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VA HOSPITALS Update 03: Amid growing controversy over procedures that exposed 10,000 veterans to the AIDS and hepatitis viruses, the Department of Veterans Affairs is now bracing against news that one of its facilities in Pennsylvania gave botched radiation treatments to nearly 100 cancer patients. Veterans groups and lawmakers say VA hospitals have permitted these violations because federal regulations allow doctors to work with little outside scrutiny. They say the VA health system, with its under-funded hospitals and overworked doctors, is showing signs of an "institutional breakdown," in the words of one congressman. An official with the American Legion who visits and inspects VA health centers said complacency, poor funding and little oversight led to the violations that failed the cancer patients in Philadelphia and possibly infected 53 veterans with hepatitis and HIV from unsterilized equipment at three VA health centers in Florida, Tennessee and Georgia. "Lack of inspections, lack of transparency" were likely to blame, said Joe Wilson, deputy director of the Veterans Affairs and Rehabilitation Commission for the American Legion, who testified before Congress this month on transparency problems in a budgeting arm of the VA.

Wilson said the American Legion is investigating the case of the VA Medical Center in Philadelphia, where doctors gave 92 veterans incorrect radiation doses for treatment of prostate cancer during a six-year span when no peer review or proper oversight measures were in place, the New York Times reported. Those doctors, whose continuous errors were finally detected last year, were immediately fired from their work at the VA center, but not before putting the lives of the 92 veterans at risk. That news came on the heels of months of investigations into medical lapses that permitted endoscopic procedures like colonoscopies to be performed improperly for years. Wilson told FOXNews.com that poor funding has aggravated problems, and that money is often misspent on repairs for old facilities and equipment to help manage a construction backlog that has put the VA years behind. He said the aging facilities are incapable of handling or properly operating new technology and equipment. "The average age of VA facilities is about 49 years," he said. "That's too old. In the private sector the average age of facilities is about 12 years."

The VA Medical Center in Philadelphia is 57 years old. Doctors there were performing a procedure called brachytherapy, in which radioactive seeds the size of rice grains are implanted into organs to kill cancer cells. But doctors there were sometimes implanting the seeds into the wrong organs, and in many cases gave significantly less radiation than was prescribed -- including during an entire year when their monitoring equipment was broken and they were essentially flying blind, the New York Times reported. And when one physician, Dr. Gary Kao, was found to have botched a brachytherapy in 2003, he simply changed his surgery plan to make the error appear to be intentional, the Times reported. Despite the violations that cost Kao his job, some veterans' groups said the general care provided by VA is among the best in the world, and they applauded the department for taking steps to address its problems. "Our feeling is that the quality of the care is excellent," said Jay Agg, a national spokesman for AMVETS, the American Veterans organization. "However, the fact that it occurred in the first place really points to a lack of oversight, and corrective measures need to be taken."

Both AMVETS and the American Legion welcomed advanced funding that was granted to VA this in late JUN, reversing a trend of late funding that has kept the department on tenterhooks for nearly 20 years. But investigations conducted by the VA last month show that systemic problems remain. Under half of VA centers given surprise inspections had proper training and guidelines in place for common endoscopic procedures. VA Secretary Gen. Eric Shinseki and senior leadership "are conducting a top to bottom review of the Department," a VA representative told FOXNews.com. "They are implementing aggressive actions to make sure the right policies and procedures are in place to protect our veterans and provide them with the quality health care they have earned." The representative said that all brachytherapy treatments have been ended at the Philadelphia hospital, and the VA has hired a national director of radiation oncology and developed standard procedures for calculating the accuracy of seed placement. But veterans advocates say that won't be enough, and they say they haven't seen any evidence of changes that could fix what they call a broken healthcare system. "How many patients can you see in a day and still give proper care?" asked Jim Strickland, a veteran advocate and former health care technician who contributes to VAWatchdog.org. "There aren't enough physicians to handle the crisis that the VA faces."

Richard Dodd, a litigator who has represented veterans in lawsuits against the government, said that poor funding has lowered the quality of care and interest from some physicians. "They're generally under-funded ... and I think the interest of the doctors suffers to some degree," he told FOXNews.com. "Generally speaking, the physicians that work at the VA work there because they have no interest in private health care, and in some situations are unable to

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find jobs in private industry." Strickland said care and oversight would not improve until funding is increased and the leadership makes sweeping changes. In the meantime, he said, "we are doing such a disservice to our veterans."

Lawmakers, who are bristling at that "disservice," led congressional inquiries into the endoscopy debacle during hearings last week. "There is no question that shoddy standards -- systemic across the VA -- put veterans at risk and dealt a blow to their trust in the VA," said Rep. Harry Mitchell, the Arizona Democrat who chairs the House Veterans' Affairs Subcommittee on Oversight and Investigations. Sen. Arlen Specter (D-PA), is now gearing up for action over the Philadelphia facility. He wrote to Shinseki 23 JUN asking "what allowed such chronic failures to occur" and demanding to know what steps the VA has taken "to ensure that such problems do not occur at other VA hospitals." Specter called for a field hearing of the Senate Veterans Affairs Committee on 29 JUN, calling the alleged abuses at VA hospitals "very serious" and promising that they would get a "full and prompt review." A lawyer for Gary Kao said the doctor would appear at the Philadelphia hearing and answer any questions from Specter "fully and completely." [Source: FoxNews.com Joseph Abrams article 24 Jun 09 ++]

HEALTH CARE REFORM Update 01: A discussion draft of a possible health care reform bill was distributed by the House Committees on Ways and Means, Energy and Commerce, and Education and Labor in late June. The plan would create a Health Insurance Exchange (HIE) to provide health care options to individuals without coverage and small employers. Anyone would be eligible to obtain coverage under the HIE unless they are enrolled in another qualified health benefits plan or have other acceptable coverage (which would include Tricare, Tricare For Life, Medicare, and VA care enrollment). The draft envisions imposing a tax on individuals who don't obtain qualifying coverage. Some other changes to Medicare that may affect military beneficiaries are:

- Changes to the payment structure of skilled nursing facilities and freezing 2010 payments at the 2009 level.
- Upgrading physician reimbursements to preclude the 21% payment cut scheduled for January 2010 unless the law is changed .
- Extra payments to providers in "efficient areas".
- Extension of Medicare therapy cap exceptions through 31 DEC 11.
- Exclusion of proceeds from the sale of a primary residence from income used to compute Medicare part B premiums.
- Allowing a 12-month period for TRICARE beneficiaries to enroll in Part B without a Part B premium penalty (retroactive to cover those who have incurred penalties since JAN 05)

[Source: MOAA Leg Up 26 Jun 09 ++]

ECS 2009 Update 12: The Department of Veterans Affairs (VA) has requested the Department of the Treasury to make \$250 payments to eligible Veterans as part of President Obama's recovery plan. The first payments were sent 22 JUN. All payments will be distributed by 30 JUN. As part of the recovery plan, VA is making one-time payments of \$250 to eligible Veterans and survivors to offset the effects of the current economy. VA estimates \$500 million in payments will be made to approximately 1.9 million Veterans and eligible beneficiaries as part of this measure. To be eligible for the payment, VA beneficiaries must have received VA's compensation, pension, dependency and indemnity compensation (DIC), or spina bifida benefits at any time between NOV 08 and JAN 09. Also, beneficiaries must reside within the United States, Puerto Rico, Guam, Northern Mariana Islands, American Samoa or the U.S. Virgin Islands.

No application is necessary. VA used its existing payment records to determine eligibility for the \$250 payment. Beneficiaries will receive their payments the same way they receive their monthly VA benefits -- either by direct deposit or in the mail. This payment is not countable in determining eligibility for VA pension or Parents' DIC. The law allows one \$250 payment per person. The payment is tax-free. VA beneficiaries who also receive benefits from the Social Security Administration or Railroad Retirement Board will be paid through those agencies, and will therefore not receive the payment from VA. VA will spend more than \$1.4 billion as part of President Obama's economic recovery plan to improve services to America's Veterans. VA's Internet site www.va.gov/recovery

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provides current information about VA's work to deliver its portion of recovery act funds to benefit Veterans.
[Source: VA News release 25 Jun 09 ++]

PROSTATE CANCER Update 10: The Center for Science in the Public Interest (CSPI) has notified Bayer Healthcare that it will sue the company if it continues to claim that the selenium in its One A Day vitamins may reduce men's risk of prostate cancer. The CSPI also registered a complaint with Federal trade commission (FTC). Copies of these letters can be viewed at <http://cspinet.org/new/pdf/cspilettertobayer.pdf> & <http://cspinet.org/new/pdf/cspibayerftcletter.pdf>. Advertisements and labels for "One A Day Men's 50+ Advantage" and "One A Day Men's Health Formula" claim that emerging research suggests that selenium may reduce the risk of prostate cancer. But nine prostate cancer researchers say there is scant evidence to support such a claim and have joined CSPI in urging the FTC to put an immediate stop to the deceptive claims. Last year the 7-year Selenium and Vitamin E Cancer Prevention Trial (SELECT) involving 35,000 U.S. and Canadian men was halted when researchers determined that selenium was not protecting the men from prostate cancer and may have been causing diabetes in some of them. CSPI says the disputed One A Day claims violate a consent decree that Bayer signed with the FTC in 2007. That year, the company paid a \$3.2 million fine related to weight-loss claims made on behalf of "One A Day multivitamin WeightSmart" and agreed not to make unsubstantiated claims in the future. [Source: Consumer Health Digest #09-26 dtd 25 Jun 09 ++]

CHAPTER 61 DISABILITY PAY Update 04: A stripped-down and temporary boost in pay for some disabled military retirees approved 23 JUN by House lawmakers is drawing swift criticism. The bill, (H.R.2990) authorizes people who receive military disability retirement short of 20 years of service to draw their full military retired pay and veterans' disability compensation over a five-year period, with no offsets in retired pay. That would be a major improvement for the 121,000 veterans who receive military disability retired pay from the Defense Department and disability pay from the Veterans Affairs Department. This is exactly what President Barack Obama proposed as part of the 2010 defense budget. But the bill includes something Obama didn't request that is drawing harsh words from some lawmakers: A provision that would terminate the new benefit after just nine months of payments, after only about 44,000 of the disabled retirees receive any money. Only those with disabilities rated at 90% or higher would be allowed to receive their full military and veterans benefits and on 1 OCT 10 those extra payments would end.

Rep. Joe Wilson of South Carolina, ranking Republican on the House Armed Services military personnel panel, said the bill is a "ghost of a proposal" that "could have done so much more." He called it a "small pittance for a small number of retirees." Rep. Ike Skelton (D-MO), the House Armed Services Committee chairman and chief sponsor of bill, admits it is just a "temporary fix" to a big complaint about the government's long practice of reducing military retired pay by any amount received in veterans disability pay, and he pledged that Congress would try to do more. "Our veterans have never given up on America and you can be assured we will not quit on them," Skelton said. The reason for the nine-month authorization (from 1 JAN 10 through 30 SEP 10) is that Democratic leaders could find only enough money to pay for a new federal entitlement program for that length of time, given budget rules. The money would come from repealing a deepwater oil and gas development program.

Rep. John Spratt Jr., (D-SC), the House Budget Committee chairman, said the bill spends about \$228 million in 2010 for an initiative that has a \$5.2 billion price tag over five years if fully implemented. "To continue doing this, and that is our intent, we will have to come back every year with additional money, and the cost gets bigger each year because the number of retirees with lower-rated disabilities is greater than those covered in the first year," Spratt said. "This is a step forward, but a step we have not completed." Another sore point is that the bill is called the Disabled Military Retiree Relief Act of 2009, a name that helped guarantee passage. But the \$228 million designated for higher payments for disabled retirees is less than one-fourth of the bill's overall total of \$968 million. The rest involves mostly changes in retired pay and sick pay rules for federal civilian workers. One of the chief advocates for concurrent receipt of military and veterans benefits said something is better than nothing, and the House bill at least tries to do something. "For the first year, it's the same as the Obama plan would have been, but it

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will be embarrassing if they don't come up with the money" to continue the initiative, said Steve Strobridge of the Military Officers Association of America. [Source: NavyTimes rick Maze article 24 Jun 09 ++]

VA WOMEN VET PROGRAMS Update 04: On 23 JUN 09 Chairman of the House Committee on Veterans' Affairs (HVAC) Bob Filner (D-CA) announced that the House of Representatives passed H.R.1211, a bill to expand and improve health care services available to women veterans provided by the Department of Veterans Affairs (VA). The Women Veterans Health Care Improvement Act, introduced by Congresswoman Stephanie Herseth Sandlin (D-SD), addresses the needs of the 1.8 million women who have served in the military. This bill would especially focus on the health care needs of those serving in Operation Enduring Freedom and Operation Iraqi Freedom. The bill requires the VA to provide medical care for newborn children of women veterans, establish a pilot program for child care services, and enhance programs available to veterans suffering from military sexual trauma and post-traumatic stress disorder. Additionally, the VA would be required to conduct a comprehensive study on barriers encountered by women veterans when attempting to access the VA health care system.

