RAO BULLETIN 15 July 2009

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All Hands: It appears that the email service providers JUNO and NETZERO continue to block all email from the RAO. I am able to receive email from them but all attempts to respond to their messages in the last two months have failed. The 1494 JUNO and 532 NETZERO subscribers being blocked who want to continue to receive the Bulletin by email have three options:

1. Call their server and ask how to bypass the filters that are blocking their Bulletin;
2. Send a COA to another email addee that they can be reached at; or
3. Go to http://post_119_gulfport_ms.tripod.com/rao1.html on the 2nd and 16th of each month to read/download the Bulletin.

This has happened over the years to other subscriber's whose server's decide to treat the Bulletin as spam because of its size. If this should happen to you they will not tell you they are doing it. To verify if Bulletins are being published go to http://post_119_gulfport_ms.tripod.com/rao1.html . If you did not receive yours let me know on this end and I will respond on the action you should take. If I do not respond within three days it means your server is preventing you from receiving my response. In that case you need to contact your server as to what action you need to take to resume delivery of the Bulletin and communications with the RAO. For those JUNO and NETZERO subscribers currently being blocked I will continue to send the Bulletin until such time as I can confirm there is no way for them to receive it. [Source: Lt. James "EMO" Tichacek, Director RAO Baguio 14 Jul 09 ++]

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VA PARKINSON'S DISEASE PROGRAM Update 02: On 12 JUL, the House of Representatives unanimously passed legislation authored by Congressman Pete Sessions (TX-32) to recognize and report the results and planned expansion of Hyperbaric Oxygen Therapy in Veterans Affairs medical facilities. Hyperbaric Oxygen Therapy (HBOT) uses a chamber to administer oxygen in prescribed dosages for a variety of external and internal injuries. The oxygen acts as a catalyst in healing wounds that often fail to respond to other medical and surgical practices and that lack the blood circulation and blood-oxygen levels necessary to heal. The Federal Drug Administration has already approved the use of HBOT for thirteen medical conditions, including non-healing diabetic foot wounds, crush injuries, exceptional blood loss, and tissue transfer for complex wound reconstruction. Under military and VA medical care, HBOT has saved injured service members or veterans from expensive, painful, life-altering, and potentially life-threatening amputation of an arm, leg, hand or foot.

Since 2006, Sessions has been actively engaged in researching a new cross-application of hyperbaric therapy to an increasingly- common and life-threatening non-healing wound: Traumatic Brain Injury (TBI). Currently, veterans suffering from TBI are receiving hyperbaric therapy from only private physicians, and evidence from numerous cases show substantial progress in brain function after treatment. Sessions has met with physicians, scientists, the Department of Defense, the Department of Veterans Affairs, and service members regarding the potential of expanding hyperbaric therapy for TBI and PTSD in military and VA medical facilities. As an amendment to the Fiscal Year 2010 Military Construction and Veterans Affairs Appropriations Act (H.R.3082) , Sessions' legislation requires the VA to submit a report to Congress detailing the current and planned use of the Hyperbaric Oxygen Therapy in VA medical facilities, including the number of veterans and types of conditions being treated with HBOT, their respective success rates, and the current inventory of hyperbaric chambers. "My report amendment is the first step toward expanding the use of hyperbaric therapy in military and VA medical facilities," said Sessions. [Source: Rep. Pete Sessions News Release 12 Jul 09 ++]

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VETERANS' COURT Update 01: Courts for only ailing vets are spurring debate in California. There's one in Anchorage AK; Buffalo NY; Colorado Springs CO; Phoenix; Santa Ana CA; Santa Clara CA; and Tulsa Ok. Also, one is coming to Pittsburgh PA. These places have or will have courts designed for criminal defendants who are military veterans diagnosed with post-traumatic stress disorder, traumatic brain injuries and/or substance-abuse problems. The goal of these courts is to rehabilitate the veterans not by putting them in jail but by providing aggressive case management, which often includes closely monitored medical treatment, counseling and permanent housing. Debate over the concept is happening across the nation. In Sacramento CA Assemblywoman Mary Salas (D-Chula vista) introduced a bill this year to establish veterans courts statewide. Her legislation sparked such intense controversy that she quickly pulled it from consideration. Two years of negotiations have not produced a veterans court in San Diego County, which is home to about 250,000 veterans.

Supporters of the courts say they are an effective, humane and appropriately customized way of combating the revolving door of crime and punishment that some veterans experience. Critics say veterans shouldn't get special treatment and that judges in the court system are already equipped to deal with veterans' distinct circumstances. Steve Binder, an attorney in the San Diego County Public Defender's Office, said former service members do elicit special understanding from judges and prosecutors. But one thorny issue in trying to establish a court has been whether certain criminal behavior can be adequately addressed without time behind bars. “There is a legitimate concern about public safety where veterans are driving 100 mph or are engaged in violent offenses and harming other people,” Binder said. “We'd like to see a court that recognizes that veterans provided for our safety and that now our treatment services can provide for their safety,” he said. “We don't want to lose another generation to the prison system, like we lost the Vietnam veterans.”

