== NDAA 2010 ---------- (*Process Begins)*
== Retiree Telephone News Line ---------- (*Now available)*
== Reserve Retirement Age [17] ---------- (*H.R.208 Bad news)*
== Mobilized Reserve 9 JUN 09 ---------- (*775 Increase)*
== Retiree Annual COLAs [02] ---------- (*COLA Calculations)*
== Retiree Appreciation Days 04] ---------- (*2009 Schedule)*
== Prescription Filling Options [01] ---------- (*Shop Around)*
== Medical Identity Theft ---------- (*Red Flags Rule)*
== Atomic Vets [04] ---------- (*Right to Sue)*
== VA Blue Water Claims [06] ---------- (*Rule Changing)*
== VA Fraud [20] ---------- (*Waterville ME)*
== VA Homeless Vets [10] ---------- (*HVAC Hearing)*
== Military Stolen Valor [12] ---------- (*Advocate's Charade)*
== Tricare User Fee [38] ---------- (*Growth Anticipated)*
== VA Women Vet Programs [03] ---------- (*Expanded Service)*
== Stop-loss Pay ---------- (*Retroactive Payments)*
== Reserve Benefits [02] ---------- (*Upgrades Needed)*
== Tricare Vision Benefits [01] ---------- (*Coverage)*
== GI Bill [48] ---------- (*Colorado Vet Tuition Change)*
== GI Bill [49] ---------- (California Policy*)*
== GI Bill [50] ---------- (*IG IT Report Findings)*
== Vietnam Veterans & Agent Orange ---------- (*40 Years Later)*
== TSP [18] ---------- (*May Increases)*
== TSP [19] ---------- (*Roth Option Status)*
== Tricare News [01] ---------- (*IOP/Tri+/Nursing Home)*
== Bataan Death March [01] ---------- (*Apology Given)*
== HVAC [07] ---------- (*Subcommittee Hearings Held)*
== HVAC [08] ---------- (*Committee Bills Cleared)*
== Tricare/CHAMPUS Fraud [14] ---------- (*Honolulu HI)*
== PTSD [27] ---------- (*H.R.952 Subcommittee Action)*
== Tricare Prime [04] ---------- (*Rule Enforcement)*
== D-Day ---------- (*Overview)*
== D-Day [01] ---------- (*Memorial Funding Problems)*
== VDHCBS ---------- (*Elder Vet Care)*
== Administration on Aging ---------- (*Elder Care Assistance)*
== USFSPA & Divorce [06] ---------- (*HB 1053 Status)*
== USFSPA & Divorce [07] ---------- (*HASC Hearing Request)*
== Coughing ---------- (*Overview)*
== Iowa Vet Benefits [01] ---------- (*4 New Laws)*
== Agent Orange Diseases [02] ---------- (*Intergenerational)*
== Filipino Vet Inequities [16] ---------- (*Claim Denials)*
== Social Security for Military [01] ---------- (*Disability Claims)*
== Carefree RV Resorts ---------- (*50% Vet Discount)*
== USERRA [08] ---------- (*RC Personnel Targeted Layoffs)*
== USERRA [09] ---------- (*House Passes H.R.466)*
== Florida Vet Legislation ---------- (*4 New Laws)*
== Disaster Preparedness [02] ---------- (*Emergency Kit)*
== VA Copay [07] ---------- (*2009 Rates)*
== Chapter 61 Disability Pay [03] ---------- (*More Details)*

== Health Care Reform ---------- (*Hidden Health Tax)*
== Tax Burden for Colorado Retirees ---------- (*Overview)*
== Military History Anniversaries ---------- (*Jun 1-15 Summary)*
== Veteran Legislation Status 13 Jun 09 ------- (*Where we Stand*)
== Have You Heard? ---------- *(Nutrition & Health)*

==========

NDAA 2010: On 11 JUN several subcommittees of the House Armed Forces Committee met to markup their respective portions of the National Defense Authorization Act (NDAA) H.R. 2647. One of them, the Military Personnel Subcommittee, headed by Chairwoman Susan Davis (D-CA), had a brief 10-minute meeting. Chairwoman Davis and Ranking Member Joe Wilson (R-SC), announced that their subcommittee had approved a 3.4% pay raise for active duty troops; authorized an increase of 30,000 in active duty end strength for the Army; expanded chiropractic care to all active duty service members; extended Tricare Reserve Select to "Grey Area" retirees who have not reached age 60; requiring a medical exam prior to the involuntary separation of service members with PTSD or Traumatic Brain Injury. A notable exclusion that Chairwoman Davis addressed was that they were unable to include a disability compensation provision for Chapter 61 retirees that President Obama had requested in his budget submission. She stated the subcommittee was unable to find the mandatory offsets to pay for the $5.1 billion proposal, but that the Democratic leadership is working with the committee and a resolution to the issue is expected. Earlier veterans organizations were briefed by the minority staff of the House Armed Service Committee on an amendment they intend to offer when consideration by the full Committee begins on the 16 JUN. The entire Republican membership of the Committee signed a letter asking the Chairman of the Budget Committee, Rep. John Spratt (D-SC), to permit use of the reserve fund set aside by section 324 of the budget resolution. These funds could, in a deficit neutral way, allow the completion of the process of full concurrent receipt for all disabled military retirees, eliminate the SBP/DIC offset, and improve healthcare for reserve component members. [Source: NAUS Weekly Update 12 Jun 09 ++]

==========

RETIREE TELEPHONE NEWS LINE: A 7/24 telephone news line has been set up for those retirees and surviving spouses who do not have computer access. By calling (800) 558-1404, retirees and spouses can stay informed using this new easy-to-use menu-driven service. Callers can select from several different topics that are compiled from various electronic news sources. Topics include pay and annuity matters, medical and health care, and other benefits and entitlements. This news line joins the e-Afterburner, Air Force Retiree News Service, and Air Force Retiree Web site at www.retirees.af.mil in providing the latest news and information to the service's retiree community. [Source: AFRN Press Release No. 06-03-09 ++]

==========

RESERVE RETIREMENT AGE Update 17: The minority staff of the House Armed Services Committee (HASC) reported to members of The Military Coalition (TMC) on 10 JUN distressing news regarding Representative Joe Wilson's (R-SC) bill, H.R.208, that would make retroactive to 9/11 the breakthrough changes in retirement pay eligibility in the FY2008 National Defense authorization Act (NDAA) that reduced the eligibility age three months for each aggregate of 90 days of deployed service after 28 JAN 08, the date of passage of the 2008 NDAA. Word is that H.R.208 will not pass at the 16 JUN HASC markup of the 2010 NDAA (H.R.2647) because Representative Wilson could not find offsets in direct spending to offset the projected costs of $2.1 billion over 10 years required by the House "Pay Go" rules. Rep. Wilson will likely be ruled out-of-order when he proposes an amendment to the NDAA to include the provisions of H.R.208. All this could change if House

leadership authorized a waiver of the "Pay Go" rules for this bill, but unfortunately this is not a priority item in Congress. Those concerned should contact their representatives to express their views on this inequity which does not recognize the deployed service of the National Guard and Reserve in OIF/OEF prior to 28 JAN 08. [Source: NGAUS Leg Up 12 Jun 09 ++]

==========

MOBILIZED RESERVE 9 JUN 09: The Department of Defense announced the current number of reservists on active duty as of 9 Jun 09. The net collective result is 775 more reservists mobilized than last reported in the Bulletin for 1 JUN 09. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 110,024; Navy Reserve, 6,792; Air National Guard and Air Force Reserve, 15,066; Marine Corps Reserve, 9,115; and the Coast Guard Reserve, 759. This brings the total National Guard and Reserve personnel who have been activated to 141,756, 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/d20090609ngr.pdf . [Source: DoD News Release No. 411-09 10 Jun 09 + +]

==========

RETIREE ANNUAL COLAS Update 02: Despite the shaky economy, federal retirees saw a boost at the beginning of 2009 in their annual cost-of-living adjustments. Rapid increases in the Consumer Price Index in 2008 pushed the annual COLA increase up to 5.8%, well above the 2.3% increase of 2008. The results for 2010 won't be as strong because of the recession, but feds shouldn't panic. The projections look grim. In April, the Congressional Budget Office (CBO) announced that an overall decline in the cost of living meant that it was not projecting an increase in the COLA for Social Security recipients for 2010 or 2011, and that the economy was unlikely to recover enough to produce a COLA boost in 2012 either. Social Security and federal retiree COLAs are calculated the same way. CBO forecasted that the economy would bounce back sufficiently to yield a 0.8% increase by 2013.But a small, or nonexistent, COLA might actually be a good thing for federal/military retirees in this economy since Congress has targeted cost-of-living adjustments as a way to save money during past financial difficulties. For example:

(1.) Congress passed the Gramm-Rudman-Hollings Act in 1985, which required the president to cut spending across government by a uniform percentage if the federal deficit rose above a certain level.

(2.) In 1986, when that legislation went into effect President Reagan canceled the 3.1% COLA scheduled for federal civilian and military retirees that year. Subsequently, Congress passed legislation to exempt cost-of-living increases from those mandatory cuts, but that didn't end efforts to target COLAs as part of the budget process.

(3.) In an effort to reduce the budget, President Clinton convinced Congress to delay the start date of cost-of-living adjustment payouts to federal and military retirees, so COLAs took effect in April instead of January from 1994 to 1996.

COLAs could have been a tempting target this year. President Obama said in his budget that he was proposing a 2% pay increase for current federal employees as a belt-tightening measure, and the cost of extending benefits for federal employees became a factor in the debate over the House's passage of the 2009 Federal Employees Paid Parental Leave Act in early JUN. The National Active and Retired Federal Employees Association in 2008 said it would monitor Congress closely for any efforts to target retiree benefits as a way to close gaps in the budget. But there may not be an automatic increase for Congress to target at all in the fiscal 2010 budget process. Feds can take some consolation in one fact: their annual cost-of-living adjustments are not allowed to be negative. So even if the

Consumer Price Index falls, the government cannot reduce COLA payments to federal and military retirees. So even in a bad economy, it's possible to come out a little bit ahead. [Source: GovExec.com Alyssa Rosenberg article 11 Jun 09 ++]

==========

RETIREE APPRECIATION DAYS 04:

Retiree Appreciation Days and Military Retiree Seminars are a great source of the latest information for retirees and Family members in your area. RADs vary from installation to installation, but, in general, they provide an opportunity to renew acquaintances, listen to guest speakers, renew ID Cards, get medical checkups, and various other services. Some RADs include special events such as dinners or golf tournaments. Since the day's schedule of activities differ from location to location, it is best to check with the event's point of contact for specific details. The Army maintains a current listing of activities for 2009 at www.armyg1.army.mil/rso/rads.asp. The current listing includes:

- USAG Vicenza 09-06-12 Jun 12 0444-71-7451
- Ft Ord, CA 09-06-13 Jun 13 (831) 242-6691 .
- Ft McPherson, GA 09-06-20 Jun 20 (404) 464-3219
- Ft Buchanan, PR 09-07-31 Jul 31 (787) 707-3842
- Ft Lewis Surviving Family Members Appreciation Day 09-08-07 Aug 7 (253) 966-5884
- Tobyhanna Army Depot, PA 09-08-08 Aug 8 (570) 895-7019
- Orlando, FL 09-08-15 Aug 15 (912) 767-5013
- Des Moines, IA 09-08-20 Aug 20 (515) 283-7013
- Northern New England 09-08-22 Aug 22 (207) 685-3152
- Twin Cities/Rosemount, MN 09-08-28 Aug 28 (763) 566-2219*
- Camp Ripley, MN 09-08-29 Aug 29 (763) 441-2630*
- Ft Huachuca 09-08-29 Aug 29 (520) 533-5733
- Ft Leonard Wood, MO 09-09-11 Sep 11 - Sep 12 (573) 596-0947
- Ft McCoy, WI 09-09-11 Sep 11 (608) 388-3716
- Carlisle Barracks, PA 09-09-12 Sep 12 (717) 245-4501
- Ft Dix, NJ 09-09-12 Sep 12 (609) 562-2666
- Lemoore NAS, CA 09-09-12 Sep 12 (800) 452-0923*
- Ft Sill, OK 09-09-17 Sep 17 - Sep 19 (580) 442-2645
- Duluth, MN 09-09-18 Sep 18 (218) 722-0071
- Ft Bragg, NC 09-09-18 Sep 18 - Sep 19 (910) 396-5304
- Camp Pendleton, CA 09-09-19 Sep 19 (760) 725-9791
- Ft Belvoir RAD/Widow(er) Appreciation Day 09-09-19 Sep 19 (703) 805-3682
- Ft Drum, NY 09-09-19 Sep 19 (315) 772-6434
- Lemoore NAS, CA 09-09-19 Sep 19 (559) 998-4042
- Ft Bliss, TX 09-09-26 Sep 26 (915) 568-5204
- Ft Hamilton, NY 09-09-26 Sep 26 (718) 630-4552
- Ft Lee, VA 09-09-26 Sep 26 (804) 734-6555
- Nellis AFB, NV 09-09-26 Sep 26 (702) 652-9978
- Selfridge, MI 09-09-26 Sep 26 (586) 239-5580
- Redstone Arsenal 09-10-02 Oct 2 - Oct 3 (256) 876-2022
- Ft Meade, MD 09-10-09 Oct 9 (301) 677-9603

- Ft Myer, VA 09-10-09 Oct 9 (703) 696-5948
- Ft Monroe, VA 09-10-15 Oct 15 (757) 532-4673
- Aberdeen Prv Grd, MD 09-10-17 Oct 17 (410) 306-2320
- Ft Carson, CO 09-10-17 Oct 17 (719) 526-2840
- Ft Monmouth, NJ 09-10-17 Oct 17 (732) 266-5810
- Schofield Barracks, HI 09-10-17 Oct 17 (808) 655-1514
- USAG Heidelberg 09-10-17 Oct 17 06221-57-8399
- USAG Brussels 09-10-20 Oct 20 0032-65-44-6238
- Schinnen, Holland(Cancelled) 09-10-21 Oct 21 0031-46-443-7320
- Ft Hood, TX 09-10-23 Oct 23 - Oct 24 (254) 287-5210
- Ft Campbell, KY 09-10-24 Oct 24 (270) 798-5280
- Ft Gordon, GA 09-10-24 Oct 24 (706) 791-2654
- Ft Polk, LA 09-10-24 Oct 24 (337) 531-0363
- Great Lakes NAS, IL 09-10-24 Oct 24 (847) 688-2201, ext. 359
- Houston, TX 09-10-24 Oct 24 (210) 221-9004
- USAG Grafenwoehr 09-10-24 Oct 24 09641-83-8539
- Ft Knox, KY 09-10-30 Oct 30 - Oct 31 (502) 624-1765
- Ft Rucker 09-10-30 Oct 30 (334) 255-9124
- Ft Leavenworth, KS 09-10-31 Oct 31 (913) 684-2425
- Rock Island, IL 09-10-31 Oct 31 (563) 322-4823*
- Ft Benning, GA 09-11-06 Nov 6 (706) 545-1805
- Ft Richardson, AK 09-11-07 Nov 7 (907) 384-3500
- San Diego, CA 09-11-07 Nov 7 (619) 556-8987
- Ft Detrick, MD 09-11-12 Nov 12 (301) 619-3381

[Source: www.armyg1.army.mil/rso/rads.asp Jun 09 ++]

==========

PRESCRIPTION FILLING OPTIONS Update 01: A study of prices for drugs commonly taken by diabetes patients showed that mail-order retailers and big-box discounters can save consumers thousands of dollars a year compared to the local pharmacy. Overall, Medco by Mail and Wal-Mart were the least expensive, while neighborhood and chain pharmacies generally charged the most, according to Dr. Clifton Jackness and Dr. Ronald Tamler, both of the Mount Sinai School of Medicine in New York City. "Being an informed consumer is clearly beneficial," they told colleagues at the American Diabetes Association meeting. The total monthly out-of-pocket price for all 10 drugs most commonly prescribed to diabetes patients for any indication ranged from a low of $428.35 with Medco to a high of $641.90 with Rite Aid. However, there is often a tradeoff for lower prices, said Dr. Paul Robertson, ADA's president of medicine and science. "Pharmacies, especially local ones, offer more than drugs," he said. "They offer service and the opportunity to talk to a pharmacist." Giving that up in exchange for a lower bill might be worthwhile for some patients who are on a stable regimen and familiar with their medications, whereas for others it might not, Robertson noted.

The stakes in shopping around are collectively enormous. According to the American Diabetes Association, there are 23.6 million diabetics in the United States, or 8% of the population. And their number is growing as the nation ages and unhealthy lifestyles lead to an increase in diabetes diagnoses. To calculate the impact of shopping around, the researchers tabulated the most common prescriptions filled by diabetes patients under age 65 -- a population expected to have at least some out-of-pocket cost associated with their medications -- from a database compiled by

91 health insurance plans across the United States. After excluding non-chronic medications such as antibiotics, the top medications in order of number of prescriptions were: Metformin; Atorvastatin (Lipitor); Lisinopril (Prinivil, Zestril); Rosiglitazone (Avandia) excluded from the analysis because of declining use since the time covered by the database; Furosemide (Lasix, Furocot); Simvastatin (Zocor); Hydrochlorothiazide (Microzide); Insulin glargine (Lantus); Amlodipine (Norvasc); and Atenolol (Tenormin). Interestingly, the list contained several drugs that were not strictly diabetes-related, including statins that fight cholesterol and medications to lower blood pressure. Jackness noted that diabetes patients take an average of 8.9 medications, and believes the typical patient would be on the majority of drugs on the list, he said.

The cost of a 30-day supply of each -- assuming no prescription drug coverage by public or private insurance -- was determined from price data collected by the New York and New Jersey State Attorneys General. These offices maintain publicly accessible Web sites on current prescription drug prices at the pharmacies in their respective states. The researchers confirmed the prices by direct contact with the pharmacies. For some drugs, the price differences between pharmacies were dramatic. Consider Metformin, one of the most popular diabetes drugs in the United States and the 10th most popular generic drug prescribed overall in 2008, with 40 million prescriptions written, according to Drug Topics magazine. According to the new study, a 30-day supply of Metformin sold for $4.00 in the generic drug discount program at Wal-Mart and Target and for $5.00 at Kmart. But the local neighborhood pharmacies averaged $38.95 and pharmacy chain Rite Aid charged $39.99. While stores such as Wal-Mart have heavily marketed their low-cost generic programs, they tended to offer more competitive prices for non-generic drugs as well, the researchers found. And, although the superstores and mail-order pharmacies did not consistently offer lower prices for every medication, none of the local chains or independently-owned pharmacies had the lowest price for any drug on the list.