Chairman Filner offered the following statement: "Today, women serve in the Guard and Reserve at a rate of over 17% which is three percent higher than that of the active duty military. We also know that women are serving in combat conditions right alongside their male counterparts, which raises a whole new set of issues for these veterans. Women veterans coming into the VA system are younger, have distinct health needs, and access VA health care at a higher rate. Legislation passed today is a huge first step in working to empower our Nation's brave and honored women veterans by providing better treatment and more accessible services at the VA." The Women Veterans Health Care Improvement Act addresses the needs of the nearly 98,000 female veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Among the OEF/OIF women veterans, 42.6% are enrolled and 28.5% are users of VHA. Women make up 11% of veterans from OEF/OIF. The bill will next be considered in the U.S. Senate. [Source: HVAC Bob Filner Press Reelase 23 Jun 09 ++]

VA HEALTH CARE FUNDING Update 21: Congressional efforts to provide advanced funding for veterans' health programs made significant progress 23 JUN. The House Appropriations Committee approved by voice vote the first advance budget for the Veterans Affairs Department. The 2010 spending bill for the VA and military construction includes fiscal 2011 health care funding. Veterans' organizations have pushed for advance appropriations to keep VA hospitals running smoothly in case Congress does not pass the annual VA appropriation bill by the end of the fiscal year 30 SEP. In 19 of the past 22 years, Congress has failed to pass the VA funding bill by the start of the fiscal year. The House also voted 409-1 to approve H.R.1016, which would change budgeting rules to allow VA medical funding to be approved a year in advance.

The Military Construction-VA appropriations bill contains \$133.7 billion in spending, \$77.9 billion of which is discretionary. The discretionary spending is \$239 million more than the president's request and about 7% more than what the department received for the current fiscal year. The bill includes \$108.9 billion for the VA, the same as the president's request and \$14.9 billion more than 2009. It includes \$48.2 billion for advance appropriations for fiscal 2011 for three medical departments: services; support and compliance; and facilities. The Military Construction-VA bill also contains:

- \$45.1 billion for the Veterans Health Administration, the same as the president's request and \$4.4 billion more than 2009. The VHA estimates it will treat more than 6.1 million patients in 2010.
- \$3.3 billion for information technology, the same as the president's request and \$559 million more than 2009. These funds will support new programs, including transitioning to paperless benefits processing and improving the electronic health records system.
- \$2.1 billion for general operating expenses, \$135 million less than the president's request and \$287 million above 2009. The increase will allow the VA to hire about 1,200 more claims processors to tackle the backlog of benefits claims, which is approaching one million.

[Source: FederalTimes.com Rebecca Neal 24 Jun 09 ++]

VA COLA 2010 Update 01: The Senate unanimously approved legislation to protect the value of compensation for Veterans and their survivors from potential inflation. In the event that the Bureau of Labor Statistics estimates an increase in inflation based on the Consumer Price Index, the Veterans' Compensation Cost-of-Living- Adjustment Act of 2009 (S.407), as amended, would increase veteran and survivor compensation by that rate. The bill has been sent to the President for signature. "Compensation for disabled Veterans and their survivors is an ongoing cost of war, and it should not be allowed to decrease in value because of inflation. Should the cost-of-living rise as it has in previous years, my bill would ensure that Veterans' compensation increases accordingly," said Senate Veterans' Affairs Committee Chairman Daniel K. Akaka (D-HI), author of the bill. Assuming inflation, S.407 would direct the Secretary of Veterans Affairs to increase, as of 1 DEC 09, the rates of:

- Veterans' disability compensation;
- Dependency and indemnity compensation for surviving spouses and children; and
- Additional related benefits.

The cost-of-living adjustment (COLA) for the above-mentioned benefits would match the annual increase provided to Social Security recipients, which is based on the Bureau of Labor Statistics' Consumer Price Index (CPI). The COLA is designed to offset inflation and other factors that alter the cost-of-living over time. This year's rate has not been determined, and some are predicting that the CPI will decrease rather than increase. In the event of a decrease in the CPI, veteran and survivor compensation will remain at last year's rate. For more information on the Consumer Price Index, refer to the Bureau of Labor Statistics' website www.bls.gov/cpi. The CPI rose 0.4% in May. However, that still leaves cumulative inflation at -3.1% since OCT 08. [Source: SVAC Press Release 24 Jun 09 ++]

WIDOW'S PENALTY: The Department of Homeland Security (DHS) announced that it will defer action in widow penalty cases, meaning that the widows of citizen spouses who die before the couple reaches their second anniversary and before Citizenship and Immigration Services completes the adjudication of the petition that the citizen filed on the spouse's behalf, will not be immediately subject to deportation. DHS announcement emphasized that this decision to defer action is temporary and that legislation is required to impose a permanent fix to the problem. Sen. Nelson's S.815, the Fairness to Surviving Spouses Act of 2009, would put an end to the widow's penalty once and for all. [Source: Sen. Nelson DC Update 16 Jun 09 ++]

SURVIVOR FILES: In the torrent of estate-planning advice out there, one simple but crucial bit of wisdom often gets overlooked: Keep your stuff in order. Surviving family members can get overwhelmed when loved ones leave behind disorganized financial statements and cluttered homes. Heirs and executors must become de facto investigators, sorting through the junk to figure out where the assets are-and what should be done with them. Prevention is, of course, the best solution, such as asking blunt questions about where wills and other important papers are located. Many people, however, avoid the subject or die unexpectedly, leaving survivors with the burden of chaos. "No one is sitting around while they're alive preparing their items form someone to go through after they die," says Lori Perlman, an estate-planning attorney in, New York. With that in mind, here's advice about untangling some common messes.

1. A Missing Will: Estate planning is useless if crucial documents are missing after a person's death-and perhaps most crucial of all is the will. Safe-deposit boxes are among the most common repositories, says Lawrence C. Wohl, an estate-planning attorney in Princeton, N.J. Many banks allow survivors to search a decedent's deposit box for a will-but in the presence of a bank employee, to prevent the removal of valuables that should be distributed through the estate. Banks will typically drill open the box if the key is missing, for about \$150. If a search fails, survivors and executors must often track down advisers who helped the decedent during life. Once you give up, you should ask the local surrogate or register of wills (i.e. a public official-to appoint an administrator to oversee the distribution

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of assets). It will often be one of the surviving children. The estate is then divided up according to state law and can take considerable time before assets are accessible to heirs.

2. A Tangled Money Trail: The will is only part of the critical paperwork. If heirs can't find all of a decedent's financial records, they might not be able to trace all of his or her assets. So, they might not get everything they're entitled to, and the unclaimed assets will eventually revert, or "escheat," to the state. People who die suddenly usually leave behind the most disorganized paperwork, says Daniel Kurtzman, a lawyer in Haddonfield, N.J. "That's when the executor comes in with bags full of papers in total disarray," he says. There's just one way to start. "You reach in, grab some handfuls of papers and start making notes of what assets you find," says Mr. Kurtzman.

- a) Recent tax returns, which usually include names of financial institutions that paid interest or dividends, may help. Mr. Lapidés says institutions and transfer agents can provide additional details, such as account balances and shares of stock. However, he adds, it's sometimes impossible to identify every asset.
- b) Family members should check online services, offered by states at no charge that list unclaimed assets. You should keep checking the services for at least several years after a relative's death, since it can take that long for the assets to escheat to the state. But beware of private companies offering to track down missing assets. They usually just search the state databases, then contact family members and offer to retrieve the money for a fee. Family members can retrieve the money themselves, usually for free, by filing a claim, often with the state treasurer.
- c) Another crucial part of the money trail: automated payments. Survivors may not be able to stop online transactions, such as sending life-insurance premiums, if they don't know passwords and user IDs, says Helen Modly, a fee only financial planner in Middleburg, Va. The executor is typically granted access to password information after being officially appointed through the probate process, which may not occur for weeks after a death. Be prepared to present a death certificate and other documents the institution requires.

3. Digging Out the House: Wills typically don't provide instructions for distributing personal items. A tangible personal-property memorandum (an addendum to the will that designates who receives certain personal items) can prevent family disputes. But many people never draft the document. And that often makes disposing of possessions time-consuming and emotional. Mundane objects, such as a dilapidated recliner, can evoke memories and provoke fights. "These things really tear families apart," says Mr. Lapidés. Estate liquidators can sell and remove anything that family members don't want, typically for 30% of the gross. Give any remaining items to charities, and arrange a bulk trash pick-up with your city or town for old, worthless furniture, says Mr. Lapidés.

4. Paying Off Debts: The sour economy is likely to leave people cash-strapped in death as well as in life. Wohl says declining real estate values likely mean a growing number of people leave estates with insufficient assets to pay off debts. If that happens, the executor can try to negotiate lower amounts with creditors. If they can't agree, the executor can ask a court to declare the estate insolvent. Certain types of creditors will then have priority, says Mr. Wohl. For example, state laws may require a secured debt, such as a mortgage, to be paid in full, ahead of a credit card. Ideally, the executor will know about all existing debts and pay them out of the estate. But if a debt, such as a tax bill, surfaces after the estate is settled and heirs received their money, they won't have to cover the difference out of their own pockets. They're generally responsible for up to the amount they inherited. That's still a problem, however, if the heirs have spent the money. Be sure the executor settles debts in advance, to avoid future hassles. Otherwise, creditors could pursue the estate—as well as the executor and beneficiaries. And, in some cases, creditors have a long time to take action. Beneficiaries, by then, have often spent their distributions and can't pay the debt, says Ms. Perlman.

5. Accounting for Missing Returns: Many people who are chronically ill or dying don't bother to file tax returns. But the estate is still on the hook to the Internal Revenue Service, and the longer it takes the estate to file, the bigger the penalties. Piecing together unpaid taxes can be a challenge. Usually, the most recently filed return as well as bank statements, can offer clues about the financial institutions that hold assets, retirement account distributions and direct deposits. To get a copy of a previous return, executors can file Form 56 with the IRS, which notifies the agency about the executor's fiduciary status. From there, the executor would use Form 4506 to request a copy of a return. Still, the IRS may show mercy to families dealing with loved ones' unpaid taxes. Patience, whether dealing with taxes, or any other aspect of estate administration, is the key to preventing future hassles, says Ms. Modly. "What really causes messes is when people are in too much of a hurry.

[Source: Ark-La-Tex MOAA Chapter newsletter Jun 09 ++]

HOME INSURANCE: Even if the value of your home has dropped, you don't necessarily need to lower the amount of your homeowners insurance. Your homeowners coverage reimburses you for the cost of replacing your house and its contents in the event of a disaster, not for the purchase price. If the economy has you looking for ways to save money, review your insurance coverage and consider raising your policy deductible. The Insurance Information Institute recommends a deductible of at least \$500; bumping that up to \$ 1,000 can lower the cost of many home policies by as much as 25%. You need enough insurance to cover the following:

1. **The structure of your home.** You need enough insurance to cover the cost of rebuilding your home at current construction costs. Don't include the cost of the land. And don't base your rebuilding costs on the price you paid for your home. The cost of rebuilding could be more or less than the price you paid or could sell it for today. Some banks require you to buy homeowners insurance to cover the amount of your mortgage. If the limit of your insurance policy is based on your mortgage, make sure it's enough to cover the cost of rebuilding. (If your mortgage is paid off, don't cancel your homeowners policy. Homeowners insurance protects your investment in your home.) For a quick estimate of the amount of insurance you need, multiply the total square footage of your home by local building costs per square foot. To find out construction costs in your community, call your local real estate agent, builders association or insurance agent.
2. **Your personal possessions.** Most homeowners insurance policies provide coverage for your personal possessions for approximately 50 to 70% of the amount of insurance you have on the structure or "dwelling" of your home. The limits of the policy typically appear on the Declarations Page under Section I, Coverages, A. Dwelling. To determine if this is enough coverage, you need to conduct a home inventory. This is a detailed list of everything you own and information related to the cost to replace these items if they were stolen or destroyed by a disaster such as a fire (for more information see How do I take a home inventory and why). If you think you need more coverage, contact your agent or insurance company representative and ask for higher limits for your personal possessions.
3. **Additional living expenses after a disaster.** This is a important feature of a standard homeowners insurance policy. This pays the additional costs of temporarily living away from your home if you can't live in it due to a fire, severe storm or other insured disaster. It covers hotel bills, restaurant meals and other living expenses incurred while your home is being rebuilt. Coverage for additional living expenses differs from company to company. Many policies provide coverage for about 20% of the insurance on your house. Some companies will even sell you a policy that provides you with an unlimited amount of loss of use coverage, for a limited amount of time. If you rent out part of your house, this coverage also reimburses you for the rent that you would have collected from your tenant if your home had not been destroyed.
4. **Liability to others.** This part of your policy covers you against lawsuits for bodily injury or property damage that you or family members cause to other people. It also pays for damage caused by pets. It pays for both the cost of defending you in court and for any damages a court rules you must pay. Generally, most homeowners insurance policies provide a minimum of \$100,000 worth of liability insurance, but higher amounts are available. Increasingly, it is recommended that homeowners consider purchasing at least \$300,000 to \$500,000 worth of coverage of liability protection.

[Source: www.iii.org/individuals/homei/hbs/howmuch Jun 09 ++]

MEDICARE FRAUD Update 14: Federal indictments unsealed in Detroit on 24 JUN charge 53 clinic owners, doctors and others with defrauding Medicare of more than \$50 million. FBI agents in Detroit arrested dozens of people locally this morning, while other arrests were made in the Miami, Fla., area, where law enforcement officials say many of the schemes at the heart of today's indictments began. As many as 38 of the defendants were expected to be arraigned in connection with the case in U.S. District Court in Detroit, one federal official said. In Washington, Department of Justice officials said 40 had been arrested, some as they attempted to flee the country. Others are believed to have left the Detroit area to evade arrest, he said. Federal officials used the Detroit case to highlight the work of a Medicare Fraud Strike Force -- a joint effort of the Department of Justice and the Department of Health and Human Services. In Washington, Attorney General Eric Holder and HHS Secretary

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Kathleen Sebelius said the task force had used sophisticated analysis of Medicare data to find "hot spots," patterns of suspicious billing. That analysis led to formation of task forces in Detroit, Miami, Houston and Los Angeles. "We try to follow what the intelligence tells us, what the data tells us, and that tells us to start in these four cities," Holder said. But Holder said earlier efforts in Miami may have pushed fraud schemes to Detroit. "After we arrested and charged criminals in Miami, their cohorts simply moved their schemes to Detroit," he said.