Skeptics of the veterans-court approach said it's well-meaning but falls short. In deciding whether to file charges, district attorneys need a stronger argument than just that a defendant is a veteran, said W. Scott Thorpe, chief executive officer of the California District Attorneys Association. He said the accuracy of a medical diagnosis and who pays for the testing are other issues. “We are not unsympathetic,” Thorpe said. The philosophical divide became apparent in California when Salas, chairwoman of the Committee on Veterans Affairs, introduced a bill to postpone sentencing for certain crimes committed by veterans suffering from PTSD or traumatic brain injuries. The legislation would have allowed the dismissal of charges after an 18-to 36-month rehabilitation program. It also would have permitted program graduates to state in most cases that they had never been arrested. Veterans groups, defense attorneys and some mental-health professionals lined up behind it. They argued that war changes people – often not for the better – and that the United States is morally obligated not to criminalize behavior that arose from problems linked to military service. Critics countered that the bill disregarded victims' rights and could be manipulated by criminals trying to avoid punishment. Opponents included the California District Attorneys Association, California Mental Health Directors Association and Mothers Against Drunk Driving. Eric Worthen, a consultant to the state's Veterans Affairs Committee, said Salas' bill will be reintroduced in January. In the meantime, he said, “We are going to be working hard to find that middle ground.” [Source: San Diego Union Tribune Rick Rogers article 12 Jan 09 ++]

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VA CLAIMS BACKLOG Update 29: A flood of veterans, young and old are seeking disability compensation from the Department of veterans Affairs for psychological and physical injuries connected to their military service. The backlog of unprocessed claims for those disabilities is now over 400,000, up from 253,000 six years ago, the agency said. The department says its average time for processing those claims, 162 days, is better than it has been in at least eight years. But it does not deny that it has a major problem, with some claims languishing for many months in the department’s overtaxed bureaucracy. Mr. Walcoff, VA's Deputy under Secretary for benefits, said the vast majority of the 82,000 claims the department received each month were not from veterans returning

from the current wars. “We’re still getting a lot of Vietnam vets. There are some positive signs in terms of what we’re doing. But we know that veterans deserve better.” Walcoff said the department recently finished hiring 4,200 claims processors, but many will not be fully trained for months. The Government Accountability Office reported last year that the Veterans Affairs Department had about 13,000 people processing disability claims. The larger significance of the backlog, veterans groups and officials said, is that resources for veterans are being stretched perilously thin by a confluence of factors beyond the influx of veterans from Iraq and Afghanistan:

- Aging Vietnam veterans with new or worsening ailments are requesting care;
- Layoffs are driving unemployed veterans into the department’s sprawling health system for the first time;
- Congress has expanded certain benefits; and
- Improved outreach efforts by the department have encouraged more veterans to seek compensation or care.

The House Veterans Affairs Disability Assistance and Memorial Affairs subcommittee recently held a hearing focusing on a growing backlog of veterans’ disability claims waiting processing by the Veterans Benefits Administration and on how that agency has implemented new laws intended to improve the processing system. At issue was how long it takes to process a claim under the current Claims Processing Improvement model (CPI). The VA has approximately 21% of its cases pending for more than 180 days. Prepared testimony for the hearing and a link to the Webcast from the hearing are available on the House Committee on Veterans Affairs Web site, www.veterans.house.gov/hearings/hearing.aspx?newsid=426.

Bob Brewin, who writes a blog for Next.gov Technology & the Business of Government, said the House Appropriations Committee thinks the VA could model its disability and pension claims process on electronic tax filing systems. In its report on the fiscal 2010 VA spending bill, the committee said advances in technology may enable automation of even the most complicated of claims administration processes. The report said commercial software has automated the filing of taxes and receipt of state" and Federal "returns and suggested 'such user-friendly technology may be adaptable for the administration of claims processing while also supporting the transition to electronic records, part of VA Secretary Eric Shinseki's grand plans to make the department as 'paperless as possible.' [Source: Various 13 Jul 09 ++]

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PTSD Update 27: A study reported 12 JUL that Veterans diagnosed with post-traumatic stress disorder (PTSD) have a significantly higher risk of developing dementia compared with veterans who don't have the disorder, Using data from the Department of Veterans Affairs National Patient Care Database, scientists from the University of California-San Francisco analyzed files of 181,093 veterans ages 55 and older without dementia from 1997 to 2000. The mean age at the start of the study was 68, and 97% were male. During the follow-up period from 2001 to 2007, the researchers learned that 53,155 veterans were diagnosed with dementia or cognitive impairment. Veterans who had post-traumatic stress developed dementia at a rate of 10.6% over seven years, while those who didn't have the disorder had a rate of 6.6%, the researchers reported. The researchers reported their findings at the International Conference on Alzheimer's Disease in Vienna. "The results are not surprising," says Robert Wilson, neuropsychologist in the Alzheimer's Disease Center at Rush University Medical Center. "Our thinking is that things like PTSD or chronic anxiety or depression don't cause dementia themselves but may make us more vulnerable to it." Other research results presented at the Alzheimer's conference included:

- Two separate studies evaluate the influence of DHA (an omega 3 fatty acid) supplements on brain health. The first study, which was government-funded, looks at DHA supplementation in patients with mild to moderate Alzheimer's and finds that the supplements offered no cognitive benefits to patients. The other, sponsored by a DHA maker, Martek Biosciences Corp., suggests supplements may help in healthy older adults who have mild memory loss.