When prices for the 10 drugs most commonly prescribed to diabetes patients were added (excluding rosiglitazone), the monthly totals were: $428.35 for Medco by Mail (excluding shipping and handling); $432.53 for Wal-Mart; $483.94 for Kmart; $505.95 for Target; $584.44 for CVS; $633.11 for Duane Reade; $638.31 for Walgreen's; $639.20 for local pharmacies; and $641.90 for Rite Aid. Unfortunately, this kind of price information is not readily available in most states, said Dr. Patricia Coon of the Billings Clinic in Billings, Mont. Nevertheless, savvy patients and physicians can find this information locally by doing their homework, said Coon, who was not involved in the study. "They do a lot of shopping from pharmacy to pharmacy to get the lowest price," Coon said. "It's not unusual for patients to be asking to be switched to generics or the generic that's offered by a Wal-Mart or large brand." Jackness agreed, noting that even if it is not posted in a central location, price information is available with a phone call. "People shouldn't assume a drug is the same price everywhere," he said.

In his own New York City practice, Jackness said he often recommends low-priced local outlets to patients at financial risk. "If we see patients without insurance we tell them to go down to Penn Station and go to Kmart," he said. But realizing the savings from purchasing all medications at a superstore or mail-order company may not be possible for all patients, the researchers noted. "The patient must have the physical ability and means of transportation to travel to these stores or order online," they said. They cautioned that the study did not take into consideration insurance coverage, which might limit how much its findings can be generalized. But regardless of patients' insurance status, the findings should serve as a wakeup call for physicians to take an active role in ensuring patients are able to obtain their prescribed medications, Jackness and Tamler concluded. If adherence is an issue, physicians should ask patients about the impact of medication costs and suggest cost-lowering strategies, Robertson said. [Source: ABC News Health Crystal Phend article 10 Jun 09 ++]

==========

MEDICAL IDENTITY THEFT: Unless the Federal Trade Commission adjusts its "Red Flags Rule," patients will have to show proof of identity when visiting the doctor's office beginning 1 AUG. The rule will also affect dentists and other professionals who extend credit to clients. The idea behind the rule is to cut down on identity theft, including medical identity theft. According to World Privacy Forum, a nonprofit public interest research group, the FTC received about 19,500 reports of medical ID theft from January 1992 to April 2006 — its most recent data. About one in every four of these reports occurred in 2006 alone. "Medical identity theft is the fastest-growing form of ID theft," said James Quiggle, spokesman for the nonprofit watchdog group Coalition Against Insurance Fraud. "The biggest problem is with organized gangs stealing lists with sensitive patient data from clinics and other medical facilities." Quiggle said employees with access to patient databases are selling patient information on the black market. The buyer uses the information to get prescriptions or file for insurance, Quiggle said.

To cut down on this and other forms of identity theft, Congress passed the Fair and Accurate Credit Transactions Act in 2003. The measure directed regulatory agencies, including the FTC, to draft rules for creditors. Last fall, the FTC implemented the "Red Flags Rule," which requires creditors — including doctors and other professionals who extend credit — to get a valid ID from clients. The rule was scheduled to go into effect 1 NOV 08. Members of the American Medical Association felt broadsided by the rule, so they lobbied and succeeded in getting the deadline pushed to 1 MAY 09. The American Dental Association also protested. "The FTC gave organized medicine no warning about the Red Flags Rule, and consequently there was no participation by doctors when the rule was being considered and crafted," said Long Do, director of litigation for the California Medical Association. Just before the 1 MAY deadline, the FTC agreed to again delay the deadline to 1 AUG. FTC chairman Jon Leibowitz in a news release said, "Given the ongoing debate about whether Congress wrote this provision too broadly, delaying enforcement of the Red Flags Rule will allow industries and associations to share guidance with their members," said .

Los Robles Regional Medical Center chief of staff Dr. Hannah Grossman said she hadn't heard of the new rule. But when it was described to her, Grossman had concerns. "One of the concerns would be the individual who did not have government ID," Grossman said. "We would never want to turn away a patient because of lack of photo ID." Homeless, elderly and undocumented immigrants all might fall into this category, Do noted. "The question is, are doctors supposed to start policing immigration laws when their primary responsibility is to take care of patients?" he said. And at a time when the healthcare organizations are straining under budgetary problems, the rules add one more layer of red tape that might require hiring someone to handle the paperwork, said Dr. Ardis Hoven, with the board of trustees of the American Medical Association. Linda Foley, founder of San Diego-based Identity Theft Resource Center, said any administrative costs incurred by asking patients to show a photo ID are reasonable. "In the long run, you're going to have to absorb less loss due to fraud. You will save money," she said.

Medical professionals are not the only ones affected. Attorney Joanna Smith, of the offices of Meyers Nave in Sacramento, specializes in identity theft issues. Although attorneys are not always paid in full, they were not the ones targeted by the rules, she said. But because of the broad way the rule was written, attorneys could be affected. Smith said that when she contacted FTC lawyers for clarification, they seemed surprised at how many services their definition encompassed and seemed receptive to change. "They really do have an interest in making it flexible," Smith said. [Source: Ventura County Star Kim Lamb Gregory article 8 Jun 09 ++]

==========

ATOMIC VETS Update 04: Fifteen successive United Kingdom governments - Conservative and, to the party's lasting shame, Labour too - have variously lied to, misled, ignored and betrayed the veterans of Britain's nuclear tests. Around 1,000 servicemen who blame their ill-health on their involvement in Britain's 1950s

nuclear tests want to sue the Ministry of Defence (MoD). Now the remaining veterans plus widows, sons, daughters and grandchildren left cursed by one of the most abject chapters of post-war history can sense justice in the offing. The smiles, tears of relief and the outpouring of sheer elation witnessed on the steps of the High Court said it all. Finally, and despite the MoD spending £10million on lawyers' bills in an attempt to convince him otherwise, a judge has accepted what politicians and civil servants have for years denied. Namely, that these men - human guinea pigs, maimed for life by the radiation they were exposed to - DO have a case to argue, DO have a right to be heard. The ruling is a green light given by the High Court to proceed with their claims.

Some 22,000 young soldiers were made to stand underneath as experimental atomic bombs were exploded over their heads in Australia and the South Pacific between 1952 and 1967. Only 3,000 are still alive. Many of those are terminally ill and, for too long, the suspicion has lingered that MoD officials have been hoping the issue will die away with the last of the casualties. Wisely, judge Mr Justice Foskett counsels the MoD to seek a negotiated settlement now with the veterans, rather than have their case grind on any longer. Since the case went to court in JAN 09, seven more veterans have died. Compensation will not bring back them nor anyone else. It will though make a massive difference to families left to cope with the consequences of genetic abnormalities, cancer and hereditary disability.

In 1990, the U.S. Congress passed the Radiation Exposure Compensation Act, offering veterans who took part in the above-ground and undersea atomic tests conducted between 1945 and 1963 a payment of $75,000 each. Payments of $100,000 were offered to miners employed in above-ground or underground uranium mines scattered across the western U.S. Those working downwind of the Nevada test site were offered payments of $50,000. Vets who had not previously submitted claims can still do so. Below are the most recent bills introduced in Congress related to Atomic Vets. Both have been assigned to the House Veterans' Affairs Committee:

- H.R.2553 : Atomic Veterans Service Medal Act introduced 21 MAY by Rep. Todd Tiahrt [KS-4] to authorize the award of a military service medal to members of the Armed Forces who were exposed to ionizing radiation as a result of participation in the testing of nuclear weapons or under other circumstances. Cosponsors - 7
- H.R.2573 : Atomic Veterans Relief Act introduced 21 MAY by Rep Neil Abercrombie [HI-1] to amend title 38, United States Code, to revise the eligibility criteria for presumption of service-connection of certain diseases and disabilities for veterans exposed to ionizing radiation during military service, and for other purposes. Cosponsors - none

[Source: UK The Daily Mirror article 7 Jun -09 ++]

==========

VA BLUE WATER CLAIMS Update 06: A bill in Congress provides a seemingly straightforward answer to a question that has vexed tens of thousands of Americans who served in the U.S. military. Who is a Vietnam veteran? The answer is vitally important to Navy personnel who served in Vietnam's territorial waters. For now, the Department of Veterans Affairs' definition of a Vietnam veteran does not include these men and women. Legislation introduced in the House would change that, clearing the way for Navy veterans to get disability payments and free health care for ailments linked to the herbicide Agent Orange, from type II diabetes to a variety of cancers. At stake: $3 billion in benefits. The VA says the pool of veterans who would become eligible for benefits under the bill is 800,000, a number critics accuse the VA of exaggerating to inflate costs that may scare Congress. Before 2002, sailors with the Vietnam Service Medal — given to those who served in the theater of war on land or sea — automatically got benefits, whether they were ground troops or in the Navy. But the VA, which did not return repeated calls for comment, changed its policy in 2002, saying common sense dictated that Agent Orange was used on land alone and therefore couldn't harm Navy personnel.

Bart Stitchman, co-director of the National Veterans Legal Services Program, said the VA simply changed its definition of who was eligible without notice. The VA is required to advertise any rule change impacting benefits in the Federal Register, allowing a period of public comment before making a change. The VA, Stitchman said, violated federal law by ignoring that requirement. In a 2005 article in the Journal of Law and Policy, Dr. Mark Brown, director of Environmental Agents Service at the VA, made a surprising admission: Science did not back up the VA's policy on the Navy. Calling Navy veterans "non-Vietnam veterans," reflecting the VA's policy that sailors don't qualify, he wrote, "There is no obvious scientific or public health basis for excluding these non-Vietnam War veterans" from the presumption that their illnesses are caused by Agent Orange. To address that "apparent inequity," Brown wrote, the VA paid benefits to those Navy veterans who could prove they were exposed to Agent Orange, which ground troops need not do. But proving exposure 40 years after the fact is often an impossible hurdle, Navy veterans say.

In 2004, a Navy veteran appealed the VA's denial of his Agent Orange claim in a veterans court set up to handle appeals of VA cases. The case became a precedent-setter. In 2006, that court ruled in favor of the veteran, saying the VA's exclusion of Navy veterans was too restrictive. But last year, the VA won the case on appeal to a higher court, which decided its rules on Agent Orange were reasonable. The VA then changed its rules one more time, closing another avenue for Navy veterans seeking benefits. After long holding that Navy veterans who served on inland waterways, like harbors and rivers, could get benefits, the VA decided a harbor did not qualify. The VA has argued it was not the intent of Congress to include the Navy when it adopted a law in 1991 providing compensation for Agent Orange. Rep. Bob Filner (D-CA), chairman of the House Committee on Veterans Affairs, has introduced the Agent Orange Equity Act of 2009 (H.R.2254) to include Navy veterans. He has more than 40 co-sponsors. "These guys have suffered long enough," Filner said. "It's going to cost money. But that's the cost of going to war. We're spending trillions bailing out everybody else. Let's bail out Vietnam veterans." The chances for passage are uncertain. Filner said lawmakers may be reluctant to add costs to the federal budget in an economic crisis. A similar bill introduced last year failed.

In the interim on 30 MAY the Texas House and Senate passed the Restore Agent Orange Presumptive Diseases to "Blue Water" Navy Veterans [SCR 38] memorializing Congress to restore the presumption of a service connection for Agent Orange exposure to veterans who served on the inland waterways, territorial waters, and in the airspace of the Republic of Vietnam. This is not a law as such. The Texas Legislature is telling the U.S. Congress that Texas wants the US Congress to force the VA to recognize Agent Orange as a medically causal chemical for Navy personnel who were in the theater of Viet Nam. [Source: St. Petersburg Times William R. Levesque article 9 Jun 09 ++]

==========

VA FRAUD Update 20: A 58-year-old woman who collected 18 months' worth of veterans' benefits sent to her dead aunt must pay back the government and serve a short prison sentence, according to her sentence imposed 8 JUN in federal court. U.S. District Judge John Woodcock sentenced Lorraine Rich, who now lives in Bradenton, Fla., but who lived in Waterville when the crime occurred, to four months in prison and three years of supervised release. She also was ordered to repay $27,675, the amount of veteran spouse benefits she collected illegally. Her aunt Cora Thompson was given surviving spouse benefits from the Department of Veterans Affairs after her husband, Vernon Thompson, a veteran, died, according to court documents. In 1999, Rich became Thompson's fiduciary federal payee and agreed to notify the VA when her aunt died, which occurred on 27 APR 04. "Ms. Rich did not notify the VA of the death, and the VA continued to make the monthly beneficiary payments," the court documents state, adding later that Rich withdrew the funds and spent them. The VA stopped making payments SEP 06. Thompson also failed to report the funds to the Waterville Housing Authority, which supplied her with subsidized housing. Rich pleaded guilty n SEP 08 to theft of government property and making a false statement

back. She faced a sentence of up to 10 years in prison and a $250,000 fine for the theft and an additional five years and another $250,000 fine for lying on her application for housing assistance. [Source: Bangor Daily News Nok-Noi Ricke article 9 Jun 09 ++]

==========

VA HOMELESS VETS Update 10: On 3 JUN 09 House Committee on Veterans' Affairs Chairman Bob Filner conducted a hearing to address America's commitment to end veterans' homelessness. The hearing focused on four specific programs operated by the Department of Veterans Affairs (VA): Grant and Per Diem, outreach to veterans, Special Needs Grants, and prevention efforts. According to recent VA reports, approximately one-third of the adult homeless population served in the Armed Services. Population estimates also suggest that about 131,000 veterans are homeless on any given night and perhaps twice as many experience homelessness at some point during the course of a year. Male and female veterans continue to be over-represented in the general homeless population. Specifically, male veterans were 1.4 times as likely to be homeless as male nonveterans while female veterans were between two and four times as likely to be homeless as their nonveteran female counterparts. Studies have shown an indirect connection between combat exposure and homelessness.

"Most of the VA's existing programs are targeted to veterans who are currently homeless, by providing employment opportunities and housing assistance to help prevent repeat episodes of homelessness," said Chairman Filner. "There is an urgent and immediate need to address homeless prevention, target high risk veterans with early intervention programs, and provide on-going evaluation and support. We need to strengthen our efforts nationally to prevent our heroes from becoming homeless in the first place." VA's largest program involving local communities is the Grant and Per Diem (GPD) program. GPD was authorized in 1992 to provide grants and per diem payments to help public and nonprofit organizations establish and operate supportive transitional housing and service centers. Eligible grantees are those who operate programs with supportive housing (up to 24 months) or service centers which offer such services as case management, education, crisis intervention, counseling, and services targeted towards specialized populations including homeless women veterans. Today, VA partners with more than 500 community organizations and has authorized 15,000 beds through the GPD program. Witnesses discussed the need to increase the annual authorization for the GPD program in order to increase the number of beds available for veterans as well as to enhance the supportive services offered. Service providers also reported that the current mechanism used to determine the per diem amount is outdated and inequitable. The current per diem rate is $34.40 per veteran per day. This number is significantly insufficient and does not take into account regional cost issues. Also, per diem payments are made months after the services are provided, which creates a financial strain for the non-profit and community organizations providing services.

In the area of prevention, VA works with other Federal agencies to prevent repeat episodes of homelessness. For example, the Department of Housing and Urban Development (HUD) provides Section 8 vouchers for homeless veterans with severe psychiatric or substance abuse disorders to rent apartments in the private rental market while the VA medical centers provide case management and clinical services. Since 1992, the HUD VA Supported Housing (HUD VASH) program has received funding for about 1,753 Section 8 vouchers. The Department of Labor also operates the Homeless Veterans Reintegration Program (HVRP) to help veterans gain meaningful employment and to help develop a service delivery system to address the problems facing homeless veterans. In 2006, HVRP grantees served a total of 13,346 homeless veterans, of whom 8,713, or 65%, were placed in employment. Finally, the 2009 Appropriations Act provided $10 million for HUD to conduct a demonstration program on preventing homelessness in coordination with the VA and DOL. The demonstration project will provide housing and services to prevent homelessness or reduce the length of time veterans are homeless. Up to three of the pilot sites will have a high number of service members separating from military service and up to four of the sites will be located in rural areas with veterans who served in the National Guard.

To improve VA's effectiveness are partnering with the University of Pennsylvania and the University of South Florida to create the first Center that will give the research capacity to improve programs and become more effective in the future. The new Center will allow VA to use much of the data systems within VA and across the country to improve VA and community service providers' effectiveness in reaching out, treating and improving long term discharge outcomes of the Veterans we serve." Filner concluded: "There remains an unknown number of veterans who are considered near homeless or at risk for homelessness because of poverty and lack of support from family and friends. An increasing number of veterans of Operations in Afghanistan and Iraq are falling into this category and we must be vigilant in providing support to this population. I am heartened by President Obama's zero tolerance policy for homelessness among veterans. We owe our veterans a debt of gratitude - and it will take a bold national commitment to make sure that the words 'homeless' and 'veterans' never appear in the same sentence again." [Source: HVAC Chairman Filner press release 6 Jun 09 ++]

==========

MILITARY STOLEN VALOR Update 12: Richard Glen Strandlof, a 32 year old fake military hero who misled veterans, politicians and others awaits arraignment in the El Paso County Criminal Justice Center on a misdemeanor traffic charge. Meanwhile the FBI is investigating possible fraud for which no charges have yet been filed. Strandlof spared no detail in his alleged résumé under the name of Rick Duncan: Annapolis graduate. U.S. Marine captain. Survivor of the Sept. 11 attack on the Pentagon, wounded, three-tour veteran of the Iraq war. An American hero who, in his next act, would stand up for his band of military brothers on whatever stage was set before him - from the Capitol steps in Denver to the campaign stump. All had bought into the story of Rick Duncan, the wounded soldier rallying opposition to the Iraq war and support for struggling vets. But an elaborate web of deceit has left Strandlof with another indelible mark: fake military hero who misled veterans, politicians and others.