One of the defendants, Bernice A. Brown, protested her innocence as agents led her in handcuffs from Detroit FBI headquarters on Michigan Avenue. "I am totally innocent," Brown shouted as agents loaded her into a van along with two other defendants for the short drive to the federal courthouse. Brown, who owns Wayne County Therapeutic Inc., a physical and occupational therapy clinic in Livonia, is charged with conspiracy and health care fraud. Along with co-defendants, she submitted \$21.2 million in false claims for which Medicare reimbursed her company about \$6.5 million, one of the indictments alleges. The indictment alleges Brown and other defendants paid kickbacks for use of Medicare beneficiary numbers that were used to submit false claims for therapy and other medical services, and paid other bribes to contractors who claimed to provide services that were never performed. Federal court records filed in 2007 show federal agents seized more than \$250,000 in cash and a 2006 Ford van from Brown in connection with a Medicare fraud investigation involving alleged billings for fictitious patients. Additional unsealed indictments named:

- Suresh Chand of Oakland County, owner of TriStar Rehab Services in Centerline; S.U.B. Rehabilitation and Physical Therapy Center Inc. in Dearborn; Continental Rehab Services Inc. in Warren; and Pacific Management Services Inc., also in Warren.
- Denisse Martinez and Jose Rafael Martinez, described as residents of both Michigan and Florida and operators and owners of RDM Center on Canton Township; and Dr. Alan Silber, a medical doctor employed by the clinic that specialized in infusion and injection therapy. Patients at RDM were paid kickbacks of about \$50 per visit for signing forms used to submit false claims, the indictment alleges. False claims totaled close to \$1 million, the indictment alleges.
- Dulce Briceno, owner and operator of Xpress Center Inc. in Livonia. Briceno and co-defendants are accused of submitting \$2.3 million worth of false claims to Medicare.
- Caridad and Clara Guilarte, Wayne County and Florida residents who operated Dearborn Medical Rehabilitation Center in Dearborn. They and their alleged co-conspirators are accused of submitting fraudulent Medicare claims totaling \$9.1 million.
- Daisy Martinez, incorporator of Sacred Hope Center Inc. in Southfield, is named along with 10 alleged co-conspirators. They are accused of submitting false claims totaling about \$4.2 million.

[Source: The Detroit News Paul Egan article 24 Jun 09 ++]

MEDICARE FRAUD Update 15: A former Moss Point Mississippi school board member was sentenced last week to 10 years in federal prison for submitting \$49 million in false Medicare claims as owner of several companies that used unqualified workers, according to acting U.S. Attorney Stan Harris. Pamela Hull, of Moss Point, was found guilty by a jury in January of Conspiracy to Commit Health Care Fraud, three counts of Health Care Fraud and twelve counts of making false statements relating to health care. Hull later pleaded guilty to making a false statement relating to health care in two other related cases. U.S. District Judge Louis Guirola Jr. sentenced Hull on 15 JUN. Hull, who last served as a school board member in 2003, was owner and operator of Rehabicare Inc., Mississippi Care Partners Inc. and Select Care Inc., all of which were advertised as physical medicine companies. The three companies were in operation for about three years. Workers with the three companies were untrained and unqualified and were paid \$10 to \$18 per patient, the investigation revealed, yet Hull billed Medicare as much as \$1,300 per patient visit. Hull's companies submitted more than \$49 million in false bills to Medicare and received more than \$5 million in stolen government funds, prosecutors said.

Hull's arrest in NOV 07 followed a two-year investigation into billing practices associated specifically with Rehabicare Inc. Rehabicare had multiple offices in Mississippi, including two in Moss Point, according to FBI records in 2007. Hull was also ordered to pay more than \$15 million in restitution, serve 3 years on supervised release after she is released from prison and forfeit more than \$4 million in stolen funds. Jacqueline Crawley, of Messer, N.C., stood trial with Hull in January and was convicted of the same charges. Crawley was an owner of

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Rehabilitare and was the office manager of Mississippi Care Partners. Evidence showed that Crawley hired and sent out the unqualified and untrained employees. Crawley was ordered to pay more than \$32 million in restitution and to serve three years on supervised release after her prison sentence is completed. Crawley also was ordered to forfeit \$183,541 in stolen funds. [Source: The Mississippi Press Amber Craig article 26 Jun 09 ++]

MEDICARE FRAUD Update 16: Eight more Miami-Dade County residents have been indicted in connection with an alleged \$22 million Medicare fraud scheme involving home health services. The eight who were charged in an indictment unsealed on Friday are identified as: Gladys Zambrana, Javier Zambrana, Enrique Perez, Alejandro Hernandez Quiros aka Alex Hernandez, Vanessa Estrada, Vicenta Tellechea, Modesto Hidalgo and Carlos Castaneda. According to the indictment, Gladys Zambrana, Perez and Hernandez Quiros operated ABC Home Health Care, listing Javier Zambrana as the owner. Gladys Zambrana and Castaneda operated Florida Home Health Care Providers, listing Tellechea as the owner. It's alleged that the eight recruited patients who were paid kickbacks and bribes in exchange for their Medicare beneficiary numbers to be used to file claims for home health care services that were not provided and were not medically necessary. The indictment alleges that between JAN 06 and DEC 08, ABC billed more than \$17 million to the Medicare program for services that were medically unnecessary and were not provided. Medicare paid more than \$11 million on those claims. The indictment also alleges that between OCT 07 and MAR 09, Florida Home Health billed more than \$5 million to the Medicare program for services that were medically unnecessary and not actually provided. Medicare paid more than \$4 million on those claims.

“Today’s coordinated criminal and civil action delivers an effective one-two punch to health care fraudsters: They were not only caught and criminally charged, but they are also being stripped of their illegal proceeds,” Acting U.S. Attorney Jeffrey H. Sloman said in a news release. On 23 JUN, eight other Miamians were indicted on charges they bilked the Medicare system out of nearly \$100 million in a multistate scam involving HIV infusion clinics. And on 24 JUN, the U.S. Justice Department announced it had indicted 53 people from Miami, Detroit and Denver on charges they filed more than \$50 million in false Medicare claims. Since the Medicare Fraud Strike Force began operations in March 2007, 115 cases - including 257 defendants - have been indicted. Collectively, they are alleged to have fraudulently billed the Medicare program for more than \$600 million. [Source: MiamiSouth Florida Business Journal 26 Jun 09 ++]

VA CLOTHING ALLOWANCE Update 01: In accordance with PL 110-111 Veterans, who because of a service-connected disability, wear or use a prosthetic or orthopedic appliance (including a wheelchair) which tends to wear out or tear clothing, and veterans, who because of a service-connected skin condition use a medication that causes irreparable damage to outer garments, are eligible for payment of an annual clothing allowance. Qualifying appliances/medications include:

1. An artificial limb, rigid extremity brace, rigid spinal or cervical brace, wheelchair, crutches or other appliance prescribed for the claimant's service-connected disability. Soft and flexible devices, such as an elastic stocking are not included.
2. Any medication, prescribed by a physician for a service-connected skin condition, that causes permanent stains or otherwise damages the veteran's clothing.

The allowance as of 1 DEC 08 for 2009 was \$716 per year. The clothing allowance increase, while effective the date of the law, is not payable until the following August 1st. (Example: PL 97-306 effective October 1, 1982, increased the clothing allowance to \$327.00. This rate was payable August 1, 1983.) It is recommended that you mark your calendar and apply for your 2009 allowance by 1 JUN 09 to allow ample time for VA to process it and avoid missing the 1 AUG cutoff date. To qualify for annual payment, eligibility must be established as of 1 AUG of the year for which payment is claimed. If you have previously submitted a claim for disability compensation, send your application on VA FORM 21-8678 May 03 to the Prosthetic and Sensory Aids Service (121), at your local VA Medical Center. If you have not made application for disability compensation, send the form to the VA regional office nearest your home. The form can be downloaded from www.va.gov/vaforms/medical/pdf/vha-10-8678-

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[fill.pdf](#), you can ask VA to send you one, or you can pick one up at your VA clinic. If your support device wasn't issued by VA, you will need to get your VA doctor to do a certification for you that the support is necessary for you. [Source: www.va.gov Jun 09 ++]

SBP DIC OFFSET Update 18: President Barack Obama signed a bill 22 JUN that extends a temporary survivors benefit through 2017 and also provides annual increases in the payment. The special survivor indemnity allowance was created two years ago as a small but symbolic payment to survivors whose military benefits are reduced dollar for dollar by the amount they receive in veterans survivor benefits. The allowance, which began as a \$50 monthly payment, increased to \$60 on Oct. 1. The original law had the benefit expiring in 2014, but a provision of the Family Smoking Prevention and Tobacco Control Act, signed by Obama on Monday, extends the allowance for another five years, with continued regular increases. Under the law, the payment will be \$150 in 2014, \$200 in 2015, \$275 in 2016 and \$310 in 2017. Even with the increases, the allowance doesn't come close to making up for the offset in pay received by survivors who are eligible for both military survivor's benefits and veterans' dependency and indemnity compensation. Most survivors lose \$1,500 a month because of the government's long-standing practice of not paying two survivor benefits for one death. Elimination of the offset has been a top priority for military and survivor groups for years, and has gained wide support in Congress. The stumbling block has remained the cost, estimated to be more than \$5.2 billion over five years to fully eliminate the offset for survivors for all service-connected deaths, which could include deaths on active duty or post-service deaths due to service-connected causes. [Source: NavyTimes Rick Maze article 22 Jun 09 ++]

GULF WAR SYNDROME Update 09: After a former CIA employee told a team created to investigate Gulf War illness that 1.5 million documents exist detailing poisonous gas exposures during Operation Desert Storm, Congress is asking the CIA to review the secret classifications of those documents. Rep. Rush Holt (D-NJ), said in a prepared statement, "Desert Storm veterans have been waiting for years for our government to make public any information in its possession about the kinds of toxic agents they may have been exposed to during and immediately after the 1991 war. This is a long-overdue step toward meeting that goal." The intelligence authorization bill H.R.2701 now includes language that would require the CIA to review the classification of those documents, with the intent of declassifying them.

Studies have shown that veterans exposed to sarin — which the military accidentally doused troops with when the 82nd Airborne Division destroyed an Iraqi chemical weapons dump in Khamisiyah in 1991 — are more likely to suffer from symptoms of Gulf War illness. Research has shown the risk is heightened if service members also took anti-nerve-agent pills and were exposed to a lot of pesticides, according to the Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans Illnesses. Exposure data also might help scientists determine connections between how much exposure a person received and what kinds of symptoms he has now.

One in four Gulf War veterans suffer symptoms, including chronic fatigue, loss of muscle control, headaches, dizziness, memory problems and joint pain. Recent research shows some veterans many have experienced physical changes to their brains that fall in line with toxic-agent exposure. For five years after the end of the war, the Pentagon and CIA said no chemical weapons had been within range of troops during the conflict. In 1998, a CIA Inspector General report said as many as 1.5 million documents may help determine the extent of toxic exposures, but the agency did not review those records. The amendment to H.R.2701 asks that those documents be reviewed within one year. [Source: NavyTimes Kelly Kennedy article 23 Jun 09 ++]

GI Bill Update 51: The Pentagon announced 19 JUN that service members can register to transfer their Post-9/11 GI Bill benefits to family members beginning 29 JUN. The full Pentagon policy memorandum is online at www.defenselink.mil/news/DTM%2009-003%20Post%209-11%20GI%20Bill.pdf. According to Bob Clark, the Defense Department's assistant accession policy director and the top official working on the new benefits plan, on

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that date a special Pentagon Web site will go live allowing service members to securely apply to allow their immediate family members to share in their education benefits beginning 1 AUG. Service members who plan to use at least part of their benefit in the near future should first register through the Department of Veterans Affairs GI Bill Web site www.gibill.va.gov, Clark said. Those who do not plan to use their benefits anytime soon or not at all do not have to register with VA to apply for the family member benefit. They can simply register through the Pentagon site that will become active 29 JUN.

Service members have up to 15 years from the time they leave the service to apply through VA for a Certificate of Eligibility, Clark said. He emphasized that service members must be on active duty or in the Selected Reserve on 1 AUG to be eligible for family transfer rights. "Those who have retired, even if their last day on active duty was July 31st or any time before that, or have separated or are in the IRR (Individual Ready Reserve) are not eligible for the transferability," he said. Service members will apply beginning 29 JUN through the Transferability of Educational Benefits (TEB) website <https://www.dmdc.osd.mil/TEB/>. Service members will be able to securely access this site with their Common Access Card, a Defense Department Self Service User ID or a Defense Finance and Accounting Service PIN number, the Pentagon said. Clark asked that service members whose family members do not plan to take classes this fall to delay their registration by a couple of weeks (until at least 15 JUL) to allow those who do plan to do so to get through the registration process. The effective date will be 1 AUG for all applicants, regardless of their application date, he said, and the services will have their hands full as they must each verify the information and, in many cases, process re-enlistments and service extensions.