- Wake Forest University School of Medicine scientists find that moderate alcohol intake (one to two drinks a day) is linked to a 37% lower risk of dementia in patients with normal cognition at baseline, not those who already have cognitive impairment.
- University of Connecticut scientists report that in an online study of 676 adults, many don't know the risk factors for dementia: 61% incorrectly believe there is no link between dementia and the cardiovascular risk factors obesity and high blood pressure; 66% do not know high stress is a risk factor; and 38% are unaware exercise protects against dementia.
- The number of people who have Alzheimer's disease and dementia is increasing among the "oldest old," those over 80, Italian researchers report. The finding contradicts observational studies that suggested the number of people with dementia levels off and perhaps drops late in life.

[Source: USA TODAY Mary Brophy Marcus article 12 Jul 09 ++]

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DEMENTIA: Dementia describes a group of symptoms that are caused by changes in brain function. It is a problem that makes it hard for a person to remember, learn and communicate. After a while, this makes it hard for the person to take care of himself or herself. Dementia is caused by the destruction of brain cells. A head injury, a stroke, a brain tumor or a problem like Alzheimer's disease can damage brain cells. Some people have a family history of dementia. Symptoms may include asking the same questions repeatedly; becoming lost in familiar places; being unable to follow directions; getting disoriented about time, people, and places; and neglecting personal safety, hygiene, and nutrition.

People with dementia lose their abilities at different rates. It is caused by many conditions. Some can be reversed, and others cannot. The two most common forms of dementia in older people are Alzheimer's disease and multi-infarct dementia (sometimes called vascular dementia). These types of dementia are irreversible, which means they cannot be cured. Reversible conditions with symptoms of dementia can be caused by a high fever, dehydration, vitamin deficiency and poor nutrition, bad reactions to medicines, problems with the thyroid gland, or a minor head injury. Medical conditions like these can be serious and should be treated by a doctor as soon as possible. Sometimes older people have emotional problems that can be mistaken for dementia. Feeling sad, lonely, worried, or bored may be more common for older people facing retirement or coping with the death of a spouse, relative, or friend. Adapting to these changes leaves some people feeling confused or forgetful. Emotional problems can be eased by supportive friends and family, or by professional help from a doctor or counselor.

In multi-infarct dementia, a series of small strokes or changes in the brain's blood supply may result in the death of brain tissue. The location in the brain where the small strokes occur determines the seriousness of the problem and the symptoms that arise. Symptoms that begin suddenly may be a sign of this kind of dementia. People with multi-infarct dementia are likely to show signs of improvement or remain stable for long periods of time, then quickly develop new symptoms if more strokes occur. In many people with multi-infarct dementia, high blood pressure is to blame. One of the most important reasons for controlling high blood pressure is to prevent strokes. [Source: National Institute on Aging 7 May 06 ++]

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VA HANDBOOK 2009: The latest edition of the Federal Benefits for Veterans and Dependents Pamphlet (i.e. handbook) 80-09-01 can be obtained from the Department of Veterans Affairs online or by mail. It updates the rates for certain federal payments and outlines a variety of programs and benefits for American veterans. Most of the nation's 25 million veterans qualify for some VA benefits, which range from health care to burial in a national cemetery. In addition to health-care and burial benefits, veterans may be eligible for programs

providing home loan guaranties, educational assistance, training and vocational rehabilitation, income assistance pensions, life insurance and compensation for service-connected illnesses or disabilities. In some cases, survivors of veterans may also be entitled to benefits. The handbook describes programs for veterans with specific service experiences, such as prisoners of war or those concerned about environmental exposures in Vietnam or in the Gulf War, as well as special benefits for veterans with severe disabilities. In addition to describing benefits provided by VA, the 2007 edition of the 155-page booklet provides an overview of programs and services for veterans provided by other federal agencies. It also includes resources to help veterans access their benefits, with a listing of phone numbers, Internet addresses and a directory of VA facilities throughout the country.

The 2009 publication in English can be downloaded at no cost from VA's Web site at http://www1.va.gov/opa/vadocs/fedben.pdf or http://www1.va.gov/OPA/vadocs/current_benefits.asp . A Spanish version of the 2008 handbook can be downloaded at http://www1.va.gov/opa/vadocs/fedbensp.pdf. Hard copies of the 2009 English version can purchased from the U.S. Government Printing Office (GPO). GPO accepts credit card orders for the publication at (866) 512-1800 or (202) 512-1800/2104F for a cost of $5 each to U.S. addresses. Add 40% for overseas addresses. If order is by mail make check out to Superintendent of Documents and mail to the GPO at Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. [Source: www.va.gov Jul 09 ++]