Strandlof's story winds between malicious deception and actual good works. And it muddies the issue of whether his offense was simply that he fooled the people he purported to champion or broke the law. He backed mostly Democratic candidates sympathetic to his anti-war views in the run-up to the 2008 election. Beyond politics, he worked on behalf of homeless veterans in Colorado Springs, an effort that earned him widespread respect. But revelation of his charade last month ignited the military blogosphere - some of the more charitable critics have suggested his deployment to a combat zone - and inspired speculation on just how he could pull it off. The deception was elaborate, cunningly conceived and boldly executed - from his command of military vernacular down to details like the bumper sticker on his car. "Got DD214?" it said, playing off the popular "Got milk?" ad campaign in what amounted to an inside military joke. The bumper sticker referred to the official form that details a soldier's release from active duty. "I admit that not everything I said was as factual as I wish it had been," Strandlof told 9News on 6 JUN in the only interview he has granted since his charade began to unravel.

Strandlo said he constructed his military persona based on real and fictional accounts gleaned from reading materials and movies. He also claimed schizophrenia and bipolar disorder have affected his recollection of events over the last few years. "When I talked with people about my passion about vets' issues," he said, "I believed that was the truth." Army Spc. Garett Reppenhagen met the man he knew as Duncan at a veterans' gathering two years ago in Colorado Springs. He remembers him as, "spastic, a lot of energy, all over the place, an excitable person." That night, Duncan related how he'd been wounded by an improvised explosive device during his second tour in Iraq. He told others how the explosion had caused a severe brain injury - a circumstance that seemed to explain his twitchy mannerisms and sometimes erratic behavior. It never occurred to Reppenhagen, an infantry sniper who actually did a tour in Iraq, to dig deeper. Vets don't press other vets for combat details like that. "You sort of feel like a jerk by even doubting someone," he said. Duncan's intentions seemed straightforward. He sent care packages

to troops in Iraq. He stood up for homeless veterans in the Springs. He advanced his anti-war politics by connecting with like-minded candidates. He even launched his own organization, the Colorado Veterans Alliance, which he said represented 32,000 veterans on a massive mailing list - though the only visible members seemed to be a cadre of local vets. He certainly talked the talk. Duncan mingled easily in the military milieu. And in some ways, he walked the walk. "It seems like his heart was in the right place," said Reppenhagen, 33. "He was a really hard worker. He did a lot of good by raising a lot of awareness. But then you find out that he's a fraud."

Army Spc. Mark Wilkerson cut Strandlof a lot of slack for his supposed disabilities. He first heard him speak, eloquently but with a pronounced stutter, at a barbecue held by some people with Iraq Veterans Against the War. "He said he was 100% disabled, that's why he's a little off, that's why he was a little unusual," said Wilkerson. "I was naive, we all were, but he was just so convincing in the way he would speak about his experiences." Wilkerson said Strandlof would disappear for weeks at a time, saying he was getting treatments at the VA hospital in Denver. When Wilkerson invited Strandlof to join Iraq Veterans Against the War, he balked --possibly because he knew the group checks DD214 forms to authenticate service. He declined to join officially, saying he preferred to work with the group "under the radar" so he could maintain relationships with conservative elected officials. During a protest in OCT 07, a Marine colonel stopped Strandlof and challenged his authenticity - a common occurrence during veterans' anti-war protests in a military stronghold like Colorado Springs. But Strandlof answered the Marine's questions to his satisfaction.

When the truth finally emerged, it happened quickly. Near the end of April, Strandlof - in the persona of Rick Duncan - called a Fort Carson legislative liaison to say he was working for Sen. Mark Udall and wanted to set up a meeting at the Army post. The liaison then called Udall's Colorado Springs office seeking verification. Udall's staffers said Duncan didn't work for them. On 1 MAY, they met with Warvi of the Colorado Veterans Alliance to express their concern. Warvi had become exasperated with Duncan's inability to provide the details necessary to move the organization toward legal nonprofit designation. He'd never doubted his claims about military service - but the call from Udall's office prompted him to take a closer look at Rick Duncan's record. "That was the tip-off that said, 'Hey, we need to start digging,'" Warvi said. "It just started to fall apart pretty quickly." Warvi phoned the public affairs officer at Annapolis and learned that the last naval officer by the name of Rick Duncan graduated in 1948 - almost 30 years before Strandlof was born. He checked with the Colorado Secretary of State's Office and learned that the CVA name already had been registered to a man no one had heard of: Rick Strandlof. Later inquiries turned up mounting evidence that Strandlof and Duncan were, in fact, the same person. "Finally, we found court documents in Reno," Warvi said that put Strandlof in Nevada instead of Iraq. "And that basically destroyed Rick's entire timeline." And yet, in his interview with 9News, Strandlof stayed true to the Rick Duncan persona, voicing regret not so much for any perceived fabrications, but for his shortcomings in advancing veterans' issues. "I believe that people who defended a nation's ideals," he said, "should have ideal treatment from a nation." [Source: Colorado Spring's The Gazatte Kevin Simpson article 8 Jun 09 ++]

==========

TRICARE USER FEE Update 38: After three years of rejection, the Pentagon this year gave up, at least temporarily, trying to get Congress to approve increases in Tricare fees that have not changed since the program began some 13 years ago. That doesn't mean it won't try again in a future budget request. But streamlining the system with newfound "efficiencies" can, in the meantime, help slow the swift growth of defense health care costs, new Pentagon Comptroller Robert Hale said. Health care costs for active, reserve and retired service members and their families are spiraling out of control, Pentagon officials say. According to a January study by the Defense Business Board, annual defense health care spending could grow to $66 billion by fiscal 2015 — up from $19 billion nine years ago. The Pentagon is seeking $47.4 billion to fund health care in fiscal 2010, nearly 9% of its $533.7 billion budget request. "Military health care is eating our budgetary lunch," Hale said. "We've got to find a

way to work with Congress to provide high quality health care and slow down the rate of growth." "The $47 billion … is obviously a significant price tag," said Cmdr. Darryn James, a Pentagon spokesman. "The Quadrennial Defense Review (QDR) will examine health care costs in an attempt to find the necessary efficiencies to slow down the rate of growth."

Officials have said to expect the latest QDR — a review of force management issues as well as programs and other priorities — by late summer. Meanwhile, possible health care savings being discussed include continued phase-in of an electronic health records system and promotion of incentives to encourage healthier behaviors among beneficiaries. One move already announced is the 1 MAY launch of an Outpatient Prospective Payment System, which Tricare says will let hospitals know in advance how claims will be processed, reducing overall administrative costs by about $458 million a year when fully operational. The Military Officers Association of America, which strongly opposed fee hikes for years, more recently has said it would not object to fee increases that are proportional to cost-of-living increases in retired pay. But MOAA has long argued that a more efficient health care system would cut costs. The association also continues to promote ideas such as expanded use of mail-order pharmacy services and having Tricare cover co-pays on private insurance plans, which could encourage "working age" retirees to use their employer's health plans instead of Tricare. [Source: NavyTimes William H. McMichael article 15 Jun 09 ++]

==========

VA WOMEN VET PROGRAMS Update 03: Momentum is gathering to expand health care services for female veterans, with one of the few remaining disputes (i.e. over the number of days of neonatal care for those receiving maternity care at Veterans Affairs Department facilities) now resolved. Two similar bills, one passed by the Senate Veterans' Affairs Committee on 21 MAY and the other by the House Veterans' Affairs Committee's health panel 4 JUN, try to make VA more accessible and relevant to women, the fastest-growing segment of the veteran population. Lawmakers agree on the key details, including:

- More access to mental health counseling.
- A three-region pilot program in which women who are primary caregivers could use VA employee child care centers while receiving outpatient treatment.
- Internal and external reviews of VA programs to determine whether women face any barriers to care.

The Senate committee included women's initiatives in a larger veterans health bill, S.252, while the House is working on a freestanding women's health bill. The original House bill, H.R.1211, included the promise of up to 14 days of neonatal health care from VA, either directly or by contract, for female veterans receiving VA maternity care. The number of days was scaled back to seven under an amendment sponsored by Rep. Steve Buyer of Indiana, ranking Republican on the full House Veterans' Affairs Committee, based on input from VA showing that 95% of women are released from the hospital within seven days after birth and that most private health insurance plans cover only 48 hours of post-maternity hospitalization. The Senate bill also provides seven days of care. Rep. Michael Michaud, D-Maine, chairman of the House health panel, said he believes studies of health care for female veterans called for in the legislation are among the most important provisions because they will look at whether the stigma of seeking mental health services, clinic operating hours, the distance of care and low gender sensitivity are factors discouraging women from getting the treatment they have earned. Michaud said their needs should not "fall by the wayside as we explore ways to improve health care for our veterans." [Source: NavyTimes Rick Maze article 15 Jun 09 ++]

==========

STOP-LOSS PAY: Congressional negotiators working on an $85 billion supplemental war funding bill have agreed to retroactive stop-loss payments for 185,000 people. They also added new education benefits for the

children of service members who have died on active duty. The education benefits would provide a free college education for the children of anyone who died on active duty on or after Sept. 11, 2001, or dies on active duty in the future. Children would receive the basic benefits offered under the Post9/11 GI Bill that begins 1 AUG: fully covered tuition and fees up to the maximum in-state rate for undergraduates in each state, plus a monthly living stipend and book allowance. This expansion of the new GI Bill is expected to cost $164 million over 10 years. Benefits would apply to all surviving children, regardless of the deceased military parent's length of service, and would have to be used before the child reaches age 33. Placing the survivor education and stop-loss benefits in the supplemental bill, whose main purpose is to fund combat operations through the rest of this fiscal year, is a way to get around budget rules that might otherwise derail the initiatives.

The provisions also might help attract more votes to get the overall supplemental bill passed. There are concerns, especially in the House, that some nonmilitary spending — like $5 billion for the International Monetary Fund — could lead most Republicans and some Democrats to vote against the broader measure. Still, Rep. C.W. Young (R-FL), the House Appropriations Committee's ranking Republican, said he expects a compromise will be reached so the bill can pass before the July 4 congressional recess, the target date by which the Defense Department says it must have the extra war funding. Retroactive stop-loss payments of up to $500 for every month of involuntary extension are aimed at people whose separation or retirement dates were extended between 9/11, and 30 SEP 08, by stop-loss orders. But the potential payment procedure is unclear, particularly for the many affected people who have long since separated from the military. The services have records of which service members were affected by stop-loss orders, but whether they have current addresses is uncertain. Defense and service officials will have to determine how to make payments using $734 million set aside in the bill for that purpose. [Source: NavyTimes Rick Maze article 15 Jun 09 ++]

==========

RESERVE BENEFITS Update 02: Lt. Gen. Jack C. Stultz, chief of Army Reserve says, "Reserve and National Guard members today deserve a better return on investment for their frequent deployments and long family separations, and that should include improved health benefits and two ways to retire earlier than age 60." It's unusual for a senior officer to get so far out in front of Defense Department policymakers, as Stultz has here. He's not worried, however. "Nobody's ever going to call you on the carpet if you're really trying to take care of soldiers," Stultz said. In an interview in his Pentagon office 5 JUN, he shared his thoughts on modernizing reserve compensation so it more suitably rewards members and families who are sacrificing so much during wartime operations in Iraq and Afghanistan. He contrasted current missions for an operational reserve with those assigned to the Cold War-era strategic reserve. "It was one weekend a month, two weeks in the summertime and we're going to give you some retirement pay when you get to age 60. That's a pretty good return on investment for me as a soldier," Stultz said. But today "we want you to leave your job, leave your family and risk your life once every five years," or even more frequently until the Army is sized properly for current missions. So we have to rethink that [incentive] because I'm not sure if giving retirement at age 60 is an adequate return on investment. Reservists and their families are right to ask if what they're giving today isn't out of balance with what they're getting back". Stultz supports two concepts for improving reserve retirement.

- The first Congress already has adopted, lowering the age 60 start of reserve annuities by three months for every 90 consecutive days in a given fiscal year that a reservist is mobilized. But, for lack of funds, Congress applied this change only to deployment time after 28 JAN 08. Left out are thousands deployments by Reserve and Guard members since 9/11. Rep. Joe Wilson (R-S. C.) has reintroduced a bill, H.R.208, to extend this change to mobilizations since 9/11. "I applaud [those] who want to make it retroactive," said Stultz. Connecting earlier retirement to time deployed "makes a lot of sense," he added, because it rewards those making greater sacrifices than reservists who enjoy a more stable lifestyle and less risky assignments.

- The second, which he has talked about with lawmakers about, is to reward soldiers who to serve beyond 20 years, again by lowering the age at which annuities begin. "For every year you stay beyond 20 you can retire six months early. That's kind of the idea we've postulated," Stultz said.

Stultz would like to see both provisions to lower reserve retirement age enacted and put to work simultaneously. "You've got to cap it though," he said. No member should be able to draw an annuity before age 55. "Then it becomes unaffordable," he said. For those who say the changes are too expensive, he counters with figures of his own. "Let's say I have a sergeant first class and when he retires from the Army Reserve he gets $3000 a month in retirement. That's $36,000 a year. If he is able to get five more years of retirement, that's $180,000, a significant amount of money." But then consider, Stultz said, "how much have I invested in that sergeant first class and [the] cost to replace him." Given all the training and experience, he said, "we probably invested 10 times that much…So $180,000 is probably a pretty good return on investment if I'm able to get 10 more years of service out of that individual." Stultz acknowledged that many reservists who already have served 20 years, retired and await the start of retired pay and benefits at 60 will be disappointed if left out of these changes. "That's just going to have to be a fact of life," he said. "There are a lot of things that happen in life where they pass a law and say, 'from this point forward you can be eligible.' There are a lot of people out there who say, 'Geez, what about me?' I don't think you can make it that retroactive." First, no budget dollars were set aside to fund earlier retirement for reservists now gone from service, Stultz said. "But also, conditions have changed. And at some point you just have to draw the line…There are a lot of things my kids have available to them that I didn't have growing up."

On health care, drilling reservists need a dental benefit just to satisfy medical readiness requirements, Stultz said. With a strategic reserve, there was time to mobilize units and address dental problems at mobilization stations. With an operational reserve, members have to be ready to deploy. They can't leave major dental work until they report for duty. Active duty soldiers can visit base dental clinics anytime and get care at government expense. "It's another thing to say [to reservists] go get your teeth fixed and it's going to cost you a couple thousand dollars." He wants some sort of subsidized reserve dental insurance plan. Families, meanwhile, need more stable health care. With every deployment, too many have to shift from employer plans to Tricare and back again, switching doctors in an already stressful period. Stultz want the military begin to subsidize a portion of employer health costs for reserve families if companies agree to continue family coverage through deployment. He illustrated with display board and grease pen how this actually might save money by reducing Tricare transition benefits that overlap now with employer coverage and no longer would be needed for many families. [Source: Stars & Stripes Tom Philpott article 6 Jun 09 ++]

==========

TRICARE VISION BENEFITS Update 01: Vision care is a Tricare-covered benefit. Below covers how the benefit varies by beneficiary category and service required. For more information refer to the Tricare vision benefit page at http://tricare.mil/mybenefit/ProfileFilter.do?puri=%2Fhome%2FVision:

- **Active Duty:** Active duty service members and family members (ADFM) enrolled in Tricare Prime are allowed a comprehensive eye exam every year with no co-pay. Tricare Standard and Extra ADFM beneficiaries older than 6 years have coverage for one routine eye exam yearly. After the deductible is met, cost-shares will apply for those using Tricare Standard and Extra plans.
- **Retirees:** Tricare Prime retirees and family members are eligible for one comprehensive eye exam every two years with a network optometrist or ophthalmologist. They may have a $12 co-pay if seen outside the base clinic. Retired beneficiaries with Tricare Standard only have vision benefits when diagnosed with a medical condition such as glaucoma, cataracts or diabetes. Normal deductible and cost shares apply.

- **Children:** All Tricare-eligible children, regardless of plan, are covered for eye and vision screenings at birth and for a routine exam at 6 months old by their primary or pediatric provider. All family members between the ages of 3 and 6 years are authorized to receive two comprehensive eye exams—including screening for developmental disorders—annually. After age 6, they can receive one exam per year by an ophthalmologist or optometrist depending on their Tricare plan.
- **Comprehensive Exams:** Eye doctors use a wide variety of tests and procedures to examine your eyes during a comprehensive exam. These tests range from simple ones, like reading an eye chart, to more complex tests. Beneficiaries should receive comprehensive exams through an optometrist or ophthalmologist and do not usually need a referral. Tricare Prime beneficiaries will need a referral for routine eye exams received outside the provider network. Active duty service members must get a referral through their primary care manager (PCM). In addition to preventive exams, Tricare covers most medically necessary eye exams. Diabetic beneficiaries are covered for an eye exam each year with no co-payment, regardless of their sponsor's military status, although they may pay cost shares. Tricare Prime beneficiaries need referrals for medically necessary visits if they are outside of a military treatment facility (MTF). Beneficiaries can find a list of Tricare network vision care providers in TriWest's online Provider Directory at www.triwest.com. Searches can be conducted by location and specialty (for eye care, choose ophthalmology or optometry). Beneficiaries who receive care at an MTF should check to see if that clinic offers special programs for vision care.
- **Glasses and Contacts:** For active duty service members, eyeglasses are available at military treatment facilities at no charge. All other Tricare beneficiaries have coverage for contact lens or eyeglasses only if they are diagnosed with: Infantile glaucoma, Keratoconus, Dry eyes, Irregularities in the eye's shape, or loss of human lens function from eye surgery or congenital absence. Replacement lenses, or adjustments, cleaning and repairs of eyeglasses are not covered. Contact screenings and fittings are also not a Tricare-covered benefit unless you have one of the medical conditions listed above. [Source: Seattle Military Issues Examiner Kristina Jones article 6 Jun 09 ++]

==========

GI BILL Update 48: Colorado will begin offering in-state tuition at 30 public colleges and universities for active-duty members and their families and all honorably discharged veterans under the GI Opportunity Act (H.B.1039), a state law signed 2 JUN by Gov. Bill Ritter. The tuition bill, meant to make Colorado more attractive to current and former service members, aims to reverse a phenomenon in which out-of-state veterans apply and are accepted to state schools, only to end up going somewhere else. Last year, for example, 16 out-of-state veterans were accepted for admission to the University of Colorado at Boulder, but only one ended up attending, said retired Marine Corps Col. Greg Akers, director of the school's office of veterans' affairs. Many states are ramping up efforts to attract service members, their families and veterans because of the looming 1 AUG launch of the Post-9/11 GI Bill, which provides benefits to fully cover the cost of in-state undergraduate tuition at a four-year public college or university. By promising in-state tuition rates to service members, to their families who might get the new GI Bill benefits under a transfer option, and to veterans who don't live in the state, Colorado is promising free education to a potentially large population.