"We want the services to be able to prioritize their applications," Clark said. Once that is done, the services will pass the application to the Department of Veterans Affairs, Clark said. "At that point ... the family member will be treated by VA just as if they were a service member or veteran," he said. Clark denied that a request for delayed applications is related to a fear of crashing computer servers; the Web site is being administered by the Defense Manpower Data Center, whose servers have "substantial" capability, he said. No changes have been made to the final rules previously announced; their implementation was delayed over a procedural matter that has been resolved, Clark said. The final rules, according to the Pentagon, allow transferability of a portion or all of Post-9/11 GI Bill benefits for any member of the armed forces (active duty or Selected Reserve, officer or enlisted) on or after 1 AUG 09, who is eligible for the benefit, and:

- Has at least six years of service in the armed forces on the date of election and agrees to serve four additional years in the armed forces from the date of election.
- Has at least 10 years of service in the armed forces (active duty and/or Selected Reserve) on the date of election, is precluded by either standard policy or statute from committing to four additional years, and agrees to serve for the maximum amount of time allowed by such policy or statute, or is or becomes retirement-eligible during the period from 1 AUG 09, through 1 AUG 13.

Regarding additional service requirements:

- For those eligible for retirement on 1 AUG 09 or have an approved retirement date after 1 AUG 09 and before 1 AUG 10, no additional service is required.
- One year for those eligible for retirement after 1 AUG 09 and before 1 AUG 10.
- Two years after approval of transfer for those eligible for retirement on or after 1 AUG 10 and before 1 AUG 11.
- Three years after approval of transfer for those eligible for retirement on or after 1 AUG 11 and before 1 AUG 12.

An individual approved to transfer an entitlement to educational assistance under this section may transfer the individual's entitlement to the individual's spouse, one or more of the individual's children, or any combination of spouse and child. Regarding transfer rules:

- A family member must be enrolled in the Defense Eligibility Enrollment Reporting System (DEERS) and be eligible for benefits at the time of transfer to receive transferred education benefits.

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- A child's subsequent marriage will not affect his or her eligibility to receive the education benefit. However, after an individual has designated a child as a transferee under this section, the individual retains the right to revoke or modify the transfer at any time.
- A subsequent divorce also will not affect the transferee's eligibility to receive education benefits, but again, after an individual has designated a spouse as a transferee under this section, the eligible individual retains the right to revoke or modify the transfer at any time.
- An eligible service member may transfer up to the total months of unused Post-9/11 GI Bill benefits, or the entire 36 months if the member has used none.
- Spouses may start to use the benefit immediately, either while the member remains in the armed forces or for up to 15 years from the service member's separation from active duty.
- Spouses are not eligible for the Post-9/11 GI Bill's monthly book or living stipends while the member is serving on active duty.
- Children may start to use the benefit only after the individual making the transfer has completed at least 10 years of service, either while the eligible individual remains in the military or after separation from active duty.
- Children may not use the benefit until they have attained a secondary school diploma (or equivalency certificate), or reached 18 years of age. They are entitled to the monthly book and living stipends even if the eligible individual is on active duty.
- Children may not use the benefit after reaching 26 years of age.

[Source: NavyTimes William H. McMichael article 23 Jun 09 ++]

CHAPTER 61 LEGISLATION Update 02: One week after House Democrats said they did not have the money to pay for long-promised increases in pay for disabled retirees, they unveiled a major military and federal civilian pay package that does even more. The source of money for the new bill, H.R.2990, is an obscure fund to pay for research into locating deepwater oil and natural gas resources. "Congress has been working to find a way to permanently eliminate the disabled veterans' tax for many years, but fixing this entitlement program is an immensely difficult task," said Rep. Ike Skelton (D-MO), chairman of the House Armed Services Committee and chief sponsor of the bill. Skelton said the legislation does not go as far as he had hoped, but it "moves us closer to fulfilling the President's pledge to give disabled veterans full access to the benefits they deserve."

It was not immediately clear how much money lawmakers got by tapping into the oil and gas development fund. The money source was not available last week when the House Armed Services Committee was approving its version of the 2010 defense authorization bill, but it is available if lawmakers are writing a separate bill. Congressional sources, speaking on the condition of anonymity, said they expect the new legislation will be merged with the defense policy bill into a single measure at some point. The bill is called Disabled Military Retiree Relief Act, a name derived from one of its key elements aimed at people who received military disability retirement with less than 20 years of service. These "Chapter 61" retirees (i.e. a reference to the section of the U.S. Code covering the military disability retirement plan) would be allowed to receive their full military retired pay plus veterans' disability compensation, a major change from current law in which retirement pay is reduced dollar-for-dollar by any amount received in disability compensation.

President Barack Obama had pledged during the presidential campaign this year to allow all Chapter 61 retirees to be able to concurrently receive both payments, but the bill would not do that right away. The offset would be phased out over several years, beginning with full payments of retired and disability pay on 1 JAN 10 for those whose disabilities are rated at 100%, including those whose 100% disability is based upon a determination that their medical conditions make them unemployable. Full concurrent receipt for all Chapter 61 retirees would take effect 1 JAN 14. The bill contains other provisions as well. For the military, it includes a one-year extension of many military bonuses and special and incentive pays that are about to expire, and provisions on re-computing retirement pay for some reservists. For federal workers, it includes a credit for unused sick leave, a new process for computing retired pay based upon part-time service and a provision involving the credit given to people who transferred from working for the District of Columbia government to working for the federal government. Skelton described this as "important changes" to the federal retirement system. [Source: AirForceTimes Rick Maze article 23 JUN 09 ++]

ALZHEIMER'S Update 06: The Alzheimer's Association estimates that 4.5 million Americans now have Alzheimer's, and this number is expected to reach 16 million by 2050. One in 10 people over 65 have the disease and the rate is closer to 50% for people over 85. The Alzheimer's Association and the National Institute on Aging estimate that the cost of current Alzheimer's care is more than \$100 billion annually. More than a third of U.S. adults have a family member or friend who has Alzheimer's. Three out of five people surveyed were concerned that they may someday have to be a caretaker for someone with Alzheimer's. Advancing age is the number one risk factor for developing Alzheimer's disease. Have you noticed any of these warning signs? If so, list any concerns you have and take this with you to the doctor:

1. Memory changes that disrupt daily life. One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own. **What's typical? Sometimes forgetting names or appointments, but remembering them later.**
2. Challenges in planning or solving problems. Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before. **What's typical? Making occasional errors when balancing a checkbook.**
3. Difficulty completing familiar tasks at home, at work or at leisure. People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game. **What's typical? Occasionally needing help to use the settings on a microwave or to record a television show.**
4. Confusion with time or place. People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there. **What's typical? Getting confused about the day of the week but figuring it out later.**
5. Trouble understanding visual images and spatial relationships. For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not recognize their own reflection. **What's typical? Vision changes related to cataracts.**
6. New problems with words in speaking or writing. People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a "watch" a "hand-clock"). **What's typical? Sometimes having trouble finding the right word.**
7. Misplacing things and losing the ability to retrace steps. A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time. **What's typical? Misplacing things from time to time, such as a pair of glasses or the remote control.**
8. Decreased or poor judgment. People with Alzheimer's may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean. **What's typical? Making a bad decision once in a while.**
9. Withdrawal from work or social activities. A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or

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remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced. **What's typical? Sometimes feeling weary of work, family and social obligations.**

10. Changes in mood and personality. The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone. **What's typical? Developing very specific ways of doing things and becoming irritable when a routine is disrupted.**

If you have questions about any of these warning signs, the Alzheimer's Association recommends consulting a physician. Early diagnosis provides the best opportunities for treatment, support and future planning. For more information, refer to www.alz.org/10signs or call (877) 474-8259. [Source: About.com: Senior Living 2 Jun 09 ++]

WEIGHT REDUCTION Update 01: Why do so many diets start successfully, only to crash and burn? Why is it that no matter how hard dieters try, keeping the weight off seems impossible? Dr. Aronne, director of the Comprehensive Weight Control Program at New York-Presbyterian Hospital/Weill Cornell Medical Center (a multidisciplinary obesity research and treatment center) says the key is your body's chemistry, not willpower. His solution: teaching your body to stop craving food and feel full sooner. "Weight loss isn't about priorities, willpower or wanting it badly enough. Rather, it's about your body, your brain and your hormones," says Dr. Aronne. "And if you don't first re-sensitize your weight-regulation mechanisms, typical approaches to weight loss, such as portion control and calorie counting, just won't work." According to Dr. Aronne, our bodies are programmed to resist weight loss that goes beyond roughly 7% of total body weight. That means that if you weigh 200 pounds, you may be able to lose fewer than 14 pounds before the going gets tough. The reason, he explains, is that the body's metabolism and weight-regulating hormones — like insulin and leptin — drop faster than your body loses fat, making your brain think your weight is near normal even though you're still overweight. This leaves dieters hungry, even after they've eaten all the calories they need.

To overcome this obstacle, he teaches 'fill power' rather than using willpower to force patients to stop eating. Among his specific tips are:

Eat a Protein Breakfast. People who eat breakfast are more successful at losing weight because it helps control appetite and cravings throughout the day. High-protein, low-starch foods like a vegetable frittata are best. Avoid juices that pass through the body too quickly. Eat grapefruit or melon instead.

- Exercise in the morning. Putting off your gym visit until later in the day increases the chances that something will come up to derail your plans. And don't think of making up for it with a longer weekend session. How often you exercise is more important than the length of each exercise session.
- Eat your salad and vegetables first. Dig into the leafy greens before you start the main course. This will curb your appetite by making you feel full. Other foods to keep you feeling sated include soups and spicy foods.
- Watch less television. By turning off the boob tube you will automatically be more active.
- Look for hidden causes of weight gain. Sleep disorders and medications can cause weight gain. Appropriate management can help with weight loss.

Dr. Aronne says his plan is easy to follow, and can help many people to lose between 10% and 20% of their weight, and most can lose 7% or more. However, he cautions that the weight loss won't be immediate, and may take several months. The payoff, he writes: "You will know what it feels like to fill up on a normal amount of food. You will eventually be able to stop obsessing about food. You'll be able to stop forcing yourself to eat less because you'll eat less automatically." For more information Dr. Aronne can be reached at (212) 583-1000. [Source: Weill Cornell News Lezlie]

HOMES for OUR TROOPS: A veteran who lost three limbs in Iraq will not get the keys to a new home, after a nonprofit group said the family concealed that they already own two homes. Sgt. David Battle and his wife, Lakeisa, were to move into a home outside Baltimore on 18 JUN that was built by hundreds of volunteers. But officials with Homes for Our Troops (HFOT) said the Battles withheld information about two homes they own in Georgia until the organization confronted them with the evidence. "We're shocked," said John Gonsalves, the founder of the Taunton, Mass.-based organization, which has helped build 40 houses for injured veterans in 30 states. "It's disappointing anyone would take advantage of a community's big heart this way." Battle's wife said they didn't know they needed to disclose ownership of the two Georgia homes they bought after arrangements for the Maryland home were complete. The couple bought homes in Fayetteville, Ga., after receiving a \$100,000 compensatory payment from the Army. The Patriot Guard Riders, a Georgia-based nonprofit, contributed the labor to make one of the Georgia homes wheelchair-accessible.

Gonsalves said a Google news alert brought that project to his attention, and when asked about it, Lakeisa Battle told him the home was owned by a cousin and that the upgrades were done to let David Battle visit. The answer satisfied him — until a Georgia television reporter called to tell him the Battles were to be feted at a ceremony in Fayetteville. While covering that event, the reporter learned of the Pasadena project, called Gonsalves and faxed him a copy of the deed to one of the homes. Representatives of the nonprofit said they interviewed the Battles extensively to determine their financial need. In their contract with Homes for Our Troops, the Battles agreed not to intentionally omit information that could be used to determine eligibility. David Battle lost his right arm and both legs when he stepped on a roadside land mine in Iraq. He spent months at Walter Reed Army Medical Center, where he had been undergoing intensive physical therapy. Gonsalves said his next step would be to find another disabled veteran to move in. The waiting list for housing is long and some have no homes at all, he said.

Homes for Our Troops is a non-profit, non-partisan, 501 (c)(3) organization founded in 2004. This organization is committed to helping those who have selflessly given to their country and have returned home with serious disabilities and injuries. They assist severely injured Servicemen and Women and their immediate families by raising donations of money, building materials and professional labor and then coordinating the process of building a new home or adapting an existing home for handicapped accessibility. The finished home is then given to the veteran. The American Institute of Philanthropy (AIP), one of the country's premier charity watchdog organizations, has included Homes for Our Troops in their "Top-Rated Veterans & Military Charities" listing. Only 5 of the 32 Veterans charities rated by AIP are included in the Top-Rated Category. Because of their stringent review process, the AIP is described as "the pit bull of watchdogs" by the New York Times. Newsweek said "It's the toughest of the bunch. Because it disregards certain, potentially suspect, expenses and donations, the AIP fails some nonprofits that the other raters approve." For more info on HFOT refer to www.homesforourtroops.org. [Source: ArmyTimes AP article 20 Jan 09 ++]

VA OEF/OIF HEALTH STUDY: The Department of Veterans Affairs (VA) has initiated a large, long-term study to look carefully at a broad array of health issues that may affect Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans and their counterparts who served during the same time period. VA's "National Health Study for a New Generation of U.S. Veterans" will begin with 30,000 Veterans deployed to OEF/OIF and 30,000 comparison Veterans who were not deployed. "This study will help us fulfill President Obama's pledge to 'stand with our Veterans as they face new challenges' by enabling us to understand the health problems of our newest generation of combat Veterans," Dr. Gerald M. Cross, VA's acting under secretary for health, said. "The study's findings will help us plan more effectively to provide the best care possible for these deserving Veterans."

