanding the condition and how to get help, as well as the type of help that is covered by Tricare and a person's right to privacy. Also, for a free, anonymous mental health self-assessment, go to www.MilitaryMentalHealth.org or call 1-877-877-3647. [Source: NGAUS E-Notes 1 May 09 ++]

VA HEADSTONES & MARKERS Update 05: Headstones and markers are furnished to eligible spouses and family members of veterans who are interred in a national, military post/base, or state veterans cemetery. For veterans who have chosen columbaria inurnment, niche markers are also available. Public Law 110-157, signed on 26 DEC 07, allows the Department of Veterans Affairs (VA) to furnish Government headstones or markers for the graves of eligible veterans who died on or after 1 NOV 90, regardless of whether the grave is already marked with a privately purchased headstone or marker. Under the previous law, when the grave was already marked, only veterans who died on or after 9/11 were eligible. The new law also gives VA authority to "furnish, upon request, a medallion or other device of a design determined by the Secretary to signify the deceased's status as a veteran, to be attached to a headstone or marker furnished at private expense." This benefit will be available in lieu of a Government furnished headstone or marker, for veterans in privately marked graves who died on or after Nov. 1, 1990. The Department of Veterans Affairs is in the preliminary stages of designing the medallion. It is estimated this new medallion will be available in summer 2009 and VA will begin accepting claims once a contract has been awarded for its manufacture. Claim instructions will be posted at www.cem.va.gov/hm/hmtype.asp.

If, after seeing the final new medallion design, you change your mind, you will still have the option to submit a claim for a traditional Government-furnished headstone or marker. This benefit is only applicable if the grave is marked with a privately purchased headstone or marker. In these instances, eligible veterans are entitled to either a traditional Government-furnished headstone or marker, or the new medallion, but not both. There is no charge for the headstone or marker itself; however, arrangements for placing it in a private cemetery are the applicant's responsibility and all setting fees are at private expense. There is no change in eligibility for veterans in unmarked graves. Regardless of the date of death, VA will furnish, at no charge to the applicant, a government headstone or marker for the unmarked grave of any eligible veteran in any cemetery around the world. Pictures of the available VA furnished headstones/markers can be viewed at www.cem.va.gov/hm/hmtype.asp or on the application form:

- **Upright Types:** These headstones are 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

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- Flat Types: The flat bronze grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The government does not furnish a base. The flat granite and flat marble grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.
- **Bronze Niche:** This niche marker is 8 1/2 inches long, 5 1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker.
- **Pre-World War I Era Headstones and Markers:** In addition to the headstone and markers noted above, two special styles of upright headstones are available for Civil War and Spanish American War veterans - one for those who served with the Union Forces or in the Spanish-American War and another for those who served with the Confederate Forces. Requests for these special styles should be made in block 27 of the application. It is necessary to submit detailed primary documentation that supports eligibility. For further information refer to www.cem.va.gov/hm/hmcivil.asp

When burial or memorialization is in a national, post, or state veterans' cemetery, a headstone or marker will be ordered by the cemetery officials based on inscription information provided by the next of kin. When burial is in a private cemetery, VA Form 40-1330, Application for Standard Government Headstone or Marker must be submitted by the next of kin or a representative, such as funeral director, cemetery official or veterans counselor, along with veterans military discharge documents, to request a Government-provided headstone or marker. This form can be downloaded at www.va.gov/vaforms/va/pdf/VA40-1330.pdf. Do not send original documents, as they will not be returned. [Source: www.cem.va.gov May 09 ++]

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TAX BURDEN FOR ARKANSAS 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 Arkansas:

State Sales Taxes: 6.0% (prescription drugs exempt). Food taxed at 3%, natural gas and electricity taxed at 4.5%, city and county sales taxes could add another 6.5%. To view local rates refer to www.arkansas.gov/dfa/excise_tax_v2/st_index.html.