The difference between in-state and out-of-state tuition rates is about $8,000 a year for Colorado state colleges and universities. Resident tuition is based upon full-time enrollment (15 credit hours each semester) for academic year 2008-2009, not including summer. Comparison costs of Colorado higher education institutions can be viewed at www.collegeincolorado.com/home.aspx. Among other things the site provides a table listing all Colorado institutions along with their campus resident tuition charge, additional mandatory fees, room and board, and Institution type. A section of the website provides virtual tours of each Colorado institution along with contact data. In addition, you can look at campuses by using websites in other states across the country that are similar to those

listed for Colorado by selecting the state/site from a provided list. [Source: NavyTimes Rick Maze article 4 Jun 09 + +]

==========

GI BILL Update 49: With the Veterans Affairs Department projecting 460,000 people will try to use the new Post9/11 GI Bill this year, key lawmakers are pledging to wait a year before making any changes to the program that might delay the Aug. 1 launch date. Putting off changes could hurt two kinds of students: private - school and graduate students in states where GI Bill benefits will fall short of tuition costs, and students using benefits solely for distance learning, who will not get the program's monthly living stipend. More than 60,000 service members and veterans had applied in the first six weeks to be certified to receive benefits — a first step that lets them know what level of benefits they might receive based on their years of service. Pre-certification is not required, so it's only a rough guide to the early popularity of the benefits program, which covers full tuition plus a stipend and book allowance for full-time undergraduate students who qualify for in-state rates.

In California, the policy of providing free tuition at state schools for in-state students means that GI Bill payments for nonresidents attending public schools and students attending private or graduate schools will be very low — as little as $1,000 at Stanford University, where tuition is $35,000 a year. But in this case, the fact that House Speaker Nancy Pelosi and Rep. Bob Filner, House Veterans' Affairs Committee chairman, are both California Democrats does not trump a VA warning that any changes in eligibility or benefits could interfere with the 1 AUG launch date. Congressional aides said many lawmakers want to tweak details of the Post-9/11 GI Bill but do not want to risk being blamed if benefits aren't paid on time. The maximum payment under the new program is capped at the maximum rate charged by each state for in-state tuition and fees for undergraduate students. While California has no in-state tuition, students pay $6,586.51 in fees. So the Post-9/11 GI Bill will pay no tuition for those who are not in-state undergraduates at public schools, but will cover up to $6,586.51 in fees. Some California lawmakers introduced a bill that would make $6,586.51 the tuition cap for the state, rather than the maximum fee reimbursement, but Filner told VA officials that he will not push the measure through his committee this year. Filner also said he supports the living stipend for distance-learning students but is also putting that issue on hold until next year.

The Department of Veterans Affairs (VA) announced 5 JUN that it has entered into more than 700 agreements with institutions of higher learning across the nation to participate in the Post-9/11 GI Bill's "Yellow Ribbon Program." Many schools signed agreements for participation in not only undergraduate programs, but graduate and doctoral programs as well. Some schools entered into one agreement that covered all their campuses throughout the United States. The Yellow Ribbon Program is a provision of the Post-9/11 GI Bill that allows degree-granting institutions to voluntarily enter into a formal agreement with VA to fund tuition and fee expenses that exceed the highest public, in-state undergraduate rates. The institution can contribute up to 50 percent of those expenses and VA will match this additional funding for eligible students. This may enable qualified students to potentially attend school tuition-free. For information on specific schools participating in the Yellow Ribbon Program, refer to http://www.gibill.va.gov/GI_Bill_Info/CH33/YRP/YRP_List.htm. [Source: NavyTimes Rick Maze article 15 Jun 09 ++]

==========

GI BILL Update 50: A Veterans Affairs Department internal Inspector General [IG] report released on 29 MAY found numerous contracting irregularities resulting from an agreement VA signed with the Space and Naval Warfare Systems Center to develop information technology systems, including a high-profile network to process veterans' educational benefits claims, which has a deadline for completion in AUG 09. VA signed an interagency agreement with SPAWAR in NOV 07 for the center to provide VA with system development, software

programming and project management support. The department has issued 22 so-called amendments against the agreement, representing 30 IT projects, for a total cost of $66 million, according to the IG report. Another $73 million worth of IT work is in the pipeline. But the IG found that:

- VA had not conducted an analysis as required by the Federal Acquisition Regulation as to whether awarding IT contracts to SPAWAR "is in the best interest of the government." The IG also concluded that SPAWAR, not VA, developed requirements for IT projects that "were often broad and general in nature and lacked specific deliverables."
- VA did not know specifics about the agreement, including the fact that SPAWAR was conducting work outside the scope of the agreement and that the center had contracted out 87 percent of the work to outside contractors. These companies subcontracted out the work to other SPAWAR subcontractors, which increased costs because VA "must pay an additional layer of management fees and overhead," the IG said.
- VA "could not tell the IG who was performing the work under the [agreement], how many people were providing services, or where they were located.
- The VA's Office of Enterprise Development was unaware VA was paying SPAWAR a 10%management fee, and the center was "unable to provide justification or authority to charge" the fee, the IG concluded. By comparison, the General Services Administration charges a 3% management fee on IT contracts, and the Defense Information Systems Agency charges a 1.25% management fee.

The report concluded that VA had "relinquished its oversight of financial performance and work performed under the [agreement] to SPAWAR." The IG reported one of the key VA projects SPAWAR is working on is the development of a claims processing system to support the new GI bill, formally known as the 2008 Post 9/11 Veterans Educational Assistance Act. But the formal statements of work for the GI bill system consisted of "essentially boilerplate" requirements, which SPAWAR developed and did not address the work the center was supposed to do. Rep. Steve Buyer (R-IN), the ranking member of the House Veterans Affairs Committee who requested the IG investigation, said in a statement released on 29 MAY that problems identified in the report could "seriously jeopardize timely delivery of the Post 9/11 GI bill program. I want assurance that VA is prepared to handle the thousands of claims it will receive for education benefits. VA must take immediate action to get the contracting mess with SPAWAR straightened out." Buyer said he asked the IG to "provide me with an in-depth briefing, but it is clear from this disturbing report that VA desperately needs strong and specific reform in their acquisition operations."

Stephen Warren, principal deputy assistant secretary in the VA's Office of Information and Technology, said that it was unfair to compare the management fees charged by GSA with the higher fees the VA pays SPAWAR. "We did not bring them [SPAWAR] on as a contract management agent," he said. "We are paying them for expertise and consider them a partner." Warren said he found it "problematic" that SPAWAR was subcontracting out VA work, particularly "if we are paying extra fees." The IG recommended VA's Office of Information and Technology craft more clearly defined statements of work for SPAWAR under the agreement and that its Office of Enterprise Development establish a method of determining reasonable cost estimates and improving oversight of contracts to third parties. Warren said the Office of Information Technology considers IG reports as guidance to "help us do our job better" and will work on implementing its recommendations. [Source: Nextgov Bob Brewin article 6 Jun 09 ++]

==========

VIETNAM VETERANS & AGENT ORANGE: From 1961 to 1971, U.S. military forces sprayed more than 20 million gallons of Agent Orange and other herbicides on forests and crops in southern and central Vietnam. The campaign had both human and environmental consequences. The immediate effect was to defoliate and destroy vegetation over wide areas. The delayed impact came from dioxin, a highly toxic chemical in

Agent Orange that is critically harmful to humans. More than 35 years later, dioxin continues to pose significant health and safety concerns. It remains at dangerously high levels in and around former U.S. air bases where planes carrying the toxic spray were based, in some instances contaminating local food chains. A disturbingly high number of birth defects, cancers, and other diseases have struck Vietnamese veterans, civilians, their offspring and those now living in affected regions of Vietnam. Many American veterans of the campaign and their families have experienced health crises too. For decades, the after-effects of dioxin remained an unresolved matter between the United States and Vietnam. The United States sought to avoid what appeared to be an open-ended liability; the Vietnamese were concerned that pushing too hard to address the matter might jeopardize their export-led growth strategy and entry into the World Trade Organization.

Today, promising initiatives and efforts from diverse constituencies have fostered a new environment of cooperation between the United States and Vietnam. Government agencies, nongovernmental organizations and nonprofit donors are responding to the challenging legacy of Agent Orange. The Ford Foundation has taken a leadership role in the philanthropic community, working to address the impact of dioxin on post-war Vietnam by seeking to increase awareness and resources around a humanitarian agenda. They have published a paper titled *"U.S. VIETNAM VETERANS AND AGENT ORANGE: Understanding the Impact 40 Years Later"* which is of interest to all Vietnam veterans and their children. The paper was commissioned by the Ford Foundation Special Initiative on Agent Orange/Dioxin and written by the National Organization on Disability (NOD). The production of this paper was inspired in part by NOD's participation in the U.S.-Vietnam Dialogue Group on Agent Orange/Dioxin, a bilateral citizens' group of five Vietnamese and five Americans convened by the Ford Foundation. One goal of the Dialogue Group is to make the U.S. public aware of the continuing environmental and health consequences of dioxin contamination in Vietnam resulting from use of Agent Orange by U.S. forces during the Vietnam War. A second goal is to mobilize resources and build effective public-private partnerships to respond to those consequences without further delay. This paper adds to those efforts by examining where we are in our own country relative to the affects of Agent Orange on our soldiers and their families.

Although these issues date back more than 40 years, they remain critically important for at least two reasons. First, it is still not too late to correct lapses in the nation's treatment of veterans who were exposed to dioxin during the Vietnam War. Many of them began reporting high rates of illness and disability soon after their wartime service, and yet waited many years (and in some cases are still waiting) for a fair resolution to their concerns. Those concerns now extend to health effects among their children and grandchildren. Many of the effects are still poorly understood and officially unrecognized. Second, these issues continue to resonate is that the use of chemicals on the world's battlefields has only increased in the years since the Vietnam War ended. One lesson of the Agent Orange experience has been that the consequences of using such chemicals are rarely easy to predict, and that the burdens they impose may well be borne for generations, long after the original causes of conflict have been resolved. It is timely for our nation to address war legacies, past and present, and make good on our promise to care for our own.

Those interested can review the paper which I have included as a Bulletin attachment. If unable to open the attachment let me know and I will forward a copy to you. It content is too lengthy to summarize in one article as it encompasses the following:

- Historical Summary of the Issue
- The Early Years: A Trickle of Information and Tentative Responses
- A Decade of Lost Time, then the Start of an Organized Response
- Science and Eligibility: Piecemeal Expansion
- The Fate of the 'Ranch Hand' Data
- The Situation Today: Who is Eligible?
- The Available Benefits and Services
- What’s Needed: Five Recommendations for Greater Clarity and Justice

[Source: www.fordfound.org/programs/signature/agentorange/issue Jun 09 ++]

==========

TSP Update 18: The Thrift Savings Plan's five basic funds continued to grow steadily in May, helping to offset losses from earlier in the year. All TSP funds are now showing growth since the beginning of 2009, although many are still reeling from late 2008 losses.

- The I Fund, invested in international companies, had another month of double-digit growth in May, increasing by 13.41 %. It now boasts a 7.77 % gain since the beginning of 2009, but still is down 36.12 % over the past 12 months.
- The C Fund, made up of common stocks of large companies on the Standard & Poor's 500 Index, gained 5.6 % in May, and has grown 3.05 % since the beginning of the year. During the past 12 months, it has lost 32.5 %.
- The S Fund, which is invested in small- and mid-size companies and tracks the Dow Jones Wilshire 4500 Index, cooled off after double-digit gains in April. In May, it grew 3.97 %, and it is up 7.07 % since the beginning of the year. The fund is down 33.92 % for the past 12 months.
- The less risky G and F funds continued to make steady but small gains in May. The G Fund, made up of government securities, rose 0.25 %, and the fixed incomes bonds in the F Fund increased 0.78 %. Both have gone up since the beginning of the 2009, and they are the only funds that have increased in value during the past 12 months.
- The G Fund gained 1.09 % since the beginning of the year, and 3.37 % since May 2008. The F Fund earned 1.4 % since the beginning of the year, and 5.52 % over the past 12 months.

All life-cycle funds posted gains during May, and are in the black for 2009 -- but they have not been able to make up for losses they sustained in 2008. The L funds have different mixes of investments that grow less risky as participants near retirement. The L 2040 Fund stayed at the head of the pack for the life-cycle options, rising 6.19 %. It has gained 5.05 % since the beginning of 2009, but has lost 26.74 % since May 2008, putting it at the largest deficit among the L funds. The L 2030 gained 5.45 % during May, and 4.72 % for 2009, but has fallen by 23.01 % over the past 12 months. The L 2020 gained 4.66 % in May and 4.25 % so far this year; it lost 18.76 % since May 2008. The L 2010 increased 2.28 % in May and 2.58 % in 2009, and lost 8.28 % during the past 12 months.
The L Income Fund, designed to be the most conservative for those who will soon retire, gained 1.7 % in May and 2.34 % since the beginning of the year. It has lost 3.66 % since the same time in 2008. . [Source: GovExec.com Alex M. Parker article 1 Jun ++]

==========

TSP Update 19: The top executive overseeing the Thrift Savings Plan said it will take a minimum of one year, more likely two to get a Roth investment option in place. Congress is poised to add a Roth option to the Thrift Savings Plan that would enable participants to make taxable contributions that could grow and be withdrawn at retirement tax-free. Currently, TSP investments are made tax-free and then taxed when they are withdrawn. A Roth option will benefit those who have higher incomes during retirement — and, thus, would be in a higher income tax bracket — than during their military or federal careers. Service members, who enjoy significant tax breaks while in uniform, are among those most likely to benefit from a Roth option. In a 2 JUN interview with Military Times editors and reporters, Federal Retirement Thrift Investment Board executive director Greg Long and external affairs director Tom Trabucco said the board is already talking to the military services and federal agencies about changes they will need to make to payroll systems to accommodate the Roth option.“It is a big deal,” Long said.

The board also will have to figure out how best to help participants decide if a Roth option is right for them. Long said the board plans to study private sector plans that offer a Roth option to see how they educate their participants. He was initially unsure whether a Roth option would be used widely enough to justify the costs of adding it, but changed his mind after seeing growing and sustained interest among service members and federal civilian employees. Trabucco said Pentagon officials want to automatically enroll young, lower-paid military recruits into a TSP Roth plan, a change from their initial stance. The Pentagon previously had not supported automatic enrollment because service members don't receive government matching funds for their TSP contributions, as most federal employees do. Most federal civilians opt for it Trabucco said TSP participation rates among federal civilians have ranged between 84% and 87% of those eligible for the last decade.

Congress is poised to approve a bill that would automatically enroll civilian employees and give them matching funds right away. Long said he hopes participation rates could climb into the low-90% range with automatic enrollment. Enrollment rates among service members have been much lower, with the Navy topping the list in the mid-50% range. But Long said that if the Defense Department does automatically enroll new troops, that could help push enrollment from more than 4 million participants today to 5 million. Also, that even though the TSP's stock-based funds dropped in value over the last 1½ years because of the stock market crash, he is more confident than ever that the plan's structure is sound. He said, "If you take a look at our Lifecycle Funds, our L Funds, and the performance of them relative to competing products [in the private sector], the performance of our [L] 2010 Fund in 2008 was down substantially less than most of the competing products out there. That says … we did some things right. We took an appropriate level of risk for somebody planning on starting to draw down income in 2010, and maybe the marketplace didn't look at it the same way we did. Even though it was a very difficult period, I think it demonstrated to us that we made some good decisions." [Source: NavyTimes Stephen Losey article 15 Jun 09 ++]

==========

TRICARE NEWS Update 01: Tricare provides updates on the latest news to help you make the best use of your Tricare benefit. This update addresses:

- Behavioral health care options expansion with IOP.
- Dependent parents and parents-in-law coverage via Tricare Plus
- Nursing home care

Intensive Outpatient Programs: Tricare beneficiaries who find themselves in need of more than a little, but less than a lot of help dealing with behavioral health and substance use issues now have a new behavioral health care treatment option. A clarification of Tricare policy now permits beneficiaries to take advantage of intensive outpatient programs, or IOPs, and allows them to be covered under the existing half-day partial hospitalization program benefit. Treatment in an IOP is on an outpatient basis and provides a program of medical therapeutic services at least three hours per day. IOPs also offer beneficiaries more flexibility through day, evening, night or weekend program options. There are no "emergency" admissions to an IOP, so prior authorization is always required. And IOP providers must be Tricare-authorized for partial hospitalization program.

Tricare Plus: Some beneficiaries can normally only get care at a military treatment facility on a space-available basis. Tricare plus is a program that lets them enroll and get primary care appointments at the military hospital. They then get the same primary care access standards as beneficiaries enrolled in Tricare Prime. For example, retirees and retiree family members using Tricare for life can enroll in Tricare plus - if it's available at their local military treatment facility. Then they are guaranteed a routine appointment within one week, just like prime patients. Tricare plus is only available at certain military facilities, and the local hospital commander may limit enrollment to specific categories of beneficiaries. Tricare beneficiaries enrolled in a prime option, a civilian HMO, or Medicare HMO are not eligible for Tricare Plus. To find out if you can participate in Tricare Plus, contact your

local military hospital. Enrollment into Tricare plus at one facility does not automatically extend enrollment to another. And the military hospital is not responsible for any costs when a Tricare Plus enrollee is referred outside the military facility for additional care. Enrollment in Tricare plus will be reflected in DEERS, the defense enrollment eligibility reporting system. Tricare plus does not guarantee access to specialty care at the military treatment facility.