The study will include Veterans who served in each branch of service, representing active duty, Reserve, and National Guard members. Women will be over-sampled to make sure they are represented and will comprise 20% of the study, or 12,000 women. A combination of mail surveys, online surveys, telephone interviews, and in-person physical evaluations will be used to collect data from the Veterans. The study will compare the deployed and non-deployed Veterans in terms of chronic medical conditions, traumatic brain injury (TBI), post traumatic stress disorder (PTSD) and other psychological conditions, general health perceptions, reproductive health, pregnancy outcomes, functional status, use of health care, behavioral risk factors (smoking, drinking, seatbelt use, speeding,

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motorcycle helmet use, and sexual behavior), and VA disability compensation. VA has contracted with an independent Veteran-owned research firm, HMS Technologies Inc., to collect the data. [Source: VA News Release 22 Jun 09 ++]

VETERAN CHARITIES Update 09: Since Sept. 11, 2001, charities have sprung up everywhere purporting to help veterans and military families. Many have evolved into reliable groups, joining others with a proven track record of helping military families with financial emergencies or other needs. If you know a charity's track record and want to donate, by all means — donate. But if a charity is unfamiliar to you, it's wise to do some checking first. The Federal Trade Commission and law enforcement officials in 49 states recently launched "Operation False Charity," a crackdown on allegedly fraudulent telemarketers who claimed to help police, firefighters and veterans. "All of us share a deep trust and respect for our law enforcement officers, firefighters and military service members," Missouri Attorney General Chris Koster said in the joint announcement. "The attorneys general across the country will not stand idly by while greedy telemarketers take advantage of that trust and respect." In the past year, BBB Wise Giving Alliance, an arm of the Better Business Bureau, has received 130,000 inquiries about charities purporting to support police, firefighters, veterans and service members, said Bennett Weiner, the alliance's chief operating officer.

The bulk of inquiries have been about veterans charities, Weiner said. "Usually it's the reverse — police and firefighter charities generate more inquiries." Here's one example of why you should check out a charity before donating. In a complaint filed in U.S. District Court in the Central District of California, the FTC claims that three nonprofit groups were formed mostly to line the pockets of the defendants and the fundraising companies they hired. The complaint states telemarketers are paid about 80% to 90% of the funds they raise. All three — American Veterans Relief Foundation Inc. (AVRF); Coalition of Police and Sheriffs Inc.; and Disabled Firefighters Fund — use the same address. AVRF did not return calls seeking comment. A number of groups use names that sound familiar or feature words such as "veterans" or "military families." But that alone does not mean the group is legitimate or that your donation would go to a veteran or military family. In addition to using the word "veterans" in its name, AVRF told donors it was raising money to support families through a program called "Operation Home Front," the FTC says. In fact, the FTC said, the group spent virtually no money helping military families and is not connected to the genuine nonprofit Operation Homefront Inc., a national organization with 30 chapters that does support families of troops and is praised by watchdog groups.

If you, as a service member, family member or veteran, suspect wrongdoing by a charity, you should contact your state attorney general's office, Weiner said. "Public complaints are probably one of the most important triggers for an investigation," he said. If you believe you haven't been treated fairly by a charity, you can file a online complaint with the BBB Wise Giving Alliance at www.bbb.org/us/charity or write BBB Wise Giving Alliance, 4200 Wilson Blvd., Suite 800, Arlington, VA 22203 . Be as specific as possible. The alliance forwards complaints to the charity for response, and they generally are responsive, he said. "But if there is a pattern, we can alert other people through our reports," he said. If you believe you've been wronged, Weiner said, "there are people to help address complaints, at no charge." For additional info refer to www.ftc.gov/opa/2009/05/charityfraud.shtm. [Source: NavyTimes Consumer Watch Karen Jowers article 29 Jun 09 ++]

OVERINDULGENCE: Bottom line with so much food available, it's too easy to overeat. We get fat when we ingest more calories than we expend. The excess is stored as body fat, our safety deposit box of energy that was originally designed to rescue us in emergencies. But today, with food so readily available, we regularly ingest too many calories, and our safety deposit boxes are huge and overflowing. Overeating occurs for a number of reasons. We might overeat as an emotional payoff or because we've lost control and feel helpless or out of habit. Automatic eating (eating when you're not hungry) is a huge problem in our society. Perhaps it's because your daily schedule dictates that you eat at certain times. Or, you snack unconsciously while watching TV. Either way, you are training your body to eat just because food is available. Perhaps the most common problem is not making prudent daily adjustments. We eat the same way all the time, more or less, even though the amount of energy we expend each day can vary tremendously. Compare three hours of intense yardwork with a long stint of watching the NCAA

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basketball tournament. The yardwork could expend hundreds of calories and hearty eating wouldn't hurt you, because what you ingest would be balanced by what you expend. But on the sedentary TV-watching day, eating the same way would lead to storing lots of excess calories as fat.

To offset the negative impacts of overindulgence consider a balanced approach. Special occasions and dining out are prime times for extra calories that can leave you feeling bloated, lethargic and even sleepy. To set yourself on the right course after overdoing it, eat less the next day. Options are:

- A partial fast — eating fruit and maybe some cereal. It's an effective weight management tool.
- Overeat by 1,000 calories one day and undereat by the same amount the next and you're even. You can supplement the calorie-cutting with exercise.
- Complete fasting, but some might find it too punishing or unnatural — the flip side of the lethargy of over-indulging. Not eating at all can make you edgy and preoccupied with being hungry.
- A built-in weekly fast — one day of fasting set aside each week as a buffer. A day of complete fasting will lower your daily average for the week quite a bit. A partial fast also would lower the daily average, but to a lesser degree.

[Source: NavyTimes Bryant Stamford article 29 Jun 09 ++]

USFSPA & DIVORCE Update 08: The Uniformed Services Former Spouses' Protection Act is one of the more controversial laws affecting pay and entitlements of military retirees. Before the 1980s, wives of officers were discouraged from working so that they could focus on supporting their spouses' careers. In response to an adverse Supreme Court decision to a former spouse, the USFSPA was enacted by congress in 1982. It allows states to divide military disposable retired pay as marital property. It also allows some former spouses to be awarded a share of disposable retired pay by direct payment from the Defense Finance and Accounting Service through a court order. USFSPA does not require or mandate such division; it simply allows state courts to do so. Unlike many military and Veterans Affairs Department entitlements that stop at remarriage, the USFSPA has no limit on remarriage and allows the state court order for divorce to control this topic. Anyone with more than 10 years in the military who is facing a divorce should consult with an attorney who knows USFSPA, because certain types of payments are exempt from the act. Military disability retirement pay and disability compensation benefits paid by VA generally are not applicable to USFSPA. It does not matter whether are not a former spouse remarries and/or will be better off financially than the veteran to be awarded a portion of military pension under the USFSPA law. [Source: NavyTimes Mathew B. Tully article 29 Jun 09 ++]

TRICARE USER FEE Update 39: A key lawmaker who has helped derail past Pentagon plans for big increases in Tricare fees for military retirees warns that the day is coming when enrollment costs, deductibles and co-payments will have to go up. Rep. Susan Davis (D-CA), who chairs the House Armed Services Committee's military personnel panel, said that after three consecutive years in which lawmakers inserted specific language in the annual defense authorization bill prohibiting Tricare fee increases, the House version of the 2010 bill does not have any such provision — because the Pentagon did not ask for such increases in its budget request. The Obama administration and Defense Secretary Robert Gates agreed to a one-year moratorium on their quest for substantial fee hikes in order to work with Congress on finding other ways to hold down health care costs. As the armed services committee met 16 JUN to consider H.R.2647, the 2010 defense policy bill, Davis said she and other lawmakers share the Pentagon's concerns that rising health care costs are squeezing money for other defense programs, but they don't want to make rash changes. "Any changes to the health care benefit require careful and deliberate consideration," she said. Davis also said discussion about options will not be limited to the Pentagon and Congress. She pledged to include military associations that represent troops and families in seeking a "fair and equitable solution" to controlling health care costs. The Senate Armed Services Committee will start writing its version of the defense bill in late June. That committee also has not supported fee hikes pushed by the Pentagon to make up for the fact that Tricare fees have not changed since the plan started in 1994. Senators tend to favor limiting Tricare fee hikes to the size of the modest cost-of-living adjustment made each Dec. 1 in military retired pay. [Source: NavyTimes article 29 Jun 09 ++]

IRS FBAR TAX AMNESTY: U.S. citizens and resident aliens with foreign financial holdings are obliged to file TD F 90-22.1, the Report of Foreign Bank and Financial Accounts. This Foreign Bank Account Report (FBAR) is due no later than 30 JUN 09 at the US Department of Treasury in Detroit. It can be downloaded at www.irs.gov/pub/irs-pdf/f90221.pdf. On 27 MAR 09, the Internal Revenue Service announced a six month amnesty for U.S. taxpayers to emerge from the obscurity of noncompliance by voluntarily reporting their worldwide income, gains, bank accounts, trusts and other entities. Americans are required to file annual tax returns reporting global income. Only approximately one-third do so. And of those who do only 20% file a TD F 90-22. Voluntary disclosure simply means reporting previously undisclosed income by filing an amended or delinquent tax return. IRS considers voluntary disclosure relevant where otherwise a noncompliant taxpayer could be referred to the US Department of Justice for possible criminal prosecution or at the least an examination of prior year tax returns. In addition to tax treaties with other nations for sharing tax information, IRS is relentlessly increasing its efforts to identify taxpayers who may have income earned and assets preserved in foreign financial accounts. IRS considers overseas compliance so important that it is even rewarding informants. It is expected that the Service will be granted increased powers later this year for enforcing international tax compliance.

To comply with US tax rules, taxpayers must substantiate all items of income; file or amend tax returns for up to the previous six years; pay all taxes, interest and penalties; file the FBAR report; and cooperate with IRS in the event their tax return is selected for audit. The US Treasury Department has in place the following Noncompliance civil penalties for failure to submit or falsifying a FBAR:

- Negligence: Up to \$500
- Non-Willful Violation: Up to \$10,000 for each violation.
- Pattern of Negligent Activity: In addition to \$10,000 penalty, \$50,000.
- Willful-Failure to File FBAR or Retain Records of Account: Up to the greater of \$100,000 or 50% of the financial account amount at the time of violation.
- Knowingly Filing False FBAR: Up to the greater of \$100,000 or 50% of the amount in the financial account at the time of violation.

The representative of American Citizens Abroad (ACA) in his comments on the IRS amnesty offer argues that IRS can impose significant penalties for both unpaid income taxes up to six years and for failure to file FBARs (hence financial suicide). Further, he believes that passport control may soon be linked to IRS targeting Americans from abroad. And he informs that the Treasury Department 'WILL' reward anyone who informs on an American with an unreported foreign account. He concluded his arguments by stating, "No other country has ever concocted such a lethal set of financial weapons targeted at its own citizens." For more info on ACA refer to www.aca.ch/joomla/index.php. [Source: The Tax Baron Report Jun 09 ++]

VA CATEGORY 8 CARE Update 12: The Department of Veterans Affairs (VA), which now has nearly 8 million Veterans enrolled in its health care system, is poised to welcome nearly 266,000 more Veterans into its medical centers and clinics across the country by expanding access to health care enrollment for certain Veterans who had been excluded due to their income. Dr. Gerald Cross, VA's Acting Under Secretary for Health, said, "This incremental approach to expanding enrollment ensures that access to VA health care for a greater number of beneficiaries does not sacrifice timely access or quality medical care for those Veterans already enrolled in VA's health care system. Over the next four years, we hope to provide enrollment to more than 500,000 Veterans." Under a new regulation effective 15 JUN, VA will enroll Veterans whose income exceeds current means-tested thresholds by up to 10%. These Veterans were excluded from VA health care enrollment when income limits were imposed in 2003 on Veterans with no service-connected disabilities or other special eligibility for care. There is no income limit for Veterans with compensable service-connected disabilities or for Veterans being seen for their service-connected disabilities.

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Veterans who have applied for VA health care but were rejected due to income at any point in 2009 will have their applications reconsidered under the new income threshold formula. Those who applied before 2009, but were rejected due to income, must reapply. VA will contact these Veterans through a direct-mail campaign, Veterans service organizations, and a national and regional marketing campaign. Information about enrollment and an income and assets calculator are available at www.va.gov/healtheligibility. The calculator provides a format in which Veterans enter their household income, number of dependents, and zip codes to see if they may qualify for VA health care enrollment. In addition to applying online, Veterans may also contact VA's Health Benefits Service Center at 1-877-222 VETS (1-877-222-8387). Each VA medical center across the country has an enrollment coordinator available to provide Veterans with enrollment and eligibility information. [Source: VA News Release 19 Jun 09 ++]

VA VET CONTAMINANT EXPOSURE Update 05: VA's Office of the Inspector General released a report 16 JUN detailing a pattern of failure to adhere to cleaning and sterilization procedures involving endoscopic equipment, despite an earlier campaign to rectify the problem. The report, entitled "Healthcare Inspection – Use and Reprocessing of Flexible Fiber-optic Endoscopes at VA Medical Facilities" was aired during a House Subcommittee on Oversight and Investigation hearing. It documented the results of recent, unannounced inspections at 42 Veterans Health Administration facilities nationwide. Fewer than half of Veterans Affairs centers given a surprise inspection last month had proper training and guidelines in place for common endoscopic procedures such as colonoscopies — even after the agency learned that mistakes may have exposed thousands of veterans to HIV and other diseases. The random inspections were conducted May 13-14 at 42 VA medical centers around the country. They found that just 43% of the centers have standard operating procedures in place and have properly trained their staffs for using endoscopic equipment.