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GI Bill Update 52: On 6 JUL VA under Secretary for Benefits Patrick Dunne and Education Service Director Keith Wilson outlined their ongoing efforts to ensure a successful rollout of the Post-9/11 GI Bill on August. They said the VA is on track to issue the first checks for student-veterans and active duty participants on 3 AUG. Demand for VA "certificates of eligibility" has been heavy. As of early July, 98,000 applicants had submitted on-line applications. VA has issued 65,000 certificates and reports no problems resolving any application discrepancies. Also beginning this week, colleges and universities have been asked to submit student enrollment certifications to assure the VA that veterans had been approved to take college coursework this coming semester on their campuses. Under the Post-9/11 GI Bill, the VA reimburses colleges directly for tuition and fees for a full semester's coursework based on the highest in-state public college or university costs. The VA pays student-veterans a monthly housing stipend set at the DoD housing rate for an E-5 with dependents at the school's zip code, plus an annual book stipend of $1,000 for full-time study. Full-time distance (on-line) students are ineligible for the housing stipend.

The VA has accepted over 3,400 agreements from private colleges and universities and some public colleges under the Yellow Ribbon program. Yellow Ribbon schools agree to cover up to half the difference between the cost of attending a public college and the participating private school. The VA matches the amount pledged by the school. Veterans who withdraw from college may have to pay back some or all of their Post-9/11 GI Bill benefits, depending on the circumstances involved. The VA will use existing procedures to make recoupment determinations. MOAA recommends that service members who are entitled to Montgomery GI Bill (MGIB) benefits carefully review their situation before making an irrevocable election for the Post-9/11 GI Bill. For example, a MGIB participant who has used up a portion of MGIB entitlement might be better off sticking with that program and then converting to the Post-9/11 GI Bill after exhausting MGIB benefits. 'Dual eligibility' rules limit total entitlement to 48 months' of benefits. But MGIB participants lose their remaining MGIB entitlement if they make an election for the new program. [Source: MOAA Leg Up 10 Jul 09 ++]

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VA CLAIM TIPS Update 01: The VA website www.va.gov confirms that 75% of all applications for VA pension are denied the first time. This is not a conspiracy to save federal money or an attempt to meet quotas of which there are none. Applications for pension are disapproved because they are not complete and well-documented. Now that pension claims are worked in the St. Paul and Philadelphia Pension Centers only, the atmosphere for help and approval is far better, and applications are resolved more quickly. Gone are the days when certain individuals in local Regional Offices would deny everything. With the VA, you can never provide too much information. If they have to write you for clarification of any one point on the application, your claim will be delayed or denied. Always include your phone numbers, an email address if you have one, and a next-of-kin's contact information with every application. The following 5 reasons for denial will help you navigate the VA process.

1. **Missing or incomplete information.** The VA applications, VA form 21-526 (veterans) and 21-534 (widows), are multiple-paged and have many, many questions. Address and answer every one of them. If the question is "non-applicable", answer "N/A"; if the income is zero, answer with a "0?; and if you are tempted, never, never leave a space blank. Every blank space means a question and a letter from the VA, which delays the claim. If you do not have a copy of the veteran's discharge, don't worry. Attach what you have, because the VA will ask the military for confirmation of the veteran's service.
2. **Failure to Respond to Clarifications.** There are many areas on an application where the VA must clarify what you submitted or what you meant (Remember: you can never tell the VA too much about a situation). Always answer their letters or phone calls as soon as possible, and if you need time to do so, send them a letter saying "I'm working on it". Do not panic when they say "respond within 30 days". You have at least 60 days by law, and can supply the information within 1 year and still have a valid claim. If you do not know where to get any clarification, tell the VA and asked their advise. It is their duty to assist where possible. There are always alternatives.
3. **Documenting Dependents.** Who is a dependent for VA pension is often misunderstood. A dependent is less than 18 years old, where the veteran is the father, or the veteran is married to the mother, so step-children are fine. Grandparents must have court-issued adoption decrees. If dependents are under 23 years old, they must be in school full-time. Spouses are dependents, but their income also counts, as well as their Unreimbursed Medical Expenses. If the veteran or their spouse has previous marriages, document them with a death certificate, an annulment decree or a divorce decree. The VA must assure a valid marriage. Divorce decrees are available from the County where the divorce was granted.
4. **Documenting Shortfall.** If your Unreimbursed Medical Expenses, especially your Room & Board (R&B) figure for a facility, exceed your income, the VA will always delay your claim to clarify this. So, you need to anticipate this question. If you are using savings or assets to meet this shortfall every month, explain this as an attachment to your application. If your assets are depleted, and a friend, sibling or family member is supplementing your R&B, explain this. To be absolutely sure the VA understands this, write a simple loan agreement and submit it, showing you are borrowing this shortfall every month, expecting to pay it back when pension starts.
5. **Failure to Document Income and Unreimbursed Medical Expenses.** On the application, the VA can only confirm the amount of your Social Security benefits independently. Everything else should be documented with a written explanation, this year's award letter, or an annuity agreement. The VA can't even confirm your Federal or Military Retirement without a letter. When in doubt, document it. Unreimbursed Medical Expenses should be documented on the VA form 21-8416. For most widows and veterans, their largest expense is the R&B they pay for a Group Home, Assisted Living or a Nursing Home. Simply provide the VA a letter from the facility confirming your Room & Board monthly figure. If you have any other recurring, ongoing or continuous Unreimbursed Medical Expenses, document them.