Nursing Home Care: At some point in our lives, many of us will have to make a decision about moving into a nursing home either for ourselves, or for a family member. Understanding the specifics of Tricare's skilled nursing coverage can help you with these choices. In general, Tricare covers skilled nursing care, but custodial care is not a Tricare covered benefit, just as it is not covered under Medicare or most civilian health plans. Care must be provided by a Tricare-authorized provider, such as a skilled nursing facility. Nursing homes and intermediate care facilities are excluded from Tricare coverage. Skilled nursing care is normally provided for rehabilitative services, with projected improvement goals. Custodial care is defined by law as providing assistance with the activities of daily living, like bathing, dressing and eating, and can be provided safely and reasonably by a person who is not medically skilled. Also, remember that Tricare for life is the last payer to all other health insurances. There are options for covering custodial care in a nursing home setting. You can buy long-term care insurance through commercial insurance programs or through the federal long-term care insurance program, which some retirees may be eligible for.
[Source: Tricare Beneficiary Bulletin 18 dtd 4 Jun 09 ++]

==========

BATAAN DEATH MARCH Update 01: Japan's Ambassador to the U.S. delivered his government's historic apology to the former POWs of Japan, their families, and friends at the last convention of the American Defenders of Bataan and Corregidor (ADBC) on 30 MAY in San Antonio, Texas. In the Pacific Theater, during World War II sixty eight years ago, over 29,000 American military personnel were captured by the Japanese and forced by the Japanese Army to march 70 miles up the Bataan Peninsula, in the Philippine Islands. The 10 day march resulted in the death of an estimated 10,000 U. S. servicemen. Survivors of the march were shipped to Japan where they were forced into slave labor in coal mines owned by Japanese firms. The survivors of the Death March suffered constant beatings and abuse while fighting malnutrition and disease. Nearly 40% of those POWs died in captivity as a result of the Bataan Death March and the horrific conditions that existed in the Japanese POW forced labor camps and enslavement at private Japanese companies. The ADBC, for decades, has been pressing Japan for an apology for the inhumane treatment American POWs suffered under Japan's colonial rule during WWII. They also seek an apology from Japanese industry for their inhumane actions and to include the American POWs in a new and permanent Peace, Friendship, and Exchange Fund. [Source: VFW Washington Weekly 5 Jun 09 ++]

==========

HVAC Update 07: The House Committee on Veterans' Affairs held a hearing to assess the merits and weaknesses of Department of Veterans Affairs (VA) programs to help homeless veterans obtain meaningful employment and permanent housing. Overall, the number of homeless veterans is estimated to have dropped by nearly half since 2002 when then-President Bush revitalized the Interagency Council on Homelessness and made VA an integral part of a larger initiative to end chronic homelessness in the United States. In a statement submitted for the record, Ranking Member Steve Buyer lauded the effectiveness of VA and Department of Labor (DOL) programs that have helped thousands of veterans escape the desperate cycle of life on the streets, but warned that the Committee must anticipate problems that are arising as a result of the economic downturn and changing demographics within the veteran population. Buyer said, "The data on homeless veterans offers signs of hope and encouragement that programs we have implemented are working. Yet at the same time, we see a disturbing increase

in the number of homeless women veterans, many of whom have children. These individuals require a safe, supportive environment, and a private setting, in which they can regain their footing and acquire skills that will lead to meaningful employment and permanent housing."

On 4 JUN the Subcommittee on Health held a hearing on meeting the needs of family caregivers of veterans. The hearing hoped to identify gaps in supportive services to those family members providing care to severely disabled veterans. Witnesses included representatives from the Wounded Warrior Project, National Military Family Association, VA, DOD, HHS, and groups that provide in-home and respite care for individuals in need. Chairman Michael Michaud (D-ME) asked panelists to comment on recent legislation introduced and what the committee can provide by way of economic and other support for those caring for their wounded family members. Lack of coordination between VA and DOD when providing services was the most common complaint of witnesses. Retired Cmdr. Rene Campos, Deputy Director for government relations, Military Officers Association of America said it best when she commented as a part of her testimony that "There needs to be a commitment from VA and DOD to work together to build a total package that will meet the needs of the servicemember and their families now and into the future." For more information on the hearings or to view the recorded webcast go to: http://veterans.house.gov/

On 5 JUN, the House Veterans Affairs Subcommittee on Health approved a health care measure for women veterans, and then held a hearing to consider recommendations calling for Department of Veterans Affairs (VA) support for family members who provide care to disabled veterans. H.R.1211, as amended, the Women Veterans Health Care Improvement Act, would

- Authorize $4 million to VA to study barriers women face in accessing VA health care and another $5 million for an assessment of the VA's health care services and programs provided to female veterans.
- Create a new program to offer graduate medical education, training and certification to mental health professionals who provide counseling, care and services for veterans suffering from sexual trauma and post-traumatic stress disorder.
- Authorize $1.5 million in 2010 and 2011 for a pilot program to provide child care to veterans who are receiving mental health or other intensive care services at VA facilities.
- Provide health care services for the newborns of female veterans who delivered at VA facilities for 7 days after birth.

The bill was favorably reported by voice vote to the full Committee. Subcommittee Ranking Member Henry Brown, Jr. said, "I am pleased to be a cosponsor of H.R. 1211 ... Family caregivers may face an array of challenges such as job absences, lost income, travel and relocation costs, child care concerns, exhaustion, and emotional or psychological stress. It is vitally important to the health and well-being of our wounded warriors and their loved ones to support and preserve the critical role they provide." Last month, the Senate VA Committee passed similar legislation in a large health care bill. [Source: TREA Washington Update & VFW Washington Weekly 5 Jun 09 + +]

==========

HVAC Update 08: The House Veterans' Affairs Committee (HVAC) approved 23-0 legislation that would fund VA medical care one year in advance. The committee also included VA's IT accounts in the bill as an amendment. H.R.1016, The Veterans Health Care Budget Reform and Transparency Act of 2009, will allow VA to better plan for the future, attract and recruit high-quality health care professionals, and allow them to better target gaps in care. The Senate passed their version (S.423) in May. This and the following cleared bills now move to the House floor for consideration. For more information on any of the bills cleared refer to the House VA website at: http://veterans.house.gov or type the bill # into the box at http://thomas.loc.gov:

- **H.R.952** would expand the meaning of combat with the enemy to mean active duty service in a combat theater during a time of war not just during actual combat. The bill aims to shorten the claims process for many veterans suffering from psychological injuries.
- **H.R.1037** as amended, the Pilot College Work Study Programs for Veterans Act of 2009, would authorize $10 million annually to establish a five-year pilot project to test the feasibility and advisability of expanding the scope of veterans' work-study activities.
- **H.R.1098** as amended, the Veterans' Worker Retraining Act of 2009, would increase the amount of VA educational assistance payments to individuals pursuing an apprenticeship or on-the-job training. It also increases the monthly training assistance for eligible veterans and their dependents under the Survivors and Dependents Educational Assistance program.
- **H.R.1211**, as amended, the Women Veterans Health Care Improvement Act that will improve health care services for female veterans.
- **H.R.1821**, The Equity for Injured Veterans Act of 2009 would extend VA's Vocational Rehabilitation program to 15 years following discharge or release from active duty. It also authorizes single parents participating in the program up to $2000 a month for child care services.
- **H.R.2180** would waive housing loan fees for veterans with service-connected disabilities called to active duty.
- **H.R.2270** would establish a compensation fund for certain WWII veterans who were not eligible for readjustment benefits. Those eligible would receive a monthly payment of $1000

[Source: VFW Washington Weekly 12 Jun 09 ++]

==========

TRICARE/CHAMPUS FRAUD Update 14: The Queen's Medical Center has paid $2.5 million to settle two lawsuits alleging Hawaii's largest private hospital overcharged Medicare, the state's Medicaid program and Tricare health benefits program for military dependents, the U.S. Attorney said 3 JUN. John Nitao, vice president and general counsel of The Queen's Health Systems, said the medical center denies any wrongdoing. "But after five years of discussions and negotiations with the government, (Queens) has agreed to settle this matter so that its resources may be spent on providing quality health care rather than on legal fees," he said in a statement. The settlement grew out of civil lawsuits brought in federal and state court by two former pharmacy technicians under the federal and state False Claims Acts. The former employees, who were given $400,000 of the settlement, alleged that the hospital submitted false bills for pharmaceuticals and billed federal programs for services provided by residents without the level of supervision required by federal rules. U.S. Attorney Edward Kubo Jr. praised the whistleblowers, who were not identified in the settlement announcement, for their "courage in coming forward with the case." He said the False Claims Act allows the government to seek up to triple damages, plus penalties, for false and fraudulent claims submitted to government programs.

The government alleged that from 8 SEP 99 through 28 OCT 02, Queen's submitted false claims to Medicare, Medicaid and Tricare seeking payment for the dispensation of anti-psychotic medications allegedly ordered by a psychiatrist. But it said the medications were prescribed by physicians without the prior knowledge of a psychiatrist. Also, from 1 JUL 99 through 30 JUN 06, Queen's wrongfully submitted claims to Medicare, Medicaid, and Tricare for services it represented were provided by teaching physicians when Queen's did not have the documentary evidence necessary to demonstrate that they were involved in the services to the degree necessary to support payment of the claims. Under Medicare rules, Queen's was permitted to bill for certain services rendered by residents, provided that the residents were supervised by teaching physicians. Queen's denied the government's contentions.

Besides the $2.5 million Queen's paid in the settlement, it also entered a corporate integrity agreement with the U.S. Department of Health and Human Services, Office of Counsel to the Inspector General. Under the agreement, Queen's will maintain a compliance program designed to assure that its billings conform to all applicable program rules for a period of five years. The hospital "pledged to continue its efforts to provide high quality health care while continuing to foster a culture of compliance with health care program rules," federal prosecutors said. Located in downtown Honolulu, Queen's is licensed to operate with 505 acute care beds and 28 sub-acute beds. The medical center has more than 3,000 employees and over 1,200 physicians on staff. [Source: IdahoStatesman.org AP JAYMES SONG article 3 Jun 09 ++]

==========

PTSD Update 27: The House Veterans Affairs Disability Assistance Subcommittee on 3 JUN approved the Compensation Owed for Mental Health Based on Activities in Theater Post-traumatic Stress Disorder Act (H.R.952) that would make it easier for veterans to receive financial compensation for post-traumatic stress disorder resulting from service in Iraq and Afghanistan. The bill was referred to the full committee on a voice vote, despite votes against it from at least two of the three Republican members. Sponsored by Disability Assistance Subcommittee Chairman John Hall (D-NY) and 16 other Democrats, the bill would allow a veteran to qualify for the monthly compensation for combat-related PTSD just by demonstrating that the psychological disorder was caused by something that happened while he or she was serving in the combat theater as defined by the Defense secretary. Currently, the Veterans Affairs Department requires proof that the stress occurred during combat with the enemy. Hall said that narrow definition was not what Congress intended when it passed legislation providing the financial compensation. He said it denies financial assistance to the many service members who experienced traumatic incidents while performing support functions. It particularly impacted women veterans, who are defined as noncombatants, he said. But Subcommittee ranking member Doug Lamborn (R-CO) protested that the bill was too broad and could cover hundreds of thousands of veterans. Hall promised to work with Lamborn and the Republicans on possibly refining the qualification criteria before the bill goes to the full committee, perhaps in mide-JUN. Veterans for Common Sense thanked Chairman John Hall for his leadership on the issue of streamlining disability claims for veterans suffering from post traumatic stress disorder. His legislation represents a critical step forward in recognizing the mental health consequences of serving in a war zone. [Source: CongressDaily Otto Kreisher article 4 Jun 09 ++]

==========

TRICARE PRIME Update 04: A new DoD policy aimed at "cleaning up" Tricare Prime enrollment at military treatment facilities (MTF) could mean some significant changes for many Prime enrollees. Tricare has long had established travel access standards to help beneficiaries receive timely health care. The standards require that enrollees shouldn't be assigned a primary care manager (PCM) at a military hospital or clinic that's more than a 30-minute up to 99 miles drive from the beneficiary's home address. As a practical matter, DoD never really enforced that policy. But it will be enforced now. To continue to be seen in the MTF, current Prime enrollees in the U.S. who live farther away than a 30-minute drive from the MTF will have to request a waiver of the drive-time standard from both the MTF Commander or designee and the Tricare Regional Director before enrolling to the MTF.

Waivers will be granted on a MTF's capacity to provide care. Approved waivers will remain in effect for the entire enrollment period (i.e. one year) unless the beneficiary moves. Waivers will have to be renewed annually from now on. Drive times will be determined by a computer program similar to MapQuest. Unless they apply for and are granted a waiver before 1 OCT, enrollees who live more than 30 minutes (but less than 40 miles) from the

MTF will be assigned a civilian primary care manager closer to their residence. Absent a waiver, those who live more than 40 miles from the MTF will be disenrolled from Prime and revert to Tricare Standard as of 1 OCT. Beneficiaries residing from 31 minutes up to 99 miles from the MTF must have approval from that MTF in order to receive care at that MTF. Beneficiaries residing 100 miles or more from the MTF will be required to have an approved waiver from both the MTF Commander or designee and the Tricare Regional Director before enrolling to the MTF. Tricare contractors are mailing letters to all affected beneficiaries, providing detailed instructions on the waiver process. [Source: MOAA Leg Up 5 Jun 09 ++]

==========

D-DAY: June 6, 1944, 160,000 Allied troops landed along a 50-mile stretch of heavily-fortified French coastline to fight Nazi Germany on the beaches of Normandy, France. General Dwight D. Eisenhower called the operation a crusade in which "we will accept nothing less than full victory." More than 5,000 Ships and 13,000 aircraft supported the D-Day invasion, and by day's end on June 6, the Allies gained a foot- hold in Normandy. The D-Day cost was high -more than 9,000 Allied Soldiers were killed or wounded -- but more than 100,000 Soldiers began the march across Europe to defeat Hitler. An eight minute narrated video on the invasion can be viewed at www.army.mil/d-day. Also at this site can be found:

- A collection of U.S. Army photography from the build up of troops in England, to the beaches and airborne landings in France.
- A listing of the American Divisions involved in the Normandy Campaign and contact information for their active divisions and retiree associations.
- Descriptions and maps of the Normandy beachheads the Allies invaded.
- Both text and the actual reading (.mp3) of General Eisenhower's Message.
- A selection of World War II posters available in high resolution to download.
- A collection of news articles related to the D-Day invasion at Normandy.
- A collection of links related to the D-Day invasion at Normandy.

[Source: www.army.mil/d-day Jun 09 ++]

==========

D-DAY Update 01: On the 65th anniversary of D-Day, the foundation that runs the National D-Day Memorial is on the brink of financial ruin. Donations are down in the poor economy. World War II veterans, the primary base of support, are dying off. And the privately funded memorial is struggling to draw visitors because it's hundreds of miles from a major city. Facing the prospect of cutting staff and hours, the memorial's president believes its only hope for long-term survival is to be taken over by the National Park Service or by a college or university. So far, he's found no takers. "All institutions are in various states of privation of one kind or another," foundation President William McIntosh said. "Everybody's endowment has been slapped around pretty badly by the economy." But by contrast, the National World War II Museum in New Orleans, which opened as a D-Day museum in 2000, is thriving with an $8 million budget supported largely by 120,000 memberships The Bedford Virginia memorial opened eight years ago at a ceremony attended by President George W. Bush. It was built in Bedford because the community about 115 miles west of Richmond suffered among the nation's highest per-capita losses on D-Day.

Members of Congress were reminded of the memorial when they attended a special screening 6 JUN of a new documentary about Bedford's role at Normandy titled "Bedford: The Town They Left Behind," hosted by Sen. Mark Warner (D-VA). The outdoor Bedford museum tells the story of the Normandy invasion in sculptures of soldiers and their leaders. Air jets shoot mini-geysers of water to mimic enemy gunfire as bronze figures of soldiers struggle

for shore in a reflecting pool. Some 10,000 Allied troops were killed or wounded in the costly landing. The memorial's attention to detail evokes an emotional response for those who lived through D-Day, said James A. Huston, a World War II veteran and historian who received the French Legion of Honor in Paris on the 6 JUN. "The whole idea is well done," said Huston, retired dean of nearby Lynchburg College. "It tells the story." The privately owned foundation faced financial disaster soon after its 2001 opening, prompting a criminal investigation and Chapter 11 bankruptcy. Federal fraud charges eventually were dropped against the memorial's former director, Richard B. Burrow, who led aggressive efforts to build the monument in time for many aging World War II veterans to see it. Soaring construction costs put the foundation some $7 million in debt, but McIntosh said donations erased the deficit by 2006. Still, as McIntosh looks ahead, he sees a bleak future. "It makes me sad for America that we can't do a bit better than this," he said. Expenses run about $2.2 million yearly, only $600,000 of which comes from visitors.

Slightly more than half of visitors come from outside Virginia, McIntosh said, but the memorial cannot count on increases at the gate. It is 200 miles from the tourist crowds of Washington. Salaries and benefits for 20-plus employees amount to nearly $1 million a year, according to Internal Revenue Service documents. The memorial relies on a crew of 220 volunteers for much of the work of putting on programs and maintaining about 20 landscaped acres. McIntosh said layoffs and reduced hours will be necessary in a few weeks, but even those measures will not be enough to keep the gates open for long. The foundation has just $300,000 available to pay operating expenses, he said, and an endowment of $400,000. Democratic Rep. Tom Perriello of Virginia, whose district includes the memorial, plans to introduce legislation this week to transfer the site to the Park Service. A Park Service spokesman said new parks are created primarily by Congress, which proposes them and then authorizes the Park Service to study whether they meet the criteria for a national park. "It's not a common everyday occurrence," said Phil Sheridan, of the Park Service's regional office in Philadelphia.