American Legion National Commander David K. Rehbein expressed outrage over continuing instances of VA medical personnel exposing their patients to infectious diseases. He said, "The report is very disturbing. It demonstrates a pattern of failure among medical personnel within veterans health facilities to acquire simple knowledge and follow uncomplicated procedures, thus possibly exposing vulnerable veterans to serious health risks." House Subcommittee members have directed the IG to re-inspect VA health facilities in 90 days. Regarding this Rehbein said, "These three months should not be construed as a period of time to work on these deficiencies. Veterans are being treated at these facilities every single hour of every single day. No matter what the reasons for this laxness in patient safety may be — inadequate training, poor supervision or lack of accountability — the problems must be rectified immediately. Traditionally, the VA's health-care system has been lauded as the best in the world, and I believe it still is. It is imperative that this issue not be allowed to compromise that standard."

The IG report is the result of a nationwide review requested by U.S. Rep. Steve Buyer (R-IN), after he learned in March that more than 3,000 veterans at the VA medical center in Miami had been potentially exposed to HIV as well as Hepatitis B and C during endoscopic procedures. Even before the Miami revelation, inspections had revealed faulty reprocessing of endoscopic equipment at VA medical centers in Murfreesboro, Tenn., and Augusta, Ga. Among the Florida, Tennessee and Georgia facilities, approximately 10,000 patients were exposed to the inadequately prepared medical implements, according to reports. Last February, VA instituted an education program to launch "stronger procedures and better accountability at VA health-care facilities." "Apparently, the so-called stronger procedures and better accountability were not strong and better enough," Rehbein said. [Source: The American Legion Online Update 18 Jun 09 ++]

VA VISION CARE Update 02: The Veterans Health Administration is the first national healthcare system to completely and seamlessly integrate rehabilitation services for patients with visual impairments into its health benefits. They estimate there are approximately 157,000 veterans in the United States who are legally blind, and more than one million veterans who have low vision that impairs their ability to perform necessary daily activities. Those figures are expected to increase in the years ahead as more veterans from the Korean and Vietnam eras develop age-related vision loss. VA has expanded its Blind Rehabilitation Service to provide a continuum of care that extends from the veteran's home to the local VA care site to regionally-based inpatient and outpatient

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training programs. It has added 55 vision and blind rehabilitation outpatient clinics to complement its existing 10 comprehensive inpatient blind rehabilitation centers. They also employ 75 Blind Rehabilitation Outpatient Specialists who serve veterans in their homes and communities, and more than 160 medical center-based Visual Impairment Services Teams headed by case management coordinators. This expansion enhances their capacity to serve veterans returning from service in Iraq and Afghanistan with wounds and trauma that result in blindness and visual impairment. [Source: VA Press Release 17 Jun 09 ++]

VA CLAIMS BACKLOG Update 27: The Veterans Affairs Department appears poised to hit a milestone it would rather avoid: 1 million claims to process. The milestone approaches as the agency scrambles to hire and train new claims processors, which can take two years. VA officials are working with the Pentagon under orders from President Barack Obama to create by 2012 a system that will allow the two agencies to electronically exchange records, a process now done manually on paper. Meanwhile, veterans, some of whom were severely wounded in Iraq and Afghanistan, continue to endure financial hardship while their claims are processed. They wait more than four months on average for a claim to be processed, and appealing a claim takes a year and a half on average. Adding to the backlog are factors ranging from the complexity of processing mental health-related claims of Iraq veterans, to a change that made it easier for Vietnam veterans exposed to the Agent Orange herbicide to qualify for disability payments. The VA says it's receiving about 13% more claims today than it did a year ago. The VA's Web site shows the department has more than 722,000 claims and more than 172,000 appeals it currently is processing, for a total of about 900,000. That is up from about 800,000 total claims in January, according to the site.

Since early 2007, the VA has hired 4,200 claims processors and with that has seen improvements in the number of claims it's processing. It's also working to modernize its system. Last year, Congress passed legislation that sought to update the disability rating process. A hearing 12 JUN by a House Veterans Affairs subcommittee will look into whether the law's changes are being implemented and whether the VA will be able to handle a million claims. Veterans advocates acknowledge there have been improvements in the claims process, but say it still is too cumbersome. They say some injured veterans from the recent wars are paying bills with credit cards, pending their first disability payments, at a time when it is challenging enough to recover from or adapt to their injuries. "They keep talking about a seamless transition, but I can tell you I haven't seen it being very seamless," said John Roberts of Houston, who is national service director for the nonprofit Wounded Warrior Project. Ryan Gallucci, spokesman for the veterans group AMVETS, said his organization supports a law change that would make it less burdensome for a veteran to prove that an injury was from his time in war service. He said that may help with the claims process. Rep. John Hall (D-NY), who was chairing the hearing, said he's confident the claims process eventually will be improved. "Veterans who are currently waiting, it can't come soon enough to them," Hall said. [Source: Google News AP Kimberly Hefling article 17 Jun 09 ++]

HASC Update 04: The House Armed Services Committee blocked Republican efforts to provide big boosts in retiree and survivor benefits because there was no way of covering the costs over the next 10 years. Rep. Ike Skelton (D-MO) the committee chairman, said there might be a partial solution that covers some expanded benefits by the time the full House takes up the 2010 defense authorization bill in a few weeks, but "it is not for sure." Blocked were some long-time top initiatives for military and veterans groups, including a more generous military retirement benefit for National Guard and reserve benefits and elimination of the so-called "widow's tax" for survivors and "disability tax" for veterans retired from the military on disability with less than 20 years of service Skelton said the widow's tax and disability tax initiatives could cost \$36 billion over the next decade. No specific estimate was provided for the reserve retired pay proposal. Rep. Joe Wilson (R-SC), who proposed the amendments, tried to tap into a reserve fund created by the 2010 federal budget plan so specifically cover the two benefits. Skelton and Rep. John Spratt (D-SC), the House Budget Committee chairman, said the reserve fund has no money. The reserve fund was supposed to be fueled by cuts in federal entitlements, most likely from getting other congressional committees to cut benefits.

"In our committee, we do not play games," Skelton said. "We do not accept legislation that we cannot pay for ourselves, and we don't try and gain political points by raising the hopes of the men and women who sacrificed so

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much for our country.” Skelton accused Wilson and other supporters of the amendment of playing politics with benefits. “The authors of this amendment know these rules and choose to ignore them, hoping no one would notice their lack of sincerity at truly solving the problem.” Supporters of the benefits increases said they weren’t playing games but trying to deliver on old promises that year-after-year get rejected for exactly the same reason, strict budgeting rules make it impossible to fund. “We have to find the money to do this. We find billions for other things. We have to find it,” said Rep. Roscoe Bartlett, R-Md. Skelton said he agreed. “If you have a way to pay for it, tell us.” Skelton’s staff said because of budgeting rules, the only way the committee could cover the cost of Wilson’s amendment would be to ravage other military entitlements, like retired pay, health care benefits for older retirees and Montgomery GI Bill benefits for reservists. Rep. Howard “Buck” McKeon, ranking Republican on the armed services committee, said he thinks Republicans could find the money if they were in charge, saying billions spend on economic stimulus and economic bailouts included some projects he considered less important than retiree benefits. “We have not been sleeping on this issue,” Skelton said. “It has been very, very difficult for us.” Rep. Joe Wilson’s rejected amendment to the 2010 National Defense Authorization Act (NDAA) would have:

- (1.) Made improvements to concurrent receipt (CRDP) by providing a 5 year phase in for CRDP payments to include service members who were medically retired with less than 20 years of service (Chapter 61 retirees);
- (2.) Eliminated the SBP/DIC offset; and
- (3.) Eliminated the requirement for retired Reservists with 20 or more years of service, to reach age 60 in order to be eligible for TRICARE Standard.

Veterans are urged to send a message to their Representative urging his/her sponsorship and support of a similar amendment at the next step of the 2010 NDAA as it progresses through the House. By utilizing the preformatted message at [http://capwiz.com/usdr/issues/alert/?alertid=13572066&queueid=\[capwiz.queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=13572066&queueid=[capwiz.queue_id]) or editing it to your personal preference you can let your representatives know how you feel on this issue. [Source: NavyTimes Rick Maze article 17 Jun 09 & USDR Action Alert ++]

VET TOXIC EXPOSURE LEGISLATION Update 01: The "Military Personnel War Zone Toxic Exposure Prevention Act" H.R.2419 introduced by Rep. Timothy Bishop (D-NY-01) would require the Secretary of Defense to establish and administer a system to identify members of the Armed Forces who were potentially exposed to a hazardous disposal site, such as Iraq and Afghanistan, as well as any negative health effects that may be related to such exposure. The bill prohibits the disposal of waste by the Armed Forces in a manner that would produce dangerous levels of toxins. For the past century, in nearly every war that America has asked her sons and daughters to fight, there have been dangers on the battlefield that went beyond injuries resulting from direct combat, that have left their disabling mark on hundreds of thousands of veterans. Whether from the mustard gas fields of World War I, to frostbite and radiological diseases in World War II and Korea, or to the relentless spraying of dioxin containing herbicides in Vietnam; the conflicts in Iraq and Afghanistan appear to be shaping up no differently. However, in each previous conflict, the Government took decades before recognizing such dangers. In short, HR 2419 would require the Secretary to:

- (1) Administer the system using existing medical surveillance systems;
- (2) Notify a member and the commanding officer of a potential exposure;
- (3) For each member notified, collect information for purposes of the system;
- (4) For each member notified, annually provide a complete physical examination and related consultation and counseling; and
- (5) Determine, and report to Congress on, whether existing surveillance systems are sufficient to identify all potential negative health effects resulting from such exposure.

If passed, this legislation would ensure the government lives up to its responsibility of finding those exposed, investigating current and future illness in those exposed, and preventing further illness by putting an end to these careless and irresponsible procedures. This bill should be included in the 2010 National Defenses Authorization Act. Veterans have a chance to stop the government's cycle of disregard. You can participate in passage of this bill by going to USDR's action link [http://capwiz.com/usdr/issues/alert/?alertid=13556591&queueid=\[capwiz.queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=13556591&queueid=[capwiz.queue_id])

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and urging your representative's support and co-sponsorship of H.R.2419. By entering your contact data on the site you can forward him/her a preformatted email on the issue or print a letter for mailing to his/her office. [Source: USDR Action Alert 15 Jun ++]

CELLPHONE DISCOUNTS: Military veterans and active-duty personnel are eligible for significant discounts on cellphone plans - if they know to ask. There are over 23 million veterans in the U.S. of which many are unaware of the potential savings on their monthly cellphone bills. Monthly military discounts range from 15% on Verizon Wireless plans to 10% off - and no activation fee - on T-Mobile agreements. Alltel, Sprint and AT&T offer similar discounts. While not everyone knows about the discounts, those who do say that getting the companies to register them for the cheaper plans is no easy task. Phoenix Arizona resident Janis Johnson said she called her cellphone company to register her husband, an Air Force veteran. At first, a customer service representative said no veteran discount existed. "Then she said we should get the 15 percent discount, but we were supposed to go to the Web site," she said. Johnson eventually gave up when she could find no place online to register.

Kenneth James Madetzke, 60, of Phoenix, had better luck. The Vietnam War veteran was able to sign up for AT&T's discounted plan and saves about \$8 a month. "It makes me feel good to have the money savings and be recognized as a veteran," Madetzke said. "The disappointment was that there was no advertisement. I had to pull it out of them." While waiting for doctor's appointments at the VA hospital, Madetzke often tells fellow veterans about the discount. Most, he said, know nothing about the deals. Bill Messer, president of Vietnam Veterans of America's Arizona State Council, said he used Verizon and hadn't heard of the discount. Verizon spokeswoman Jenny Weaver said the firm makes an effort to inform veterans of the savings, with in-store posters and military-magazine ads. "There aren't any posters up in the Phoenix metro area right now, because of some of the other promotions we have going on," Weaver said. Most services require a military identification card, veteran identification card or military discharge papers as proof of veteran status. Some companies require online registration to get the discount. Many companies, including Verizon, also offer discounted plans for customers 65 and older. [Source: The Arizona Republic Parker Leavitt article 13 Jun 09 ++]

SOCIAL SECURITY JOB OPENINGS: The Social Security Administration has recently received funding to hire a significant number of employees throughout the country. This hiring initiative offers a unique opportunity for individuals with disabilities who may want to get a job with SSA. These jobs will be at various skill levels including a number of entry-level positions. SSA is recruiting employees to work in field offices and teleservice centers where they will assist the public by phone and in person with a wide variety of program related activities such as filing claims, applying for a new or replacement Social Security cards and other types of inquiries. SSA also is recruiting employees to work in claims processing centers and to work in hearings offices in legal and paralegal positions. The jobs are located all across the United States; for example, some are in the local SSA field offices or SSA hearings offices, some in the 37 teleservice centers nationwide, some in SSA's program service centers and some at SSA headquarters in the Baltimore area.

SSA will use a variety of avenues to recruit and hire people with disabilities. In particular, the Agency is reaching out to Ticket to Work ticket holders who are trying to return to work, veterans with disabilities through programs such as the Wounded Warrior transitional program, and students with disabilities. The Ticket to Work (TTW) is a voluntary employment program designed for people who receive Social Security disability benefits and want to work. It offers them expanded opportunities to obtain services and support to work and achieve their employment goals. The program was created by the Ticket to Work and Work Incentives Improvement Act of 1999 - legislation intended to remove many barriers, such as losing health care coverage, which influence people's decisions about trying to work. The goal of the program is to increase self-sufficiency for beneficiaries with disabilities and increase their opportunities and choices through employment, vocational rehabilitation, and other support services. The basic eligibility requirements to participate in the TTW program are current beneficiaries of Social Security Disability Insurance (SSDI) and of Supplemental Security Income (SSI) age 18 through 64;

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If you are a veteran with a disability and are interested in applying for employment under special hiring programs, contact Social Security's regional personnel office in your area. To find a list of Social Security personnel offices, go to <http://www.socialsecurity.gov/careers> and click on the "Opportunities for Veterans" link. Disabled veterans may qualify for a non-competitive appointment under the Veterans' Recruitment Appointment authority. If a veteran has a disability rating of 30% or more, he or she may also be eligible for appointment under the 30 Percent Disabled Veterans appointment authority. If a disabled veteran competes for an appointment through the regular application process just as most non-disabled applicants must do, they may receive preference in the hiring process by submitting the service records and disability documentation outlined in the vacancy announcement. Refer to the Veterans hiring Authority fact sheet www.cessi.net/ttw/SSAHires/veterans.html for additional info.