[Source: Arizona Senior Law by R. Buchanan article 8 Jul 09 ++]

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VET CEMETERY CALIFORNIA Update 05: The Department of Veterans Affairs (VA) has awarded nearly $1 million to a small business to begin expanding burial services for Veterans in the San Diego area by developing the new Miramar Annex. It will be part of the area's Fort Rosecrans National Cemetery. At present Fort Rosecrans holds 96,626 internments which has exhausted space for new internments. However, they may be able to accommodate casketed remains in the same gravesite of previously interred family member. This cemetery also has space available for cremated remains. VA awarded Van Dyke Landscape Architects the architect-engineer contract totaling $961,000 to develop additional gravesites and infrastructure at Miramar. This design project is scheduled for completion this fall. When completed, the new designs for the project will provide 11,700 conventional gravesites, 10,300 columbaria niches and 4,900 in-ground cremation sites. The project will also include an administration building, a maintenance complex, two committal service shelters and a public assembly area, as well as an irrigation system, roads, utilities, signage and landscaping. Until its completion the only other veteran cemetery in southern California accepting new internments is the Riverside National Cemetery. [VA News Release 10 Jul 09 ++]

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LOUISIANA VET BENEFITS: On 8 JUL a special state Senate committee called on the heads of the state National Guard and the Department of Veterans Affairs to produce data indicating how often -- or seldom -- a special 2007 law granting enhanced benefits for Louisiana Guard troops has been used. Sen. Rob Marionneaux (D-Livonia), the author of legislation in 2007 authorizing the payment of $250,000 to the families of Guard troops killed in the line of duty and $100,000 to Guard troops permanently and totally disabled, asked for the accounting during the initial meeting of the Senate Select Committee on Veterans Affairs. Marionneaux asked for the data from Maj. Gen. Bennett Landreneau, who runs the National Guard, and Louisiana Veterans Affairs Secretary Lane Carson. Marionneaux said he does not know if anyone has cashed in on the law he passed and is concerned that veterans and their families may not know about it. Landreneau and Carson said they would check into the use of the benefits and report back to the committee. The law authorizes lump sum payments to Guard members or their families in the event of a death or injury suffered while activated for duty ordered by the president or the governor.

The bill has been in effect since 6 JUL 07. "Has anyone used this?" Marionneaux asked. "I know people (in the Louisiana National Guard) are fighting and dying and being injured" in Iraq and Afghanistan. "I want to know if it is being used at all or if we promoted it" properly. Sen. Robert Adley (R-Benton), a Vietnam veteran and chairman of the committee, said that he wants the information as soon as possible. "I want to see how many applied," he said. "I want to make sure that people who qualify know it is there." Carson said that he also is looking for more burial space for veterans, including those killed in action or of natural causes. He said he will ask federal officials if it is possible to expand the cemeteries at Chalmette battlefield and at the Baton Rouge suburb of Port Hudson, another battlefield site. He also told the panel that with an aging population of veterans, the five state-operated War Veterans Homes need more skilled personnel to care for veterans who live there and are developing Alzheimer's disease. Adley said that the purpose of the special committee will be to address the needs of the Louisiana veterans as much as state law allows. "We need to know what they need," he said. [Source: The Times-Picayune Ed Anderson article 9 Jul 09 ++]

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VA FRAUD Update 21: Officials at the Veterans' Administration in St. Paul MN say Connie Marie Hanson, a fiduciary authorized by the VA and the court to handle veterans' finances and make decisions about how

to pay for their housing, medical and other expenses is under investigation for allegedly stealing over one million dollars from those veterans. Peter Wold, Hanson's attorney, says Hanson had a gambling addiction. She's now charged federally with making a false statement related to the accounting report that Hanson, as a fiduciary, had to make to the government. According to the charging document, federal prosecutors say Hanson failed to disclose amounts she embezzled for her own use. Hanson, a professional fiduciary and independent contractor (not a government employee) had 34 clients. While it's not clear yet how long she had been taking money from her veteran clients, government officials say yearly audits of her accounts turned up no discrepancies. But several months ago the bank that handles the accounts discovered unusual activity and reported it to the Inspector General. Her attorney says Hanson is cooperating with authorities, takes full responsibility for what she did and is trying to return as much money as possible. This month, Hanson will plead guilty to making a false statement and will likely face prison time. The U.S. Attorney's office won't say whether she'll face any other charges. Officials say the families of veterans Hanson had contact with have been notified the stolen benefit money will be reimbursed by the VA. [Source: Minneapolis KARE-11 Trisha Volpe article 10 Jul 09 ++]

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VA FRAUD Update 22: An investigation in the wake of a major fraud case involving the Department of Veterans Affairs regional office in Louisville has found that other VA offices around the country suffer security shortfalls that leave them vulnerable to the same type of alleged fraud. The review by the Department of Veterans Affairs Office of Inspector General found no similar allegations of fraud, but its report warns that gaps in VA's internal controls mean that "opportunities exist . . . to generate fraudulent large benefits payments." A VA spokeswoman said 8 JUL that the department has taken actions to correct the problems. "VA has implemented safeguards to protect the integrity of benefit payments and actively monitors our payment processes for compliance," said Katie Roberts, press secretary for VA. "We remain committed to taking all actions necessary to eliminate the potential for fraud and ensure our veterans receive every benefit to which they are entitled."