McIntosh thinks the Bedford memorial would be an ideal companion museum to the World War II Memorial in Washington, which is overseen by the Park Service. The foundation president has courted other potential owners including Liberty University, the fundamentalist Christian school founded by the Rev. Jerry Falwell. Liberty, about 25 miles away, hosted a D-Day conference as part of the memorial's anniversary celebration, but it declined to take any responsibility for the site. McIntosh believes the memorial's mission of telling the D-Day story would be better served if it could build an interpretive center. But that would take money the memorial does not expect to get, he said. "I don't think you do anybody any favors to keep making something bigger and better if you can't see a way to feed it," he said. McIntosh, 65, would like to see the memorial's future secure before his contract ends in a year. "It is in a very good position to move to the next level, to open a new chapter on its story," he said. [Source: Tampa Bay online AP article 2 JUN 09 ++]

==========

VDHCBS: U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius and U.S. Department of Veterans Affairs (VA) Secretary Eric Shinseki announced 4 JUN a landmark collaboration to help the families of older Americans and Veterans with disabilities of all ages care for their loved ones in the community. This partnership builds on the similar missions of HHS and the VA with regard to caring for the populations they serve and has as its ultimate goal a nationwide home and community-based long-term-care support program to serve older Americans and veterans of all ages. Through this collaboration, many adults and veterans who would have previously been placed in nursing homes will be able to remain with their loved ones. HHS and VA are making $10 million in funding available to bring this initiative to 20 states. This partnership will implement the Veteran Directed Home & Community Based Service (VDHCBS) program through HHS' aging and human services network, in coordination with the Administration on Aging's (AoA) Community Living Program (CLP) which helps the family caregivers of individuals with ongoing need to keep their loved ones at home. Both programs allow

participants to direct their own care, including having control over the types of services they receive and the manner in which they are provided. This includes the option of hiring their neighbors, friends and even some family members, to provide needed services. HHS' national network of aging and community based organizations will work in close collaboration with the VA Medical Centers across the country to continue to develop and expand VDHCBS for veterans. The CLP, led by AoA, will help states and communities to assist individuals who are at risk of nursing home placement but who are not Medicaid eligible to remain at home. [Source: AoA press release 4 Jun 09 ++]

==========

ADMINISTRATION ON AGING: The mission of the Administration on Aging (AoA) is to help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care, and livable communities across the U.S. The vision of AoA for older people is embodied in the Older Americans Act and is based on the American value that dignity is inherent to all individuals in our democratic society, and the belief that older people should have the opportunity to fully participate in all aspects of society and community life, be able to maintain their health and independence, and remain in their own homes and communities for as long as possible. At the AoA website www.aoa.gov can be found information and guidance for the benefit and care of our ageing veterans and family members. Anyone experiencing or anticipating elder care would find it useful to check out The Eldercare Locator at www.aoa.gov/AoARoot/Elders_Families/index.aspx. This is the first step for finding local agencies in every U.S. community that can help older persons and their families' access home and community-based services like transportation, meals, home care, and caregiver support services. Also at this site can under the Resource section be found:

- Fact sheets on Adult Day Care, Assisted Living, Assistive Technology, Government Assisted Housing, Home Health Care, Home Modifications, Hospice Care, and Respite Care.
- Booklets/brochures in PDF or Word versions that address the issues of:
    a. Housing Options for Older Adults - A Guide for Making Housing Decisions provides an overview of the types of housing available to older adults, and highlights some personal and legal issues to consider in making housing decisions.
    b. Staying "IN TOUCH" in Crisis Situations - Outlines how families can stay in touch with older loved ones and be prepared when a crisis situation occurs. It includes a tear-off sheet for personal planning.
    c. Pick Up the Pace - A consumer guide designed to educate boomers about financial and retirement planning choices and to help them secure their financial outlook for the future.
    d. Preventing Falls at Home - Describes safety checks older adults can do in and around the house to reduce their risk of falling and help enhance their independent living.
    e. Transportation Options for Older Adults - Choices for Mobility Independence describes various types of transportation services for older adults and lists key questions to ask transportation provider to determine the best option to meet individual needs.

- A listing federal Web sites that offer valuable information on a range of critical eldercare issues.
- Links to numerous non-profit organizations that focus on eldercare and other aging issues.
- Links to Caregiver resources designed to assist family members and caregivers of older adults.

[Source: www.aoa.gov Jun 09 ++]

==========

USFSPA & DIVORCE Update 06: Oklahoma HB 1053 is an Act relating to marriage; amending 43 O.S. 2001, Section 134, as amended by Section 11, Chapter 407, O.S.L. 2008 (43 O.S. Supp. 2008, Section 134), which relates to payments pertaining to support and division of property; providing considerations for a state court to review when determining classification of certain pay; providing for termination of certain payments upon proof of certain cohabitation or remarriage; and providing an effective date. A provision of this bill directs the court not to include disability retirement pay in division of property. Although HB 1053 passed overwhelmingly in both the Oklahoma House and Senate, it is still grinding slowly through the state's full legislative process. The final Bill has confronted opposition, from ex-spouses and from attorneys. Several Oklahoma lawyers have been very vocal in opposing passage of the Bill, and Senators who are attorneys could possibly vote nay. Advocates of HB 1053, though frustrated in seeing their Bill delayed, are steadfast in their position to hold firm and reform their state's divorce law. They are confident their efforts will prevail in spite of having the Bill now roll into the January 2010 session. In the meantime, however, the Bill is in "Interim Study," which allows for hearings and further education of those opposed and cannot be derailed without a vote. This Oklahoma precedent, if enacted into state law, will literally (and legally) off-set several of the egregious provisions of the USFSPA.

The USFSPA Liberation Support Group (USLG) Washington Team reports making significant inroads on Capitol Hill with U.S. Congresspersons and Senators, with the objective of meeting, briefing and influencing lawmakers at the federal level to take action to repeal the USFSPA. To learn more about this organization and their goals refer to www.ulsg.org. USLG has launched a second offensive through their State Reps that they believe will nullify effects of the USFSPA at the state level. Their leadership has contacted all eighteen ULSG State Reps believing that now is the ideal time to take the Oklahoma example to the other states. Nine of those have agreed to immediately undertake the effort to influence their state legislatures and convince them to emulate the Oklahoma Initiative. In addition to Oklahoma, to date, Alabama, California, Colorado, Georgia, Maryland, Nevada, Tennessee and Texas have stepped up and are organizing their teams and developing strategies to contact their state's most supportive legislators and begin the process. Coordination with the individual State Reps to help develop approach strategies, briefings for legislators and offer suggestions to encourage legislation co-sponsors has begun. If you want to be a part of this, contact your ULSG State Rep. If your state is absent a ULSG Rep, to volunteer to be your state's Rep contact ULSG Leadership at leadership@ulsg.org. Current ULSG State Reps are:

- "USLG - Alabama" <bill.jones@hasher.us> Bill Jones
- "USLG - Arizona" <everettulsg@gmail.com> Everett Pincolini
- "USLG - California" <semperfi71@hotmail.com> Dwayne Lewis
- "USLG - Colorado" <m_mckown1066@hotmail.com> Michael McKown
- "USLG - Florida" <dare2bare1@bellsouth.net> Larry Allen
- "USLG - Georgia" <nmdakin@yahoo.com> Nancy Dakin
- "USLG - Hawaii" <skindiver4605@yahoo.com> Daniel Dubois
- "USLG - Idaho" <cleve53@yahoo.com> Ron Cleveland
- "USLG - Indiana" <pmspall@aol.com> Paula Spell
- "USLG - Maryland" <woodard-bayes@comcast.net> Debra Woodard-Bayes
- "USLG - Montana" <m_mckown1066@hotmail.com> Michael McKown
- "USLG - Nebraska" <cirrus114@yahoo.com> Tom Miller
- "USLG - Nevada" <jimjanduggins@yahoo.com> James Duggins
- "USLG - New York" <rbalick@twcny.rr.com> Bob Balick
- "USLG - Oklahoma" <frankevo99@aol.com> Frank Kurland
- "USLG - Pennsylvania" <cmshill@aol.com> Dale Hill
- "USLG - Tennessee" <rhutachi535@hotmail.com> Bob Hutchings
- "USLG - Texas" <throck@gvtc.com> Bob Throckmorton

[Source: USFSPA Liberation Support Group Update 4 Jun 09 ++]

==========

USFSPA & DIVORCE Update 07: A letter request for a hearing to examine the Uniformed Services Former Spouses Protection Act (USFSPA) was delivered to the House Armed service Committee (HASC) Chairwoman Susan Davis (D-CA-53) on 4 JUN 09. It was signed by Congressman Joe Wilson (R-SC-02) and co-signed by Congressman Walter Jones (R-NC-03). Coming from the Ranking Member of the Military Personnel Subcommittee, Rep. Joe Wilson, it is probable that the request will be granted. Key to this effort has not only been the Congressman's personal concern for military veterans but the emphasis and direction provided by the Watts Consultant Group and the USFSPA-Litigation Support Group (ULSG) Washington team. If granted, it is hard to predict a date the hearing will be scheduled but it is expected to be sooner rather than later. With normally two or three hearings each week, it could be scheduled before the summer recess 1 AUG. Hearings are held only on Tuesdays, Wednesdays and Thursdays and usually two weeks' notice is given once a date is announced. Coinciding with this letter delivery to the HASC is another written request for a hearing submitted to Davis from the National Military and Veterans Alliance (NMVA) on 27 MAY. The NMVA represents 31 veterans groups nationwide.

Timing of ULSG efforts for USFSPA repeal in 2009 remains critical and optimal! Veterans interested in this issue should continue corresponding with their elected officials in D.C. emphasizing their concerns regarding the unfairness and impact of the USFSPA and calling for its repeal. Particularly write to members of the Military Personnel Subcommittee who are your elected officials. A list of the legislators serving on this committee follows. Contact data including online email access directly to each member's office can be obtained by clicking on the representative's name at www.house.gov/house/MemberWWW_by_State.shtml :

- Chairwoman Rep. Susan A. Davis, California
- Ranking Member Rep. Joe Wilson, South Carolina
- Rep. Vic Snyder, Arkansas
- Rep. Walter B. Jones, North Carolina
- Rep. Loretta Sanchez, California
- Rep. John Kline, Minnesota
- Rep. Madeleine Bordallo, Guam
- Rep. Tom Rooney, Florida
- Rep. Patrick Murphy, Pennsylvania
- Rep. Mary Fallin, Oklahoma
- Rep. Hank Johnson, Georgia
- Rep. John Fleming, Louisiana
- Rep. Carol Shea-Porter, New Hampshire
- Rep. David Loebsack, Iowa
- Rep. Niki Tsongas, Massachusetts

[Source: ULSG, LLC msg. 8 Jun 09 ++]

==========

COUGHING: We all cough from time to time, but severe coughing may signal a respiratory disease. Coughing is a reflex that keeps the lungs and airways free from phlegm (excess mucus) and foreign objects (such as

food) that might interfere with breathing. Occasional coughing is normal, as is the coughing associated with a cold (the most common acute medical problem that triggers a cough). Any cough that lasts more than two months, however, is defined as chronic and requires medical attention -- even if the cough occurs only in the morning, at night, or at certain times of the year. Chronic cough is not a disease; rather, it is considered a symptom of another condition. A cough attributable to a cold, flu, or some other known cause that fails to get better within three weeks, or a persistent cough of unknown origin, is reason to see your doctor. Your cough may have qualities that, together with other symptoms, point towards an underlying cause that requires proper diagnosis and treatment.

A chronic cough associated with a normal chest x-ray most often results from one or more conditions that include postnasal drip, asthma, gastroesophageal reflux disease (GERD, in which stomach acid flows back into the esophagus), and chronic bronchitis. Blood pressure medications can also cause a dry, hacking cough in some people. More serious, but less common, causes of chronic cough include: interstitial lung disease (a group of lung disorders that affect the supporting matrix of the lungs); bronchiectasis (persistent dilatation of the bronchi or bronchioles); and pneumonia. All of these conditions produce inflammation or scarring of the lungs. Lung cancer is usually suspected only when someone with a history of smoking has an abnormal chest x-ray. Bottom-line advice: Self-care measures may help relieve a chronic cough but are not a substitute for medical evaluation. Try to increase the humidity in your home and drink plenty of fluids to thin phlegm and other secretions. However, do not treat a chronic cough with over-the-counter (OTC) cough medicine for more than two weeks unless directed by your doctor. These medications can suppress your cough but may not cure it. If your cough never entirely clears up or returns after you stop taking OTC medications, see your doctor. [Source: Johns Hopkins Health Alerts Jun 09 ++]

==========

IOWA VET BENEFITS Update 01: Iowa Governor Chet Culver recently signed four new state laws to benefit Iowa veterans. The new laws will:

(1) Provide in-state tuition at Iowa's public universities and community colleges to out-of-state veterans.
(2) Redefine who qualifies as a veteran.
(3) Afford more foreclosure protections for military members, and
(4) Expand veterans' preference privileges when it comes to government hiring for state, county and city jobs.

For more information, contact the Iowa Department of Veterans' Affairs at 1-800-838-4692 or refer to the Iowa Department of Veterans' Affairs website www.iowava.org. [Source: NAUS Weekly Update 12 Jun 09 ++]

==========

AGENT ORANGE DISEASES Update 02: VVA National President John Rowan said, "Vietnam Veterans of America applauds the conclusions and recommendations of a Ford Foundation-funded report issued 2 JUN by the National Organization on Disabilities on the effects of Agent Orange in Vietnam. While VVA feels compassion for the many adults and children injured and made ill by exposure to Agent Orange and the many other toxins used in Vietnam during the war there, it is now time to fully deal with the same effects on Americans who served in Vietnam and other areas that were also contaminated. The effects of these toxins on the children, grandchildren, and even great-grandchildren must similarly be addressed." The U.S. government currently is not studying the possible intergenerational effects of exposure to Agent Orange, nor are they doing any morbidity studies at the Department of Veterans Affairs, the National Institutes of Health, the Centers for Disease Control and Prevention, or anywhere else. Rowan called for "the immediate de-classification of all Department of Defense information that pertains to exposure of U.S. military servicemembers to any toxin at any time, to include the Vietnam Era" and to take immediate steps to begin epidemiological studies, birth defects registries, and outreach necessary to scientifically document the problems suffered by our veterans and their offspring. "Dow Chemical is not going to fund these studies," Rowan said. "Only the U.S. government can reasonably be expected to fund this

vital research, and they have not been doing their job. In fact, it would appear that for the last decade that our government has been doing everything possible to prevent such studies from being done. "That the Administration is adding another $3 million to the $3 million already pledged from the Ford Foundation for work to help those suffering in Vietnam is fine and good," Rowan said. "However, there needs to be at least a commensurate commitment by the U.S. government and the Ford Foundation to American veterans and their families. Under a new President, now is the time for a dramatic change of direction for our country. Similarly, now is the time for a new direction from the Ford Foundation." [Source: VVA Press release 09-13 dtd 2 Jun 09 ++]

==========

FILIPINO VET INEQUITIES Update 16: As of 1 JUN 32,657 WWII Filipino claims have been received at the VA under the Filipino Veterans Equity Compensation Act passed into law on 17 FEB 09. Of these 2,834 have been granted (2,061 are $9,000 payments to Filipino residents and 773 are $15,000 payments to US residents) and 1,060 have been denied. A Letter received by the Philippine Inquirer from a Filipino World War II veteran-reader raises a major concern regarding the denials of many claims for lump-sum benefit. The author was inducted into the US Armed Forces in the Far East on 17 NOV 41 when he was with the Infantry Regiment Philippine Constabulary. He was a Death March survivor and was able to escape from prison. He subsequently joined the guerrilla forces. His last unit was with the Armed Forces of the Philippines, Recovered Personnel Division. He has proof of his honorable discharge dated 29 JUL 48. When the Immigration Act of 1990 was passed granting US citizenship to Filipino World War II veterans he applied for naturalization. His application was approved, and he was thus sworn in as a US citizen in 1997. He filed for lump-sum benefit of $15,000 as a United States citizen veteran with the US Department of Veterans Affairs (US-DVA) and was denied because his name was not listed in the National Personnel Records Center (NPRC) at St. Louis, Missouri. Many Filipino veterans' claims are also being denied quietly because they have no records of military service with the NPRC.

The problem encountered by this Filipino veteran represents the problems of a significant number of veterans who fought courageously during the war but have no actual service records on the list kept by NPRC. For more than half a century, there has never been a consistency in the policy with regards to how they are to be treated for purposes of benefits. When the lump-sum benefit, or the Filipino Veterans Equity Compensation, was passed early this year, many victorious celebrations were held as if the final resolution to this issue had finally arrived. After three months, frustrated veterans who could not find their names on the Missouri list are facing new legal obstacles. This is not the first time that the Missouri list was questioned for being an accurate source of military service. The issue on verification had been a contested matter when the Filipino veterans' applications for naturalization were being processed in the 1990s. The US Immigration and Naturalization Service (now the US Citizenship and Immigration Services) lost in the case of Almero v. INS (9th Circuit 1994) and Serquina v. US (9th Circuity 1994) when it limited the naturalization to veterans whose names were in the Missouri list. In the Almero and Serquina cases, the court ordered the INS to accept official Philippine government records instead of US Army records to prove military service for purposes of naturalization.

The NPRC list relied upon by the US Veterans Affairs does not contain accurate record of the services of Filipino World War II veterans. Lieutenant Colonel Edwin P. Ramsey, commander of over 40,000 guerrilla troops in northern Philippines during World War II, testified during the trial in Almero case. He said that records listing the names of his troops were created under wartime conditions in which his men were greatly outnumbered by the occupying Japanese forces. According to him, his command stopped keeping a list when the list fell into the enemy hands and many of those named were executed. Ramsey said that he participated in the reconstruction of the list but nearly half of the Filipinos who served under his command were "de-recognized" for political reasons and their records eliminated. Other records were lost in a 1973 fire at the St. Louis, Missouri center where the records were kept. Since the courts ruled against limiting the list, the legislation on naturalization was amended in 1998. But this

amendment practically overturned the rulings in Almero and Serquina cases. Unlike the amendment of the legislation on naturalization in 1998, the Filipino Veterans Equity Compensation, the law does not limit the sources of verifying military records. Subsection (d) of Section 1002 of the American Recovery and Reinvestment Act of 2009 clearly defines those groups that are eligible to receive lump-sum benefits. The Veterans Administration should not restrict the benefits of the few surviving veterans, especially if they can prove their service with documents from the executive department under which they served, including the Philippine government. [Source: Philippine Daily Inquirer Lourdes Santos Tancinco article 1 Jun 09 ++]

==========

SOCIAL SECURITY FOR MILITARY Update 01: Military service members can receive expedited processing of disability claims from Social Security. Benefits available through Social Security are different than those from the Department of Veterans Affairs and require a separate application. The expedited process is used for military service members who become disabled while on active military service on or after 1 OCT 01 regardless of where the disability occurs. The following are answers to questions most people ask about applying for disability benefits. Knowing the answers to these questions will help you understand the process.