Fuel & Cigarette Tax:

- **Gasoline Tax:** 21.87 cents/gallon
- **Diesel Fuel Tax** 22.8 cents/gallon
- **Cigarette Tax:** 59 cents/pack of 20

Personal Income Taxes:

- **Tax Rate Range:** Low - 1.0%; High - 7.0%. (A special tax table is available for low- income taxpayers reducing their tax payments)
- **Income Brackets:** 6 - Lowest \$3,800; Highest \$31,000
- **Tax Credits:** Single - \$23; Married - \$46; Dependents - \$23. Additional deduction if 65 years of age or older - \$23.
- **Standard Deduction:** Single - \$2,000; Married filing jointly - \$4,000
- **Medical/Dental Deduction:** Same as Federal taxes
- **Federal Income Tax Deduction:** None
- **Retirement Income Taxes:** Social Security is exempt, as are VA benefits, Workers' Compensation, Tier 1 and Tier 2 Railroad Retirement benefits, and unemployment compensation. Up to \$6,000 in military, civil service, state/local government, and private pensions are exempt. The exemption refers to income from public or private retirement systems, plans or programs. IRA distributions can be included as part of the

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\$6,000 exemption if the taxpayer is 59½ or older. Out-of-state government pensions also qualify for the exemption.

- **Retired Military Pay:** Up to \$6,000 of federal retirement pay and/or survivor benefits excluded.
- **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.
- **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: Arkansas property taxes are levied by counties, municipalities, and school districts. All households are eligible for a refund of up to \$300 regardless of income or age. Political subdivisions collect taxes on real property (house and land) and personal property (motor vehicles, boats and motors, motorcycles and all-terrain vehicles). Assessment is based on 20% of the true market value. The taxable assessed value of homesteads will not increase more than 5% above the previous taxable assessed value except when new additions or substantial improvements are made to the property. However, the taxable value of the homestead will continue to increase each year until it equals 20% of market value. The taxable assessed value of homesteads of residents aged 65 or older, or those who are disabled are capped at the previous year value unless improvements are made or the property is sold. For more information about real property taxes refer to www.arkansas.gov/dfa/income_tax/tax_general_county_questions.html.

Inheritance and Estate Taxes: There is no inheritance tax. In 2003 the estate tax was repealed for those deceased after January 1, 2005.

For further information, visit the Arkansas Department of Finance and Administration website www.arkansas.gov/dfa or call 501-682-7225. For general tax information refer to www.ar-tax.org. For a booklet on moving to Arkansas, refer to www.arkansas.gov/dfa/income_tax/documents/moving_2_arkansas.pdf. [Source: www.retirementliving.com May 09 ++]

MILITARY HISTORY ANNIVERSARIES:

- May 01 1863 - Civil War: Battle of Chancellorsville, VA (29,000 injured or died)
- May 03 1926 - US marines land in Nicaragua (9-mo after leaving), stay until 1933
- May 04 1942 - WWII: Battle of Coral Sea begun (1st sea battle fought solely in air)
- May 05 1864 - Civil War: The Battle of the Wilderness begins in Spotsylvania County, Virginia.
- May 05 1916 - US marines invade Dominican Republic, stay until 1924
- May 05 1945 - WW II: Admiral Karl Dönitz, President of Germany after Hitler's death, orders all German U-boats to cease offensive operations and return to their bases.
- May 06 1863 - Civil War: The Battle of Chancellorsville ends with the defeat of the Army of the Potomac by Confederate troops.
- May 06 1942 - WWII: On Corregidor, the last American forces in the Philippines surrender to the Japanese.
- May 06 1945 - WWII: Axis Sally delivers her last propaganda broadcast to Allied troops (first was on December 11, 1941).
- May 07 1864 - Battle of Wilderness ends (total losses: USA-17,666; CSA-7,500)