In NOV 08, acting after an investigation based on a tip from a confidential source, the U.S. Attorney's Office for the Western District of Kentucky indicted 14 people in connection with a scheme to defraud VA by submitting altered or counterfeit medical records. The government accused Jeffrey Allan McGill, a former veteran service representative at the Louisville VA office, of working with co-conspirators, including 11 veterans, to submit fraudulent claims for military-related disabilities. McGill and co-defendant Daniel Ryan Parker, a former officer with the Disabled American Veterans service organization, are accused of falsifying documents to ensure that those claims were approved. Five of the defendants have pleaded guilty to charges in connection with the case. The remaining defendants, including McGill and Parker, have pleaded not guilty and are set to go to trial in September, according to the U.S. Attorney's Office in Louisville. Alarmed by the allegations, VA's inspector general office began an investigation in May 2008, six months before the indictments. Investigators visited three VA regional offices (VAROs) that had issued an abnormally high number of large retroactive payments to veterans, which adjust amounts paid earlier and are considered particularly susceptible to fraud.

Investigators reviewed the files for 690 large retroactive payments made by the offices in Huntington, W.Va.; San Juan, Puerto Rico; and Los Angeles between 2005 and 2008 but found no fraud. "These results mean we can say with 90% confidence that this particular type of fraud is unlikely to be occurring at the VAROs selected for review during the sampled period," said the IG report, which was released 30 JUN. But the investigation found that the Veterans Benefits Administration, which oversees benefits and services for VA, failed to provide enough guidance to regional offices on how to maintain accountability over its official date stamps, which could be used to falsify documents. "The VAROs we visited, consequently, did not maintain adequate control over their date stamps, making them vulnerable to fraudulent schemes," the report says. In Los Angeles, the review team found multiple

date stamps left unsecured in the mailroom and the door taped to prevent it from locking. Supervisors in Huntington and San Juan were unaware of how many stamps had been issued or where they were located.

In its response to the IG report, VA said it has already issued instructions to regional offices on how to keep track of the date stamps. VA adopted previous reforms after a scandal in 2001 in which employees at the Atlanta regional office generated about $11 million in fraudulent compensation claims. In response, VA began reviewing all retroactive payments of $25,000 or more. But that review was not designed to detect fraud based on altered documents, according to the IG report. The report recommends that VA examine medical records before making large retroactive payments. "We believe that VBA will continue to be vulnerable to fraud-related activities concerning large retroactive payments if controls over the retroactive payment and review process are not improved," the report says. Roberts said the department has adopted new procedures that will ensure that medical records are validated for authenticity. [Source: Washington Post Steve Vogel article 9 Jul 09 ++]

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HOSPITAL DEATH RATES Update 01: Too many people die needlessly at U.S. hospitals, according to a sweeping new Medicare analysis showing wide variation in death rates between the best hospitals and the worst. The analysis examined death rates for heart attacks, heart failure and pneumonia at more than 4,600 hospitals across the USA. At 5.9% of hospitals, patients with pneumonia died at rates significantly higher than the national average. With heart failure, 3.4% of hospitals had death rates higher than the average, and 1.2% of hospitals were higher when it came to heart attack. Researchers also found that the majority of U.S. hospitals operate the equivalent of revolving doors for their patients. One of every four heart failure patients and slightly less than one in five heart attack and pneumonia patients land back in the hospital within 30 days, data show. "We have double failure in our health system," says John Rumsfeld of the Denver VA Medical Center and chief science officer for the American College of Cardiology's National Data Registry.

The analysis by U.S. Centers for Medicare and Medicaid Services (CMS) comes as the White House and Congress debate ways to cut costs and improve quality in the nation's health system. One idea on the table is to reward doctors and hospitals not just for how many procedures they perform but how well their patients fare. More than 200 hospitals have death rates better than the national average, and hundreds fare better on readmission rates. The findings are based on more than one million deaths and readmissions among Medicare patients from 2005 to 2008. A separate USA TODAY analysis of the data found that patients have higher death rates at hospitals in the nation's poorest and smallest counties, compared with those in larger, more affluent areas. Death rates in hospitals in counties with fewer than 50,000 people rank 1 to 2 percentage points higher than their most-populated counterparts, a significant difference. A similar pattern emerges at hospitals in counties where the median household income falls below $35,000 a year.