- ***What types of benefits can I receive?*** Social Security pays disability benefits through two programs: the Social Security disability insurance program, which pays benefits to you and certain members of your family if you are "insured," meaning that you worked long enough and paid Social Security taxes; and the Supplemental Security Income (SSI) program, which pays benefits based on financial need. A fact sheet is about the Social Security disability program is available at www.ssa.gov/pubs/10029.html. For information about the SSI disability program for adults refer to www.ssa.gov/pubs/11000.html.
- ***What is Social Security's definition of disability?*** By law, Social Security has a very strict definition. To be found disabled you must be unable to do substantial work because of your medical condition(s); and your medical condition(s) must have lasted, or be expected to last, at least one year or be expected to result in death. Note: While some programs give money to people with partial disability or short-term disability, Social Security does not.
- ***How does military pay affect eligibility for disability benefits?*** You cannot engage in substantial work activity for pay or profit, also known as substantial gainful activity. Active duty status and receipt of military pay does not, in itself, necessarily prevent payment of disability benefits. Receipt of military payments should never stop you from applying for disability benefits from Social Security. If you are receiving treatment at a military medical facility and working in a designated therapy program or on limited duty, SSA will evaluate your work activity to determine your eligibility for benefits. The actual work activity is the controlling factor and not the amount of pay you receive or your military duty status.
- ***How do I apply?*** You may apply for disability benefits at any time while in military status or after discharge, whether you are still hospitalized, in a rehabilitation program or undergoing out-patient treatment in a military or civilian medical facility. You can apply online at www.socialsecurity.gov/woundedwarriors, in person at the nearest Social Security office or by telephone. You can call 1-800-772-1213 to schedule an appointment. If you are deaf or hard of hearing, you can call the TTY number, 1-800-325-0778. Online a "disability starter kit" is available to help you complete your application.
- ***What do I need to apply?*** Claimants and their representatives must provide information and documentation about age, employment, proof of citizenship, Social Security coverage and information regarding all impairments and related treatment. Social Security will make every reasonable effort to help you get the necessary medical evidence. You should file the application for disability benefits as soon as possible with

any documents readily available. Include the below documents as applicable but do not delay filing because you do not have them all:

1. Original or certified copy of your birth certificate or proof of U.S. citizenship or legal residency if foreign born;
2. Form DD 214, if discharged from the military service;
3. W-2 Form or income tax return from last year;
4. Military or workers' compensation to include proof of payment;
5. Social Security numbers of your spouse and minor children;
6. Checking or savings account number, if you have one;
7. Name, address and phone number of a contact person, in case you are unavailable; and
8. Medical records that you have and/or that you can easily obtain from all military and civilian sources.

- ***How does Social Security make the decision?*** Your claim is sent to a state Disability Determination Services (DDS) office that makes disability decisions. The state has medical and vocational experts who will contact your doctors and other places where you received treatment to get your medical records. The state agency may ask you to have an examination or medical test. You will not have to pay the costs of any additional exams or tests you are asked to take. If the state does request an examination, make sure you keep the appointment.
- ***How long does it take for a decision?*** The length of time it takes to receive a decision on your disability claim can vary, depending on several factors, but primarily on:
  a.) The nature of your disability;
  b.) How quickly SSA obtains medical evidence from your doctor or other medical source; and
  c.) Whether it is necessary to send you for a medical examination in order to obtain evidence to support your claim.

- ***Can I do anything to speed the decision?*** *Yes*. You can speed the decision by being prepared for your interview and having information available regarding all the doctors you have seen and your work history. It is important that you notify Social Security of any address changes that you have while we are working on your claim or any changes in doctors, hospitals or outpatient clinics where you are receiving treatment. This will help to prevent delays. After the application for Social Security disability benefits is received, it is uniquely identified as a military service member claim, and it is expedited through all phases of processing, both in Social Security and the DDS. Disability claims filed online also are expedited.
- ***Can my family get benefits?*** Certain members of your family may qualify for benefits based on your work. They include:
  1. Your spouse, if he or she is age 62 or older;
  2. Your spouse, at any age, if he or she is caring for a child of yours who is younger than age 16 or disabled;
  3. Your unmarried child, including an adopted child, or, in some cases, a stepchild or grandchild. The child must be younger than age 18 or younger than age 19 if in elementary or secondary school full time;
  4. Your unmarried child, age 18 or older, if he or she has a disability that started before age 22. (The child's disability also must meet the definition of disability for adults.) ; and
  5. In some situations, a divorced spouse may qualify for benefits based on your earnings if he or she was married to you for at least 10 years, is not currently married and is at least age 62. The money paid to a divorced spouse does not reduce your benefit or any benefits due to your current spouse or children.

For more information and to find copies of SSA publications, refer to www.socialsecurity.gov or call toll-free, 1-800-772-1213 (for the deaf or hard of hearing, call our TTY number, 1-800-325-0778). SSA can answer specific

questions from 0700 to 1930 M-F. SSA can provide information by automated phone service 24 hours a day. All calls are treated with confidentially. In order to make sure you receive accurate and courteous service a we have a second Social Security representative monitors some telephone calls. [Source: www.ssa.gov/woundedwarriors Jun 09 ++]

==========

CAREFREE RV RESORTS: Carefree FV Resorts offers a 50% discount to active and retired military service members and their families at 35 parks in Florida, Texas, New Jersey, North Carolina and California. The offer is valid for Sunday-Thursday stays, space available, through 31 DEC (not on July 4 or Labor Day weekends). Veterans must show their military ID or other form of identification that shows their service in the military. Carefree RV Resorts offers a wide variety of RV parks and campgrounds for every type of RV vacation experience. Each park has wifi and park model rental cottages, which can accommodate people who don't have their own RV. At www.carefreervresorts.com can be found park locations, rates, reservation info and cancellation policy for each of the 35 parks. For additional info you can email them via the website or write Carefree RV Resorts, 6991 E. Camelback Road, Suite B-310, Scottsdale, AZ 85251. [Source: VetJobs Veteran Eagle article 1 Jun 09 ++]

==========

USERRA Update 08: The Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994 is a federal law intended to ensure that persons who serve or have served in the Armed Forces, Reserves, National Guard or other "uniformed services:" are promptly reemployed in their civilian jobs upon their return from duty and are not discriminated against in employment based on past, present, or future military service. In essence, USERRA requires the job of a National Guard or Reserve member be protected while they are called to active duty. Historically, employers overwhelmingly supported the policy as National Guard and Reserve members were only gone for thirty to ninety days. However, DOD changed the rules on the employers and members of the National Guard and Reserve are now called up for one to two year deployments. Understandably, employers are upset as they cannot run their businesses with employees, especially key or executive employees, being called away for two years at a time. This particularly hurts small businesses which are the back bone of the American economy. And to add insult to injury, employers are not compensated by DOD for the loss of a producing employee and must still pay for the called up employee's benefits. Private sector employers see members of the National Guard and Reserve as their employees on loan to DOD, not the other way around. And while DOD says its policy is to call up members of the National Guard and Reserve only one year in six, the reality is many members of the National Guard have had multiple call ups since 9/11. Some National Guard units are on their third and fourth call up!

Employers have found a loop hole. If a company lays off a member of the National Guard and Reserve before the participating member receives their orders to be activated or before an employee notifies the employer they are being called up, USERRA does not apply. Over the last six months VetJobs has been receiving anecdotal reports of a disturbing trend regarding the treatment of members of the National Guard and Reserve by employers in reaction to the current call up policy. Under the guise of the recession employers are targeting reservists to be laid off. By doing, so they do not have to carry the financial burden or the loss of productivity of a called up member of the National Guard or Reserve. VetJobs has heard from members of the National Guard, Reservists, DOL employees and ESGR employees that when the rumors start that a particular National Guard brigade or Reserve contingent is to be called up to active duty, they start hearing of members of the National Guard or Reserve in that area being laid off before orders are delivered. While this tactic by employers is technically legal, it is not fair to the member of the National Guard or Reserve.

VetJobs is looking to document the use of this type of lay off tactic by employers to use in Congressional testimony. If you have been subjected to a lay off and think it was due to your participation in the National Guard or Reserve, or you know of someone that has experienced this activity, forward the contact information and some of the facts to info@vetjobs.com. If you want to remain anonymous, indicate that in your email and your identity will not be disclosed. Most employers are pro military and understand the importance of having and maintaining a strong military better than some members of Congress. Employers want to hire prior military that are totally separated after one or two tours, wounded warriors and retired military. But when it comes to an active member of the National Guard or Reserve, surveys by the Society of Human Resource Management, Business Law Review and Workforce Management Magazine indicate that over half of employers will not now hire as a new employee an active member of the National Guard and Reserve. This lay off tactic by certain employers is a direct response to the current DOD call up policy. The United States National Guard and Reserve system cannot work without the support of employers. It all comes down to costs and the way DOD changed the rules on employers. For more information on VetJobs refer to www.vetjobs.com. [Source: VetJobs Veteran Eagle article 1 Jun 09 ++]

==========

USERRA Update 09: On a voice vote, the House on 8 JUN passed a bill that would—if signed into law—protect veterans from losing their jobs when they are absent from work in order to receive medical treatment for service-connected disabilities. The Wounded Veteran Job Security Act, H.R.466, would expand the protections of the Uniformed Services Employment and Reemployment Rights Act to include veterans with service-connected disabilities who seek an excused medical leave of absence. The bill also would allow vets seeking medical attention to retain seniority, health, pension and other benefits. The bill has specific protections for veterans who are federal workers. Under current law, federal employees taking unpaid leave cannot contribute to or receive a matching contribution from their employers to the Thrift Savings Plan (TSP). H.R.466 would allow eligible veterans to make up the missed TSP contributions after they return to work. The employing agency then would be required to make a matching contribution. Based on TSP participation rates from the Office of Personnel Management, the Congressional Budget Office estimates that approximately 5,700 veterans annually would contribute to their TSP after returning to work and would receive a 3% matching contribution. "Recognizing the special needs of injured veterans and openness to work with these men and women is a crucial step that allows our veterans the ability to heal and remain gainfully employed. Today we have thousands of business owners who have taken the initiative of providing our injured men and women with workforce protections of seniority, status, retention, and pay as well as other rights and benefits determined by employment. Unfortunately, there is still room for improvement and this bill seeks to bridge that gap. I thank my House colleagues for reaffirming our nation's commitment to care for our service members, veterans and their dependents by supporting H.R. 466." [Source: HVAC press release 8 Jun 09 ++]

==========

FLORIDA VET LEGISLATION: Governor Crist has signed four bills into law that will benefit Florida's Veterans. Summaries of the new legislation from Governor Crist's press release are as follows:

- **Senate Bill 316**, High School Diplomas/Vietnam War Veterans – This legislation recognizes the enormous commitment and sacrifice veterans of the Vietnam War made to serve their country during war time. The bill, sponsored by Senator Lee Constantine, authorizes the Commissioner of Education to award Vietnam veterans who were honorably discharged with a Florida high school diploma. This bill is similar to existing legislation that awards diplomas to veterans of World War II and the Korean War.

- **House Bill 509, Veterans** – This legislation, sponsored by Representative Juan Zapata and Senator Mike Fasano, will improve the lives of Florida's veterans and their families for generations to come by accomplishing several important goals:
  1.) Waives building and permitting fees for safety and accessibility residential renovations for Florida's 20,000 veterans permanently and totally disabled as a result of their military service.
  2.) Removes the cap on certain military and veteran license tag fees to help fund Florida's Veterans Nursing Home Trust Fund.
  3.) Incorporates Title 33 of the United States Code into Florida law, allowing the implementation of the New GI Bill, or Post 9/11 GI Bill, which goes into effect 1 AUG 09.

- **House Bill 685, Educational Dollars for Duty Program** – This legislation, sponsored by Representative Bill Proctor and Senator Mike Fasano, makes significant improvements to the Florida National Guard's Education Dollars for Duty Program (EDD) and ensures fairness and equitability to the members of the Air National Guard. The bill makes the following changes to Florida law to increase the EDD's program's effectiveness and to increase its usefulness as a recruitment and retention tool:
  1.) Expands eligibility to guard members seeking a master's degree, those with more than 15 years service, and to those who have not completed basic military training.
  2.) Extends the program to include Florida's accredited nonpublic postsecondary education institutions and vocational-technical programs.
  3.) Clarifies that the EDD program is available for active members and requires members to complete their enlistment or reenlistment contract, instead of serving only three years after the exemption is granted.
  4.) Authorizes the program to include college-preparatory courses.

- **House Bill 635, Military Affairs** – This legislation, sponsored by Representative Michael Scionti and Senator Charlie Justice, adds significant legal protections for Florida National Guard soldiers and airmen on active duty while they are serving the State of Florida. The bill enhances re-employment rights,adds protective measures against discrimination of military members by employers, and creates a civil penalty of up to $1,000 per violation.

Governor Crist also applauded the Legislature for passing House Joint Resolution 833, Homestead Ad Valorem Tax Credit for Deployed Military. The resolution proposes a Constitutional amendment that would exempt men and women deployed on active duty overseas from property tax on homesteaded property. It would allow an additional exemption based on the length of the overseas deployment. This initiative will go before voters in NOV 10. The tax exemption would become effective 1 JAN 11 if approved by 60% of voters. Currently, there are more than 25,000 Floridians deployed overseas on active duty in support of Operation Iraqi Freedom and Operation Enduring Freedom. . [Source: Florida DAV Dist 03 Cdr John Markiewicz msg. 29 May 09 ++]

==========

DISASTER PREPAREDNESS Update 02:

It's hurricane season and Tricare Management Authority has issued a very good warning for your healthcare readiness in case a hurricane comes your way. Though this article centers on Tricare eligible beneficiaries the warnings also apply to anyone who lives in an area where a storm or other disaster such as fire or earthquake might affect your way of life. To be prepared, it is recommended that you have a complete emergency kit on hand. Keep the kit up to date and make sure everything works and your food and water has not expired. It is also recommended that you include, along with food, water, a battery operated weather radio, flashlights and first aid supplies, any medical necessities you may need in your kit.

Keep in mind that medical assistance may not be immediately available after a disaster. Following is a suggested list of health-related items to include in kits for each family member:

- Copies of each family member's uniformed services ID card (or sponsor's name and Social Security number), Medicare card or other health insurance card, if applicable
- Copies of family members' names, addresses, phone numbers.
- Copies of medical records for each family member
- A list of primary care managers, other doctors' names and phone numbers
- Emergency contact names and phone numbers
- Tricare Regional and pharmacy contractors and Medicare contacts
- A list of known prescription medications and doses
- A list of each family member's allergies
- A properly stored 30-day supply of prescription medications
- Non-prescription drugs such as pain relievers, anti-diarrhea medication, antacids, laxatives, itch control creams.
- Style, model and serial numbers for any medical devices
- Extra batteries for wheelchairs and hearing aids
- Any personal items such as eyeglasses and other special equipment

For more information and more tips on disaster preparedness, refer to the Department of Homeland Security's preparedness Web page at: www.ready.gov or Tricare's disaster relief Web page www.Tricare.mil/disasterinfo . Downloads from the page include a wallet card with critical contact information and a disaster preparation flyer. [Source: NAUS Weekly Update 29 May 09 ++]

==========

VA COPAY Update 07: Some veterans must make the following copays to receive VA health care and/or medications for non-service connected conditions:

- **Inpatient Care: Priority Group 7** and certain other veterans are responsible for paying 20% of VA's inpatient copay or $213.60 for the first 90 days of inpatient hospital care during any 365-day period. For each additional 90 days, the charge is $106.80. In addition, there is a $2 per diem charge.
- **Inpatient Care: Priority Group 8** and certain other veterans are responsible for VA's inpatient copay of $1,068 for the first 90 days of care during any 365-day period. For each additional 90 days, the charge is $534. In addition, there is a $10 per diem charge.
- **Extended Care:** For extended care services, veterans may be subject to a copay determined by information supplied by completing a VA Form 10-10EC. VA social workers can help veterans interpret their eligibility and copay requirements. The copay amount is based on each veteran's financial situation and is determined upon application for extended care services and will range from $0 to $97 a day.
- **Outpatient Care:** A three-tiered copay system is used for all outpatient services. The copay is $15 for a primary care visit and $50 for some specialized care. Certain services are not charged a copay. Copays do not apply to publicly announced VA health fairs or outpatient visits solely for preventive screening and/or immunizations, such as immunizations for influenza and pneumococcal, or screening for hypertension, hepatitis C, tobacco, alcohol, hyperlipidemia, breast cancer, cervical cancer, colorectal cancer by fecal occult blood testing, education about the risks and benefits of prostate cancer screening, and weight reduction or smoking cessation counseling (individual and group). Laboratory, flat film radiology, electrocardiograms, and hospice care are also exempt from copays.

- **Medication:** Most Veterans are charged $8 for each 30-day or less supply of medication provided by VA for treatment of conditions that are not service-connected. For veterans enrolled in Priority Groups 2 through 6, the maximum copay for medications that will be charged in calendar year 2009 is $960. The following groups of veterans are not charged medication copays:
  1.) Veterans with a service-connected disability of 50 % or more;
  2.) Veterans receiving medication for service-connected conditions;
  3.) Veterans whose annual income does not exceed the maximum annual rate of the VA pension;
  4.) Veterans enrolled in Priority Group 6 who receive medication under their special authority;
  5.) Veterans receiving medication for conditions related to sexual trauma related to service on active duty;
  6.) Certain veterans receiving medication for treatment of cancer of the head or neck;
  7.) Veterans receiving medication for a VA-approved research project; and
  8.) Former POWs.

NOTE: Copays apply to prescription and over-the-counter medications, such as aspirin, cough syrup or vitamins, dispensed by a VA pharmacy. However, veterans may prefer to purchase over-thecounter drugs, such as aspirin or vitamins, at a local pharmacy rather than making the copay. Copays are not charged for medications injected during the course of treatment or for medical supplies, such as syringes or alcohol wipes.
[Source: 2009 VA Handbook ++]

==========

CHAPTER 61 DISABILITY PAY Update 03:

President Barack Obama has asked Congress to phase in "concurrent receipt" for all Chapter 61 retirees — those who received a disability retirement from the Department of Defense. If enacted the plan would boost pay for 103,000 veterans by more than $2 billion through 2014.. Gary McGee, assistant director of military compensation in the Department of Defense, explained the changes ahead for Chapter 61 retirees if Congress agrees to the Obama plan.