Many individuals with disabilities will qualify for consideration under a special placement authority called "Schedule A." If you are interested in being considered non-competitively under the Schedule A hiring authority, send your resume, proof of disability, and certification of job readiness along with a statement of your geographic area of job interest to the Selective Placement Coordinator (SPC) in your area. To find out more about Schedule A including a list of Social Security's SPCs refer to <http://www.socialsecurity.gov/careers/> and click on the "Opportunities with Disabilities" link and then click on the "Selective Placement Program" link. Different SSA positions have varying qualifications. Refer to the SSA Positions and Qualifications fact sheet http://www.cessi.net/ttw/SSAHires/docs/SSA_Job_Descriptions_and_Qualifications.doc for additional information. Jobs that are filled competitively are advertised through USAJOBS at www.usajobs.opm.gov. Each job advertisement contains instructions on how to apply. [Source: DisabilityInfo.gov Update 15 Jun -09 ++]

HYDRATION: Our bodies need water more than food, sleep or even exercise to stay active. Water is the major part of our saliva, stool, and urine and cushions and lubricates brain and joint tissue, and helps regulate body temperature. It transports nutrients and carries waste away from body cells, and it helps regulate body temperature by distributing heat and cooling the body through perspiration (blood is 83 % water, muscles are 76% water and even 22% of bones is water!). Breathing, urinating, defecating, perspiring and sneezing all cause water loss, water that needs to be replaced on a daily basis. For older adults, especially, the need to be aware of water intake is important. As we grow older, we often drink less than our bodies need. Under average circumstances the body loses and needs to replace approximately two to three quarts of water daily, and experts recommend that when we are sick this be increased to one gallon, Particularly when we have fever, our need for fluids increases. All the secretions our bodies produces (from the eyes, nose, throat, and lungs) become thicker when we are sick, and increasing our fluid intake is the easiest and safest way to thin those secretions and get them out of the system. Also, our kidneys and liver need extra water to process medicines. So when you are out enjoying the warm weather this summer, it is important to remember to stay hydrated! Some tips to make sure you are getting your prescribed daily intake are:

- Don't exclusively rely on thirst. As we age, our bodies lose the ability to detect thirst. Also, certain medications can cause dehydration.
- Eat more fruits and vegetables. Most fruits have 80 to 90% water content. They are a great alternative, and supplement, to drinking plain water. For a listing fruits and their water content along with fiber, fat, protein, sugar, and vitamins refer to www.thefruitpages.com/contents.shtml.
- Use the color of your urine as a guide. If the color is light yellow or clear, you're drinking enough fluids. If it is dark yellow, you need to drink more.
- Have a beverage that you enjoy with every meal and snack. A glass of water or a cup of juice can really help. Even caffeinated drinks-while they should not be your primary source of hydration-can contribute to you daily water needs.
- Have a glass of water or juice on arising in the morning, since you've had no fluids for many hours.
- Drink constantly throughout the day rather than several 'big gulps' at once—this meets your body's needs better and may prevent the problem of frequent urination.
- If you have problems with constipation, it could be because you don't drink enough water—our bodies need water to balance the fiber intake that comes from fruits, vegetables, and grains.
- Fluids are more easily absorbed from the body when they are somewhat cooler, about 40-60 degrees. Keep a 1 or 2 quart bottle of water in your refrigerator and make sure you need drink and refill it daily.

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- When you pass a drinking fountain, stop for a refreshing drink.
- Carry a water bottle with you and drink regularly between meals.

[Source: Medicare Rights Center Health tip a5 Jun 09 ++]

CAMP LEJEUNE TOXIC EXPOSURE Update 06: According to a government report released 13 JUN contaminated drinking water at Camp Lejeune can't definitively be linked to health problems among people who lived at the Marine base over three decades. Former residents of the base in eastern North Carolina don't have diseases different from the general population and the industrial solvents that tainted well water there between the 1950s and 1985 were at concentrations that don't cause obvious harm to human health, according to the report ordered by Congress and released by the National Research Council. But the 341-page report, which reviews past studies of the base's water and health issues there, said there are severe challenges in trying to connect the contaminants to any birth defects, cancer and many other ailments suffered by people who lived and worked on base. It "cannot be determined reliably whether diseases and disorders experienced by former residents and workers at Camp Lejeune are associated with their exposure to contaminants in the water supply," the report states. David Savitz, chairman of the committee that wrote the report, said in a statement, "Even with scientific advances, the complex nature of the Camp Lejeune contamination and the limited data on the concentrations in water supplies allow for only crude estimates of exposure."

The study says the Marines and Navy shouldn't wait for more scientific studies before deciding how to deal with health problems reported by former base residents. And it calls into question the value of further studies. "It would be extremely difficult to conduct direct epidemiologic studies of sufficient quality and scope to make a substantial contribution to resolving the health concerns of former Camp Lejeune residents. Conduct of research that is deficient in those respects not only would waste resources but has the potential to do harm by generating misleading results that erroneously implicate or exonerate the exposures of concern," it states. A Marine Corps spokesman, 1st Lt. Brian Block, said the service would study the report before making a statement. "After a thorough review of the report, we will determine what the next appropriate steps are," he said. Jerry Ensminger, a longtime critic of the military's handling of the issue, said he wanted to question the study panel, which he said didn't have all the information it needed about contaminants. "This is a whitewash of the facts," said Ensminger, a retired Marine whose daughter was conceived on Camp Lejeune and died of childhood leukemia in 1985 at age 9.

Water was contaminated by dry cleaning solvents and other sources at the base's major family housing areas — Tarawa Terrace and Hadnot Point, the report said. Health officials believe as many as 1 million people may have been exposed to the toxins trichloroethylene (TCE) or perchloroethylene (PCE) before the wells were closed 22 years ago. But the sizeable number of people in those housing areas did not suffer more than "common diseases or disorders," said the study by the working arm of the National Academy of Sciences. "The lowest doses at which adverse health effects have been seen in animal or clinical studies are many times higher than the worst-case (highest) assumed exposures at Camp Lejeune. However, that does not rule out the possibility that other, more subtle health effects that have not been well studied could occur, although it somewhat diminishes their likelihood," it states. North Carolina's senators have said they will seek details about the contamination from the military. Sen. Kay Hagan (D-NC) said last month she and Sen. Richard Burr (R-NC) were asking the Navy for details about gaps in information. Federal health officials withdrew a 1997 assessment of health effects from the contamination at Camp Lejeune because of omissions and scientific inaccuracy. The assessment said the chemicals posed little or no cancer risk to adults who were exposed to the past water contamination at Camp Lejeune. [Source: AP article 14 Jun 09 ++]

ARMY RETIREE COUNCIL Update 02: In its report to the Chief of Staff, Army (CSA) Retiree Council, the Council warned that recruiting and retention would be impacted if health care policy was determined by budgetary constraints alone, without considering the sacrifices asked of the current force. The Council Co-Chairmen will meet with the CSA in OCT 09 to update him on the progress being made on the Council's following 2009 recommendations and to offer their further support:

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General:

- Sustain the military health care system with full resourcing and emphasis on direct care.
- If TRICARE fees must be increased, limit any increase in those fees to the annual rate of growth in retired pay, with special consideration to not overburdening retired NCOs E-7 and below.
- Raise the TRICARE provider reimbursement levels to create the physician network needed to make care accessible for all beneficiaries.
- Support legislation to authorize pre-tax payment of TRICARE enrollment fees and premiums for TRICARE supplemental, long-term care, and TRICARE Retiree Dental insurance.
- Eliminate copayments for generic and chronic care drugs to encourage use of the TRICARE Mail Order Pharmacy.
- Continue to support DoD and VA collaboration to improve the compatibility of the two health care systems, preserving and improving benefits and ensuring seamless transition, especially for Wounded Warriors.

Retirement Services Program:

- Raise the level of funding for Pre-Transition and Post-Transition Services for all installations/garrisons worldwide.
- Establish RSO positions in accordance with the Installation Management Command (IMCOM)'s Approved Organization and fill those positions at the targeted salary rate by the end of fiscal year 2009.
- Establish RSOs at major Reserve and National Guard commands to ensure that all retiring and retired Guard and Reserve Soldiers, their Families and survivors are informed on retirement-related benefits and entitlements.

Retirees overseas:

- Support a test program in which retired members of all services who are supported by APOs in Germany would be allowed to send and receive parcels weighing up to five pounds, for the purpose of quantifying impact.
- Urge the Director of the Defense Finance and Accounting Service to establish a toll-free line for countries such as Germany and Korea with sufficient beneficiary population.

Surviving spouses:

- Eliminate the Dependency and Indemnity Compensation offset to the Survivor Benefit Plan (SBP) annuity.
- Authorize space-available air travel for surviving spouses.
- Issue eligible surviving spouses an indefinite ID card at age 65.

Retired pay:

- Recognize the extraordinary service of Army Reserve and National Guard Soldiers by including mobilization periods in support of contingency operations beginning on or after Sept. 11, 2001, when determining eligibility date for retired pay (instead of the current effective date of Jan. 28, 2008) and by providing medical benefits concurrently with retired pay.
- Provide full concurrent receipt of military retired pay and VA disability compensation for all eligible military retirees.
- Support the amendment of Title 10, U.S. Code, to forgive any overpayment of retired pay for any period after the date of death of the retiree through the last day of the month in which death occurs.

[Source: Army Echoes May-Aug 09 ++]

RSO LOCATIONS by STATE: Army Retirement Services Officers are available to answer questions and assist retirees, dependents, and survivors from all service branches as needed. To contact the RSO for your state refer to the following:

- **Alabama:**
 - Redstone Arsenal (256) 876-2022 cynthia.anderson1@redstone.army.mil

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- Ft Rucker (334) 255-9124 ruck.retirees@conus.army.mil
- **Alaska**
 - Ft Richardson 1-800-478-7384 (AK only) (907) 384-3500 rso@richardson.army.mil
 - Ft Wainwright (907) 353-2102 fwarso@wainwright.army.mil
- **Arizona** - Ft Huachuca (520) 533-5733 HuacRSO@conus.army.mil
- **Arkansas** - Ft Sill, OK
- **California** - Ft McCoy, WI
- **Colorado** - Ft Carson (719) 526-2840 retirement-services @carson.army.mil
- **Connecticut** - West Point, NY
- **Delaware** - Ft Meade, MD
- **D.C.** - Ft Myer, VA
- **Florida**
 - Central & West MacDill AFB (813) 828-0163 army.rso@macdill.af.mil
 - Rest of FL - Ft Stewart, GA
- **Georgia**
 - Ft Benning (706) 545-1805 benn.g.lhrd.rso@benning.army.mil
 - Ft Gordon (706) 791-2654 angela.gaston@us.army.mil
 - Ft McPherson (404) 464-3219 rso.mcpherson-a@conus.army.mil
 - Ft Stewart (912) 767-5013 rso@stewart.army.mil
- **Hawaii** - Schofield Barracks (808) 655-1514 rso@schofield.army.mil
- **Idaho** - Ft Carson, CO, or Ft Lewis, WA
- **Illinois** - Ft Leonard Wood, MO; Ft McCoy, WI; Ft Knox, KY
- **Indiana** - Ft Knox, KY
- **Iowa** - Ft McCoy, WI
- **Kansas**
 - Ft Leavenworth (913) 684-2425 Leav-RSO@conus.army.mil
 - Ft Riley (785) 239-3320 rso@riley.army.mil
- **Kentucky**
 - Ft Campbell (270) 798-5280 camp.retire@conus.army.mil
 - Ft Knox (502) 624-1765 knox.rso@conus.army.mil
- **Louisiana** - Ft Polk (337) 531-0363 polk_rso@conus.army.mil
- **Maine** - Ft Drum, NY
- **Maryland**
 - Aberdeen Pr. Grd. (410) 306-2320 imnearnpghr@apg.army.mil
 - Ft Meade (301) 677-9603 mderso@conus.army.mil
- **Massachusetts** - West Point, NY
- **Michigan**
 - Ft McCoy, WI
 - Lower MI Selfridge ANGB (586) 307-5580 (or Ft McCoy)
- **Minnesota** - Ft McCoy, WI
- **Mississippi** - Ft Rucker, AL
- **Missouri** - Ft Leonard Wood (573) 596-0947 leon.agretsvcs@conus.army.mil
- **Montana** - Ft Lewis, WA
- **Nebraska** - Ft Riley, KS
- **Nevada** - Ft McCoy, WI
- **New Hampshire** - Ft Drum, NY
- **New Jersey**
 - Ft Dix (609) 562-2666 rso@dix.army.mil
 - Ft Monmouth (732) 532-4673 jacqueline.moura@us.army.mil
- **New Mexico** - Ft Bliss, TX
- **New York**