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- May 07 1915 - WWI: German submarine U-20 sinks RMS Lusitania, killing 1,198 people including 128 Americans. Public reaction to the sinking turns many formerly pro-Germans in the United States against the German Empire.
- May 07 1942 - WWII: During the Battle of the Coral Sea, United States Navy aircraft carrier aircraft attack and sink the Japanese Imperial Navy light aircraft carrier Shoho. The battle marks the first time in the naval history that two enemy fleets fight without visual contact between warring ships.
- May 07 1945 - WWII: General Alfred Jodl signs unconditional surrender terms at Reims, France, ending Germany's participation in the war. The document takes effect the next day.
- May 07 1960 - Cold War: U-2 Crisis of 1960 - Soviet leader Nikita Khrushchev announces that his nation is holding American U-2 pilot Gary Powers.
- May 08 1942 - WWII: The Battle of the Coral Sea comes to an end with Japanese Imperial Navy aircraft carrier aircraft attacking and sinking the United States Navy aircraft carrier USS Lexington. The battle marks the first time in the naval history that two enemy fleets fight without visual contact between warring ships.
- May 08 1945 - WWII: Combat in Europe ends - V-E Day. German
- May 09 1951 - Korean War: Air raid on Chinese positions at Yalu River
- May 10 1797 - 1st Navy ship, the "United States," is launched
- May 10 1801 - First Barbary War: The Barbary pirates of Tripoli declare war on the United States of America
- May 11 1943 - WWII: American troops invade Attu Island in the Aleutian Islands in an attempt to expel occupying Japanese forces.
- May 11 1944 - WWII: The Allies start a major offensive against the Axis Powers on the Gustav Line.
- May 12 1780 - Revolutionary War: Charleston, South Carolina is taken by British forces.," 1864 - American Civil War: the Battle of Spotsylvania Court House: thousands of Union and Confederate soldiers die in "the Bloody Angle".
- May 12 1865 - Civil War: The Battle of Palmito Ranch: the first day of the last major land action to take place during the Civil War, resulting in a Confederate victory.
- May 12 1962 - Douglas MacArthur delivers his famous "Duty, Honor, Country" valedictory speech at the United States Military Academy.
- May 13 1945 - WWII: US troops conquer Dakeshi Okinawa
- May 14 1863 - Civil War: The Battle of Jackson takes place.
- May 15 1962 – Vietnam: US marines arrive in Laos

[Source: Various May 09 ++]

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

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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 13 May 09 ++]

HAVE YOU HEARD?

Four retired Chiefs are walking down a street in Norfolk, Virginia. They turn a corner and see a sign that says, 'Old Timers Bar - all drinks 10 cents.' They look at each other, and then go in, thinking this is too good to be true.

The bartender says in a voice that carries across the room, 'Come on in and let me pour one for you! What'll it be, Gentlemen?' There seemed to be a fully-stocked bar, so each of the men asks for a martini. In short order, the bartender serves up four iced martinis...shaken, not stirred, and says, 'That'll be 10 cents each, please.' The four men stare at the bartender for a moment. Then look at each other...They can't believe their good luck. They pay the 40 cents, finish their martinis, and order another round.

Again, four excellent martinis are produced with the bartender again saying, 'That's 40 cents, please.' They pay the 40 cents, but their curiosity is more than they can stand. They have each had two martinis and so far they've spent less than a dollar. Finally one of the men says, 'How can you afford to serve martinis as good as these for a dime a piece?' 'I'm a retired tailor from Boston,' the bartender said, 'and I always wanted to own a bar. Last year I hit the Lottery for \$25 million and decided to open this place. Every drink costs a dime - wine, liquor, beer, it's all the same.'

The four of them sipped at their martinis and couldn't help but notice seven other people at the end of the bar who didn't have drinks in front of them, and hadn't ordered anything the whole time they were there. One man gestures at the seven at the end of the bar without drinks and asks the bartender, 'What's with them?' The bartender says, 'Oh, they're all old retired Marine Gunny Sergeants. They're waiting for happy hour when drinks are half price.'

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

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