- For many decades, DoD retirement pay had been reduced by the amount of VA disability pay. Concurrent receipt means being able to receive both VA disability compensation and military retirement pay earned for years served.
- Most Chapter 61 retirees were forced from service by ailments or injuries before they could serve 20 years and qualify for regular retirement. Other Chapter 61 retirees served at least 20 years but still qualified for a tax-exempt Pentagon (DoD) disability retirement for permanent medical conditions.
- Concurrent receipt started in 2004 and was applied only to regular or non-disabled military retirees who, only after leaving service, qualified for disability ratings of 50% or higher from the Department of Veterans Affairs. It allows them to receive both DoD pensions and VA compensation. Regular retirees with VA ratings of 40% or lower still see their DoD pension offset by VA disability compensation.
- The administration, in effect, would expand eligibility for the Concurrent Retirement and Disability Pay to all Chapter 61 retirees.

Why has Obama targeted Chapter 61 retirees for concurrent receipt? Sources on Capitol Hill said the White House's Office of Management and Budget developed the idea as an affordable compromise. It would cost $5.4 billion over 10 years versus $45 billion if Obama fulfilled a campaign pledge to extend concurrent receipt to all disabled military retirees. "Since not everybody could be included at this time, because of cost, the idea was to look at those who might be the most deserving," said a pay official. The schedule to expand concurrent receipt to Chapter 61 retirees is:

- On 1 JAN 10, for those having fewer than 20 years of service and VA ratings of 100 or 90%.
- On 1 JAN 11, those with fewer than 20 years' service and VA ratings of 80 or 70 % would eligible.

- On 1 JAN 12, those with fewer than 20 years' service and VA ratings of 60 or 50 % would qualify.
- On 1 JAN 13, all Chapter 61 retirees with VA ratings of 40 or 30 % would be eligible, including Chapter 61 retirees who served longer than 20 years.
- On 1 JAN 14, a small group of Chapter 61 retiree receiving VA disability compensation and not included earlier would become eligible.

The principal behind concurrent receipt of military retirement and VA disability compensation, said McGee, is that the Department of Defense pays retirees for years of service and VA pays for disabilities incurred. But until a Dole-Shalala Commission recommendation to simplify the process in this way is fully adopted, the Pentagon remains in the disability retirement business. So calculating concurrent receipt for Chapter 61 retirees involves three moving parts, McGee said: gross retirement pay based on military disability, retirement pay earned for years of service, and VA compensation. Applying the precise formula here isn't possible but McGee gave examples, using rounded pay numbers, to show the practical effect:

1.) An E-4 with four years of service is rated 50 % disabled by the Pentagon and 90 % by VA. On base pay of $2,200 a month, a 50 % DoD rating provides disability retirement of $1,100. Because a 90% VA rating pays $1,600 a month, this E-4, under current law, would opt for the VA compensation and get nothing for his service time. Under concurrent receipt, he would receive retirement pay for years served. That's four years multiplied by 2.5% for 10%. Apply the 10% to base pay of $2,200 for $220 a month in retired pay. This would be paid in addition to, $1600 in VA compensation.

2.) An E-7 with 18 years of service also is rated 50% disabled by the Pentagon DoD and 90& by VA. On base pay of $4,000 a month, a 50 % rating provides disability retirement of $2,000 a month. That's better than $1,600 in VA disability compensation. Under concurrent receipt, retired pay would be calculated on years served (18 x 2.5) for a 45% multiple applied to the base pay of $4,000. The result: $1,800 a month. This E-7 originally would have accepted $2,000 in disability retirement, because it paid $400 more than VA compensation. With concurrent receipt, he would get $1,800 from the Pentagon plus $1,600 from VA, a total of $3,400 monthly.

[Source: Daily Press Tom Philpott article 26 May 09 ++]

==========

HEALTH CARE REFORM: According to a report released 28 MAY by the consumer health organization Families USA, the so-called “hidden health tax” for family health coverage grew to $1,017 in 2008 . Families USA is the national organization for health care consumers. It is nonprofit and nonpartisan and advocates for high-quality, affordable health care for all Americans. The hidden health tax is the undisclosed insurance premium surcharge that is paid by America’s businesses and insured families when they purchase health insurance. That surcharge subsidizes the uncompensated health care costs of the uninsured. “As more people join the ranks of the uninsured, the hidden health tax is growing,” said Ron Pollack, Executive Director of Families USA. “That tax hits America’s businesses and insured families hard in the pocketbook, and they therefore have a clear financial stake in expanding health coverage as part of health reform.” Senator Max Baucus (D-MT), Chairman of the Senate Finance Committee, said "Reforming our health care system is not just a moral imperative—it's an economic necessity. Today, 46 million uninsured Americans turn to emergency rooms when they need medical care, and the cost of that care is paid for by every American with insurance. As this report shows, that hidden tax will only continue to grow unless we do something about it. That's why I'm committed to passing comprehensive health care reform this year. We must repeal this hidden tax and lift the burden from American families and businesses by ensuring quality, affordable health care for all Americans."

Families USA contracted with Milliman, Inc., a well-respected independent actuarial consulting firm, to array and analyze the data for the report. According to the report, "uninsured people are less likely to get the care they need when they need it, and they are more likely to delay seeking care as long as possible." When they do receive care, it is paid for in several ways:

- More than one-third (37%) of that care is paid for by the uninsured themselves out of their own pockets;
- Third-party sources, such as government programs and charities, paid for another 26% of that care; and
- The remaining amount, approximately $42.7 billion in 2008, is considered uncompensated care; those costs are shifted onto the health care bills of insured people, ultimately resulting in the hidden health tax through higher premiums.

Based on the Milliman, Inc. data, the uncompensated care cost in 2008 across the insured, non-Medicare, non-Medicaid population was $1,017 per insured family and $368 per insured single person. Based on a 2005 Families USA report about the hidden health tax, using the same federal data sources used by Milliman, Inc. but arrayed by Dr. Kenneth Thorpe, Professor and Chair of the Department of Health Policy and Management at Emory University, the hidden health tax has grown. For family health coverage, it grew from $922, and for individual coverage, it grew from $341. According to Pollack's assessment more and more people are losing their jobs and their health coverage due to the economic downturn. As a result, it is highly likely that the hidden health tax for 2009, which is not yet known, will be considerably higher than the $1,017 amount experienced in 2008.

Ronald A. Williams, Chairman and CEO of Aetna Inc said, "This new Families USA report shows why all Americans will benefit from health care reform and should push stakeholders to make health insurance work for everyone as soon as possible. Covering the uninsured will lighten the burden of the hidden tax on those who have coverage today," he continued. "While doing so, we also must focus on other reforms to improve value and quality in health care." Dan Danner, president and CEO, National Federation of Independent Business said, "This research shows that the market in which we buy our healthcare is filled with cross-subsidies, making it dysfunctional and unsustainable. Until individuals understand how much they are really paying for their healthcare, costs cannot be brought under control. Until costs are addressed, we will continue to struggle with coverage." [Source: Families USA press release 28 May 09 ++]

==========

TAX BURDEN FOR COLORADO 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 Colorado:

State Sales Tax: 2.9% (food and prescription drugs exempt); many cities and counties have their own rates which are added to the state rate. Total could be as high as 9.9%.

Fuel & Cigarette Tax:

- 22 cents/gallon
- Diesel Fuel Tax: 20.5 cents/gallon
- 84 cents/pack of 20

Personal Income Taxes:

- All taxpayers: 4.63% of Federal taxable income

- Personal Exemptions/Credits: Federal amounts are automatically adopted.
- Standard Deduction: None
- Medical/Dental Deduction: Same as Federal taxes
- Federal Income Tax Deduction: None
- Retirement Income Taxes: Taxpayers 55-64 years old can exclude a total of $20,000 for Social Security and qualified retirement income. Those 65 and over can exclude up to $24,000. All out-of-state government pensions qualify for the pension exemption. The total exclusion may not be more than indicated from all exempt sources. However, Social Security/Railroad Retirement income not taxed by the federal government is not added back to adjusted gross income for state income tax purposes.
- Retired Military Pay: Same as above
- 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

- The county assessor determines the value of property using a market, cost or income approach. For 2008 property taxes on real estate are assessed at 7.96% of the property's actual value. You can determine your property tax bill by multiplying the assessed value by the local tax rate.
- A homestead exemption is available for qualifying seniors and the surviving spouse of a senior who previously qualified. Seniors must be at least age 65. It allows 50% (up to a maximum reduction of $200,000) in actual value of a primary residence to be exempt. The state pays the tax on the exempted value. The person must have owned and lived in the home for at least 10 years. refer to http://dola.colorado.gov/dpt/forms/docs/brochure121803final.pdf for details.
- Full-year Colorado residents age 65 or older, disabled, or a surviving spouse age 58 or older, may qualify for the Property Tax/Rent/Heat Rebate and/or the Property Tax Deferral. Qualified applicants can receive a rebate of up to $600 of the property tax and $192 of their heating expenses paid during the year, either directly or as part of their rent payments, by filing the Property Tax/Rent/Heat Rebate form. For further details and forms refer to m www.colorado.gov/cs/Satellite/Revenue/REVX/1216116072809.
- A property tax exemption is available to disabled veterans. For those who qualify, 50% of the first $200,000 in actual value of their primary residence is exempted. The state pays the exempted portion of the property tax. . Eligibility extends to applicants who:
  a) Sustained a service-connected disability while serving on active duty in the Armed Forces of the United States;
  b) Were honorably discharged; and
  c) Were rated by the United States Department of Veterans Affairs as one hundred percent 'permanent and total' disabled.

  VA unemployability awards do not meet the requirement for determining an applicant's eligibility. The applicant must have owned and occupied the home as his or her primary residence since January 1 of the year of application; however, limited exceptions to the ownership and occupancy requirements are detailed

in the eligibility requirements section of the application. The application deadline is July 1. Application forms are available from the division of Veterans affairs website www.dmva.state.co.us/page/va/prop_tax and from the Colorado Division of Property Taxation website http://dola.colorado.gov/dpt/forms/index.htm

Inheritance and Estate Taxes: There is no inheritance tax and the Colorado estate tax does not apply to decedents whose date of death is on or after January 1, 2005.

For further information, visit the Colorado Department of Revenue website www.colorado.gov/cs/Satellite/Revenue/REVX/1176842266433 or call 303-232-2446.
[Source: www.retirementliving.com Jun 09 ++]

==========

MILITARY HISTORY ANNIVERSARIES:

- Jun 01 1813 - Capt John Lawrence utters Navy motto "Don't give up the ship"
- Jun 02 1944 - WWII: Allied "shuttle bombing" of Germany begins, with bombers departing from Italy and landing in the Soviet Union
- Jun 02 1969 The Australian aircraft carrier Melbourne slices the destroyer USS Frank E. Evans in half off the shore of South Vietnam killing 74 American sailors
- Jun 03 1861 - Civil War: Union defeats Confederacy at Philippi, WV inj first land battle of the war.
- Jun 03 1864 - Civil War: Gen Lee wins his last victory of Civil War at Battle of Cold Harbor
- Jun 03 1952 Korean War: A rebellion by North Korean prisoners in the Koje prison camp in South Korea is put down by American troops.
- Jun 04 1845 - Mexican-US war starts
- Jun 04 1919 - U.S. Marines invade Costa Rica
- Jun 04 1940 - WWII: British complete the evacuation of 300,000 troops at Dunkirk.
- Jun 04 1942 - WWII: Battle of Midway Island begins. Japan's 1st major defeat in WW II
- Jun 05 1917 - WWI: Ten million U.S. men begin registering for draft.
- Jun 06 1918 - WWI: U.S. Marines enter combat at the Battle of Belleau Wood. 1st U.S. victory of WW I
- Jun 06 1944 – WWII: D-Day: 150,000 Allied Expeditionary Force lands in Normandy, France
- Jun 07 1932 - Over 7,000 war veterans march on Washington, D.C., demanding their bonus pay for service in World War I.
- Jun 07 1942 - WWII: Japanese troops lands on Attu, Aleutian Islands
- Jun 07 1965 - Vietnam: US troops ordered to fight offensively
- Jun 08 1776 - American Revolution: Battle of Trois-Rivières - American attackers are driven back at Trois-Rivières, Quebec.
- Jun 08 1967 - Six-Day War: The USS Liberty incident occurs, killing 34 and wounding 171.
- Jun 09 1863 - Civil War: the Battle of Brandy Station, Virginia.
- Jun 09 1945 - WWII: Japanese Premier Kantaro Suzuki declares that Japan will fight to the last rather than accept unconditional surrender.
- Jun 09 1999 - Kosovo War: The Federal Republic of Yugoslavia and NATO sign a peace treaty.
- Jun 10 1953 - Korean war: Battle of Outpost begins and lasts through the18th.
- Jun 10 1898 - Spanish American War: U.S. Marines land on the island of Cuba.
- Jun 10 1965 - Vietnam War: The Battle of Dong Xoai begins.
- Jun 10 1999 - Kosovo War: NATO suspends its air strikes after Slobodan Miloševic agrees to withdraw Serbian forces from Kosovo.

- Jun 11 1775 - American Revolution: In war's first naval battle Unity (US) captures Margaretta (Br)
- Jun 12 1918 - WWI: First airplane bombing raid by an American unit, France
- Jun 14 1775 American Revolution: The U.S. Army is founded when the Continental Congress authorizes the muster of troops.
- Jun 14 1944 - WWII: First B-29 raid against mainland Japan
- Jun 15 1859 - Pig War: Ambiguity in the Oregon Treaty leads to the "Northwestern Boundary Dispute" between U.S. and British/Canadian settlers.
- Jun 15 1898 - Spanish American War: U.S. Marines attack Spanish off Guantánamo Cuba

[Source: Various Jun 09 ++]

==========

VETERAN LEGISLATION STATUS 13 JUN 09:

Congress reconvened on 1 & 2 JUN. The next scheduled Congressional recess is 28 JUN – 4 JUL for Independence Day. Refer to the Bulletin's Veteran Legislation attachment for or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th Congress. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At http://thomas.loc.gov you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to http://thomas.loc.gov/bss/d111/sponlst.html. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on http://thomas.loc.gov your representative and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for dates that you can access your representatives on their home turf. [Source: RAO Bulletin Attachment 28 May 09 ++]

==========

HAVE YOU HEARD?

Q: Doctor, I've heard that cardiovascular exercise can prolong life. Is this true?
A: Your heart is only good for so many beats, and that's it... don't waste them on exercise. Everything wears out eventually. Speeding up your heart will not make you live longer; that's like saying you can extend the life of your car by driving it faster. Want to live longer? Take a nap.

Q: Should I cut down on meat and eat more fruits and vegetables?
A: You must grasp logistical efficiencies. What does a cow eat? Hay and corn. And what are these? Vegetables. So a steak is nothing more than an efficient mechanism of delivering vegetables to your system. Need grain? Eat chicken. Beef is also a good source of field grass (green leafy vegetable). And a pork chop can give you 100% of your recommended daily allowance of vegetable products.

Q: Should I reduce my alcohol intake?
A: No, not at all. Wine is made from fruit. Brandy is distilled wine. That means they take the water out of the fruity bit so you get even more of the goodness that way. Beer is also made out of grain. Bottoms up!

Q: How can I calculate my body/fat ratio?
A: Well, if you have a body and you have fat, your ratio is one to one. If you have two bodies, your ratio is two to one, etc.

Q: What are some of the advantages of participating in a regular exercise program?
A: Can't think of a single one, sorry. My philosophy is: No Pain...Good!

Q: Aren't fried foods bad for you?
A: YOU'RE NOT LISTENING!!! ..... Foods are fried these days in vegetable oil. In fact, they're permeated in it. How could getting more vegetables be bad for you?

Q: Will sit-ups help prevent me from getting a little soft around the middle?
A: Definitely not! When you exercise a muscle, it gets bigger. You should only be doing sit-ups if you want a bigger stomach.

Q: Is chocolate bad for me?
A: Are you crazy? HELLO! Cocoa beans ! Another vegetable!!! It's the best feel-good food around!

Q: Is swimming good for your figure?
A: If swimming is good for your figure, explain whales to me.

Q: Is getting in-shape important for my lifestyle?
A: Hey! 'Round' is a shape!

Well, I hope this has cleared up any misconceptions you may have had about food and diets. And remember:
'Life should NOT be a journey to the grave with the intention of arriving safely in an attractive and well preserved body, but rather to skid in sideways - Chardonnay in one hand - chocolate in the other - body thoroughly used up, totally worn out and screaming 'WOO HOO, What a Ride'

AND.....
For those of you who watch what you eat, here's the final word on nutrition and health. It's a relief to know the truth after all those conflicting nutritional studies.
1. The Japanese eat very little fat and suffer fewer heart attacks than Americans.
2. The Mexicans eat a lot of fat and suffer fewer heart attacks than Americans.
3. The Chinese drink very little red wine and suffer fewer heart attacks than Americans.
4. The Italians drink a lot of red wine and suffer fewer heart attacks than Americans.
5. The Germans drink a lot of beers and eat lots of sausages and fats and suffer fewer heart attacks than Americans.

CONCLUSION - Eat and drink what you like. Speaking English is apparently what kills you.

==========

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

BULLETIN SUBSCRIPTION NOTES:

== To subscribe first add the above RAO email addee to your address book and/or white list and then provide your full name plus either the post/branch/chapter number of the fraternal military/government organization you are currently affiliated with (if any) “AND/OR” the city and state/country you reside in so your addee can be properly positioned in the directory for future recovery. Subscription is open to all veterans, dependents, and military/veteran support organizations. This Bulletin was sent to 70,123 subscribers.

== To change your email addee or Unsubscribe from Bulletin distribution click the automatic “Change address / Leave mailing list” tab on the bottom of the message containing this attachment, or send a message which includes your full name plus your old & new email, or hit reply and place the word "Remove" in the subject line!!!!!!!!!!!!!!!