Barry Straube, director of CMS' office of standards and quality, says the agency aims to intensify competition between hospitals by giving patients the information they need to seek out higher-quality care and by giving hospitals a way to measure their performance against their competitors. It also provides a tool that government and private health plans can use to determine which hospitals merit higher pay for better performance. "This kind of information is absolutely the backbone of many of our efforts to reform the health system," says Janet Corrigan, head of the National Quality Forum, a consortium of government agencies, insurers, hospitals and doctors' groups that approved the methods used in the analysis. Anyone wanting to check out the effectiveness of hospitals on dealing with this problem in their geographic area can refer to www.usatoday.com/news/health/hospitals-graphic.htm , enter their zip code, and enter the distance in miles from their residence to obtain a comparison of the facilities within that area. [Source: USA Today Steve Sternberg and Jack Gillum article 9 Jul 09 ++]

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PHILIPPINE MAYON VOLCANO: The U.S. Embassy has informed American Citizens in the Philippines to avoid the summit area of the Mayon Volcano, located in the Province of Albay, approximately 300 kilometers (186.41 miles) southeast of Manila, on the island of Luzon. The Philippine Institute of Volcanology and Seismology (PHIVOLCS) raised its alert status for the Mayon Volcano to Alert Level 2 indicating increasing volcanic activity. This alert condition signifies a state of unrest which could lead to ash explosions or eventually to hazardous magmatic eruption. Thus, at Alert Level 2, Phivolcs strongly recommends that the 6 kilometers radius, called the "Permanent Danger Zone (PDZ)," around the volcano and the 7 kilometers extended danger zone on the southeast flank of the volcano are off limits due to the threat from sudden explosions and rockfalls from the upper slopes. Active river channels and those areas perennially identified as lahar prone in the southeast sector should also be avoided, especially during bad weather conditions or when there is heavy and prolonged rainfall.

Updated information on volcanoes in the Philippines is available at www.phivolcs.dost.gov.ph and http://volcanoes.usgs.gov. The Embassy encourages all Americans residing in or visiting areas near volcanoes to consult these websites frequently and to adhere to all safety instructions from Philippine authorities. American citizens with questions or concerns may telephone the Embassy at (63)(2) 301-2000. In case of an emergency outside business hours, American citizens may reach the Embassy duty officer through the Embassy operator at (63) (2) 301-2000. The U.S. Embassy is located at: 1201 Roxas Boulevard, Manila, Philippines. The Consular American Citizen Services (ACS) section's fax number is (63)(2) 301-2017 and the ACS web page is at http://manila.usembassy.gov. Americans living in or visiting the Philippines are encouraged to register with the Consular Section of the US Embassy in Manila. The easiest way to do this is via the Internet, using a link on http://www.travel.state.gov or directly at https://travelregistration.state.gov. For more information on registration refer to http://manila.usembassy.gov. [Source: U.S. Embassy Warden Notice 10 Jul 09 ++]

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RESERVE COMPENSATION Update 01: Spending on reservist pay, benefits and deferred compensation such as retiree health care and pension plans, ballooned from $18.5 billion in fiscal 2001 to $23.1 billion in fiscal 2007, GAO found. And compensation costs will continue to rise as reservists claim benefits from the Post 9-11 Veterans Educational Assistance Act, which takes effect on 1 AUG, the report noted. The latest report sent to several congressional committees that deal with military and veterans issues does not include policy recommendations. Instead, it provides a detailed assessment of the continued growth in reservist compensation. Spending on deferred benefits grew the most of the three types of compensation analyzed, increasing 28% from fiscal 2001 to 2007. Cash payments such as salary and bonuses rose 24% during that period, and the cost of noncash benefits such as education and health care increased 21%. The overall price tag will continue to grow, GAO concluded. The Veterans Affairs Department estimated that the net cost of the educational assistance act will be $78.1 billion from fiscal 2009-2018, of which $12.3 billion will be used for benefits for reservists and their families, according to GAO. The report also noted that spending on part-time reservists, who make up 91% of the reserve force, is growing faster than that for full-time reservists. The average annual compensation of a part-time reservist increased 52%, from $14,400 in fiscal 2001 to $22,000 in fiscal 2007, while the average compensation for a full-time reservist increased 13% during the same period, from $107,000 to $121,000. [Source: GovExec.com Alex M. Parker article 9 Jul 09 ++]

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CALIFORNIA VET HOME Update 05: Staff and residents of the Yountville Veterans' Home, administered by the California Department of Veterans' Affairs (CDVA), were given word just before the Memorial Day holiday that CDVA plans to close the acute care unit (1-South) of the home's Holderman Hospital. CDVA put

its plan in motion by issuing layoff notices for half of the home's Medical Staff in late JUN. If allowed to proceed, the layoffs and unit closure would severely compromise the quality of medical care given to the 1,100 veterans who reside at the home, according to representatives of the Union of American Physicians and Dentists (UAPD), which represents the physicians and dentists that provide patient care there. Moreover, according to UAPD, the short-term savings generated by these cuts would be dwarfed by the long-term costs associated with providing the veterans' medical care in area private hospitals. Eight UAPD-represented doctors employed by the Veterans' Home were sent layoff notices, in addition to several physician-managers, a number much larger than what state-mandated budget cuts require. The layoff notices followed a proposal in JUN 09 by the local Strategic Planning Committee to close 1-South, which the Governing Body, which includes the Secretary of Veterans' Affairs, later approved.