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- Ft Drum (315) 772-6434 drum.rso@conus.army.mil
- Ft Hamilton (718) 630-4552 keith.harry@us.army.mil
- Watervliet Wed & Thurs only (518) 266-5810 wvarso@gmail.com
- West Point (845) 938-4217 rso@usma.army.mil
- **No. Carolina** - Ft Bragg (910) 396-5304 braggrso@conus.army.mil
- **No. Dakota** - Ft Riley, KS
- **Ohio** - Ft Knox, KY
- **Oklahoma** - Ft Sill (580) 442-2645 rso.sill@conus.army.mil
- **Oregon** - Ft Lewis, WA
- **Pennsylvania**
 - Carlisle Barracks (717) 245-4501 carl_rso@conus.army.mil
 - Tobyhanna Army Depot Tues/Wed/Thurs only (570) 895-7409 danielle.dematteo@us.army.mil
- **Rhode Island** - West Point, NY
- **So. Carolina** - Ft Jackson (803) 751-6715 FJrso@conus.army.mil
- **So. Dakota** - Ft Riley, KS
- **Tennessee** - Ft Campbell, KY
- **Texas**
 - Ft Bliss (915) 568-5204 BlissRSO@conus.army.mil
 - Ft Hood (254) 287-5210 hood.dhr.iag.retsvcs@conus.army.mil
 - Ft Sam Houston (210) 221-9004 rso@samhouston.army.mil
- **Utah** - Ft Carson, CO
- **Vermont** - Ft Drum, NY
- **Virginia**
 - Ft Belvoir (703) 805-2675 rso@belvoir.army.mil
 - Ft Eustis (757) 878-3648 eustis.rso@conus.army.mil
 - Ft Lee (804) 734-6555 leeemarso@conus.army.mil
 - Ft Monroe (757) 788-2093 monr_fmretsvcoff@conus.army.mil
 - Ft Myer (703) 696-5948 fmme-rso@conus.army.mil
- **Washington** - Ft Lewis (253) 966-5884 Lewis700PMCretirements@conus.army.mil
- **West Virginia** - Ft Knox, KY
- **Wisconsin** - Ft McCoy 1-800-452-0923 bill.g.walters@us.army.mil
- **Wyoming** - Ft Carson, CO
- **Puerto Rico** - Ft Buchanan (787) 707-3842 santiago.santiago@conus.army.mil
- **Guard & Reserve** - Human Resources Command, St. Louis, MO 1-800-318-5298 ext 4 or (314) 592-0123 or sheila.dorsey@us.army.mil or stephen.welch@us.army.mil

[Source: Army Echoes May-Aug 09 ++]

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FLAG LAWS & REGULATIONS: The laws relating to the flag of the United States of America are found in detail in the United States Code. Title 4, Chapter 1 pertains to the flag and seal, seat of Government and the States; Title 18, Chapter 33 pertains to crimes and criminal procedures; Title 36, Chapter 10 pertains to patriotic customs and observances. These laws were supplemented by Executive Orders and Presidential Proclamations. For additional info on flag issues refer to www.pueblo.gsa.gov/cic_text/misc/ourflag/titlepage.htm. Title 36 Chapter 10 contains the following:

§171. National anthem; Star-Spangled Banner, conduct during playing: During rendition of the national anthem when the flag is displayed, all present except those in uniform should stand at attention facing the flag with the right hand over the heart. Men not in uniform should remove their headdress with their right hand and hold it at the left shoulder, the hand being over the heart. Persons in uniform should render the military salute at the first note of the anthem and retain this position until the last note. When the flag is not displayed, those present should face toward the music and act in the same manner they would if the flag were displayed there. see *Note (1)*

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§172. Pledge of Allegiance to the flag; manner of delivery: The Pledge of Allegiance to the Flag, "I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.", should be rendered by standing at attention facing the flag with the right hand over the heart. When not in uniform men should remove their headdress with their right hand and hold it at the left shoulder, the hand being over the heart. Persons in uniform should remain silent, face the flag, and render the military salute. see *Note (2)*

§173. Display and Use of flag by civilians; codification of rules and customs; definition: The following codification of existing rules and customs pertaining to the display and use of the flag of the United States of America is established for the use of such civilians or civilian groups or organizations as may not be required to conform with regulations promulgated by one or more executive departments of the Government of the United States. The flag of the United States for the purpose of this chapter shall be defined according to Title 4, United States Code, chapter 1, section 1 and section 2 and Executive Order 10834 issued pursuant thereto.

§174. Time and occasions for display:

- (a) It is the universal custom to display the flag only from sunrise to sunset on buildings and on stationary flagstaves in the open. However, when a patriotic effect is desired, the flag may be displayed twenty-four hours a day if properly illuminated during the hours of darkness.
- (b) The flag should be hoisted briskly and lowered ceremoniously.
- (c) The flag should not be displayed on days when the weather is inclement, except when an all weather flag is displayed.
- (d) The flag should be displayed on all days, especially on New Year's Day, January 1; Inauguration Day, January 20; Lincoln's Birthday, February 12; Washington's Birthday, third Monday in February; Easter Sunday (variable), Mother's Day, second Sunday in May; Armed Forces Day, third Saturday in May; Memorial Day (half-staff until noon), the last Monday in May; Flag Day, June 14; Independence Day, July 4; Labor Day, first Monday in September; Constitution Day, September 17; Columbus Day, second Monday in October; Navy Day, October 27; Veterans Day, November 11; Thanksgiving Day, fourth Thursday in November; Christmas Day, December 25; and such other days as may be proclaimed by the President of the United States; the birthdays of States (date of admission); and on State holidays.
- (e) The flag should be displayed daily on or near the main administration building of every public institution.
- (f) The flag should be displayed in or near every polling place on election days.
- (g) The flag should be displayed during school days in or near every schoolhouse.

Note (1): The 2009 NDAA clarified actions to be taken during the playing of the National Anthem. It authorizes individuals in uniform to give the military salute at the first note of the anthem and maintain that position until the last note. Members of the Armed Forces and veterans who are present but not in uniform may render the military salute in the manner provided for individuals in uniform; and all other persons present should face the flag and stand at attention with their right hand over the heart, and men not in uniform, if applicable, should remove their headdress with their right hand and hold it at the left shoulder, the hand being over the heart.

Note (2): On 29 JAN 08, President Bush signed a law amending federal code to allow a veteran to salute the U.S. flag while not in uniform in certain, but not all, situations. The amended federal code addresses actions for a viewer of the U.S. flag during its hoisting, lowering or passing. In these instances, the law allows a veteran in civilian attire to salute the flag. All other persons present should face the flag, or if applicable, remove their headdress with their right hand and hold it at the left shoulder, the hand being over the heart. Citizens of other countries present should stand at attention. All such conduct toward the flag in a moving column should be rendered at the moment the flag passes. However, another section of federal code that specifically relates to actions of those reciting the Pledge of Allegiance was not amended. In this case, a veteran in civilian attire is not specifically authorized to render a hand salute during the Pledge. In any case, a veteran in civilian clothes is authorized to place their right hand over their heart as has been tradition.

Note (3): The Pledge of Allegiance received official recognition by Congress in an Act approved on 22 JUN 42. However, the pledge was first published in 1892 in the Youth's Companion magazine in Boston, Massachusetts to celebrate the 400th anniversary of the discovery of America, and was first used in public schools to celebrate Columbus Day on October 12, 1892. In its original version, the pledge read "my flag" instead of "the flag of the

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United States." the change in the wording was adopted by the National Flag Conference in 1923. The rationale for the change was that it prevented ambiguity among foreign-born children and adults who might have the flag of their native land in mind when reciting the pledge. The phrase "under God" was added to the pledge by a Congressional act approved on 14 JUN 54. At that time, President Eisenhower said: "in this way we are reaffirming the transcendence of religious faith in America's heritage and future; in this way we shall constantly strengthen those spiritual weapons which forever will be our country's most powerful resource in peace and war."
[Source: United States Code Title 36 Chap 10 Jun 09 ++]

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TAX BURDEN for CONNECTICUT 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: 6% (food, prescription & non-prescription drugs exempt).

Fuel & Cigarette Tax:

- Gasoline Tax: 47.2 cents/gallon
- Diesel Fuel Tax: 43.4 cents/gallon
- Cigarette Tax: \$2.00/pack of 20.

Personal Income Taxes:

- Tax Rate Range: Low - 3.0%; High - 5.0%
- Income Brackets: Lowest - First \$10,000; Highest - Over \$10,000; For joint returns, the taxes are twice the tax imposed on half the income; To estimate your tax refer to www.dir.ct.gov/drs/Taxcalsched/TCS2008.htm)
- Personal Exemptions: ** (2008) Single - \$13,000; Married - \$26,000; Dependents - \$0. An additional tax credit is allowed ranging from 75% to 0% based on state adjusted gross income. Exemption amounts are phased out for higher income taxpayers until they are eliminated for household earning over \$52,000. Refer to www.ct.gov/drs/cwp/view.asp?A=1510&Q=430322 for details.
- Standard Deduction: None
- Medical/Dental Deduction: None
- Federal Income Tax Deduction: None
- Retirement Income Taxes: Social Security is exempt for individual taxpayers with federal adjusted gross income of less than \$50,000 and for married filing jointly taxpayers, with federal AGI below \$60,000. All out-of-state government and federal civil service pensions are fully taxed. Tax information for seniors can be found at www.ct.gov/drs/cwp/view.asp?A=1510&Q=430974&drsPNavCtr=%7C&pp=12&n=!
- Retired Military Pay: Follows federal rules.
- Military Disability Retired Pay: Retirees who entered the military before 24 SEP 74, 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

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- Taxes and real and personal property are assessed and collected by individual towns or other taxing districts. All assessments are at 70% of fair market value. An annual property tax credit or rent rebate is available to residents, age 65 or older, or to a surviving spouse of a previously approved applicant who is age 50 or older. Regardless of age, totally disabled persons are also eligible. Income parameters apply.
- Municipalities may provide additional tax relief for seniors. Call 800-286-2214 or 860-297-5962 for details.

Inheritance and Estate Taxes: Connecticut imposes an estate tax which taxes the transfer of estates valued at \$2 million or more at a progressive rate starting with 5 percent of the first \$100,000 over the threshold and rising to 16 percent for the amount above \$10 million.

For further information, refer to the Connecticut Department of Revenue site www.ct.gov/drs/cwp/view.asp?A=1510&Q=430322. [Source: www.retirementliving.com Jun 09 ++]

MILITARY HISTORY ANNIVERSARIES:

- Jun 17 1775 – Revolutionary War: Battle of Bunker Hill (actually it was Breed's Hill)
- Jun 17 1942 – WWII: 1st American expeditionary force lands in Africa (Gold Coast)
- Jun 18 1812 – War of 1812: The U.S. Congress declares war on the United Kingdom of Great Britain and Ireland.
- Jun 19 1944 – WWII: First day of the Battle of the Philippine Sea. 300 Japanese aircrafts shot down
- Jun 21 1945 – WWII: US defeat Japanese forces on Okinawa.
- Jun 23 1945 – Last organized Japanese defiance broken (Tarakan)
- Jun 24 1952 – Korean War: US airplanes bomb energy centers at Yalu Korea
- Jun 25 1876 – Custer & 7th Cavalry wiped out by Sioux & Cheyenne at Little Big Horn
- Jun 25 1948 – Cold war: The Berlin Airlift begins.
- Jun 25 1950 – Korean War: Conflict begins with the invasion of South Korea by North Korea.
- Jun 25 1996 – The Khobar Towers bombing in Saudi Arabia kills 19 U.S. servicemen.
- Jun 26 1918 – WWI: Western Front Battle for Belleau Wood - Allied Forces under John J. Pershing and James Harbord defeat Imperial German Forces under Wilhelm German Crown Prince.
- Jun 26 1924 – After 8 years of occupation US troops leave Dominican Republic
- Jun 26 1993 – The U.S. launches a missile attack targeting Baghdad intelligence headquarters in retaliation for a thwarted assassination attempt against former President George H.W. Bush in April in Kuwait.
- Jun 27 1944 – WWII: Cherbourg, France liberated by Allies
- Jun 27 1950 – Korean War: North Koreans troop reach Seoul, UN asks members to aid South Korea, Truman orders Air Force & Navy into Korean conflict
- Jun 28 1919 – WWI: Treaty of Versailles ending war signed in France
- Jun 28 1965 – Vietnam: 1st U.S. ground combat forces authorized by Pres Johnson
- Jun 29 1943 – WWII: Germany begins withdrawing U-boats from North Atlantic in anticipation of the Allied invasion of Europe
- Jun 29 1949 – US troops withdraw from Korea after WW II
- Jun 29 1966 – Vietnam: U.S. planes bomb Hanoi & Haiphong for 1st time
- Jun 30 1815 – US naval hero Stephen Decatur ends attacks by Algerian pirates
- Jun 30 1943 – WWII: Gen MacArthur begins Operation Cartwheel (island-hopping)

[Source: Various Jun 09 ++]

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VETERAN LEGISLATION STATUS 28 JUN 09: The next scheduled Congressional recess is 28 JUN – 6 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?

A man fell asleep on the beach. He woke up several hours later and suffered a severe sunburn to his legs and was taken to the closest hospital, which happened to be a U.S. Naval Hospital.

His skin had turned a bright red and was very painful and had started to blister. Anything that touched his legs caused agony. The lead on the medical staff at the naval hospital, that night, was a Chief Corpsman, in the emergency room. The Chief checked him out and then prescribed continued intravenous feedings of water, electrolytes, a mild sedative, and Viagra.

Rather astounded, the 3rd class corpsman, who was with the Chief inquired, "What good will Viagra do him in that condition?"

The Chief replied, "It'll keep the sheet off his legs."

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