Yountville Veterans' Home Administrator Marcella McCormack has cited the need to save on staff costs as the primary motivation for the closing of 1-South. "The CDVA is using the budget cuts as an excuse to close down this acute care unit and cut other medical services, which it has wanted to do for a long time," states UAPD President Stuart Bussey, MD, JD. "But this is one of the largest groups of veterans in the country, and they need the care that this unit and these physicians provide. Providing that care on-site is actually much more affordable." By going forward with the large number of physician layoffs, UAPD asserts, the CDVA is doing a de-facto unit closure without following proper procedures or allowing community involvement. UAPD is encouraging citizens to contact their local state legislators to voice their concern about the CDVA's decision.

UAPD estimates that closing 1-South and laying off physicians will cost the State about $11 million in lost reimbursement revenue each year, compared to a savings of about $4 million in staff time. The Veterans' Home will also incur the costs of treating the residents at area hospitals, as well as the costs of transporting them back and forth to outside facilities. Physicians worry that veterans who are accustomed to receiving medical care at the home will not be able to maintain the same treatment plans if required to travel, resulting in more serious complications. In emergency situations, particularly on nights and weekends, the cuts would cause a dramatic rise in response times and decline of care. CDVA administrators made no mention of the cuts at the Memorial Day festivities hosted at the Veterans' Home. Founded in 1884, the Yountville Veterans' Home is the largest state-run veterans' home in the country, and houses the nation's largest group of World War II veterans, many of whom require advanced medical care. [Source: Coastal Post article Jul 09 ++]

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VA BUDGET 2010 Update 03: On 16 JUN 09 Rep. Chet Edwards, Chairman of the House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, announced final numbers for the fiscal year (FY) 2010 Military Construction and Veterans Affairs Appropriations Act and the news is very good for veterans. The full Appropriations Committee approved the bill on 23 JUN. In a historic first, the appropriations act for FY 2010 also includes $48.2 billion in advance appropriations for fiscal year FY 2011 for Department of Veterans Affairs (VA) medical care. This is an eight percent increase over the proposed FY 2010 level, and will provide reliable and timely funding to support the delivery of medical care. Advance appropriations have been Disabled American Veterans highest legislative priority this year and its inclusion in this year's funding bill is a major victory for all veterans. Furthermore, to make this victory permanent, both the House and Senate are moving towards passage of the Veterans Health Care Budget Reform and Transparency Act (H.R.1016/S.423), legislation that would authorize advance appropriations for VA medical care programs in statute and create new budget reporting requirements to aid Congress in setting sufficient funding levels for veterans health care.

On 23 JUN, the House voted 409 to 1 to pass H.R.1016. This measure has now been sent to the Senate for consideration. Veterans should continue to write your elected officials on both of these important bills. The appropriations bill also included $53 billion in discretionary funding for VA for FY 2010, which is a record level of

funding. This total is slightly more than the President's request and $5.4 billion more than FY 2009 non-emergency appropriations. This discretionary number includes:

- $45.1 billion for the Veterans Health Administration, $4.4 billion above FY 2009
- $580 million for medical and prosthetic research
- $2.1 billion for general operating expenses, $287 million above FY 2009, which includes an additional 1,200 additional claims processors.
- $250 million for the National Cemetery Administration, $20 million above FY 2009
- $19.2 million for the Office of Inspector General
- $3.3 billion for Information Technology; and
- $1.9 billion for VA construction, $256 million above FY 2009.

On 6 JUL the Senate Appropriations Subcommittee on Military Construction, Veterans' Affairs, and Related Agencies marked up their bill at similar levels as the House for FY 2010 and FY 2011. On 7 JUL, Sens. Jon Tester (D-MT) and Max Baucus (D-MT) announced that the Senate Appropriations Committee approved the Senate Military Construction and Veterans Affairs Appropriations bill, which includes nationwide initiatives such as hiring 1,200 new staff to evaluate veterans' claims; maintaining the veterans mileage reimbursement rate of 41.5 cents per mile; $440 million to continue and expand the VA's Rural Health Care Initiative started last year; and $500 million to expand the VA's homelessness programs. Tester also included language in the bill directing the National Cemetery Administration to study the possibility of establishing a National Veterans Cemetery in the upper Midwest." On 7 JUL the full Committee approved these levels and sent the bill to the full Senate for approval. Both the House and Senate Committees provide $48.2 billion in advance appropriations for FY 2011. [Source: Capitol Advantage article 8 Jul 09 ++]

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VA BUDGET 2010 Update 04: On 10 JUL the House passed a $133.7 billion spending bill that boosts funding for veterans benefits in fiscal 2010, and includes some advance funding for fiscal 2011. The measure, which passed 415-3, also contains funding for military construction projects and other activities of the Veterans Affairs Department. "With passage of this fiscal year 2010 bill, the Congress will have increased veterans health care and benefits funding by 58% in the past two and a half years," said Chet Edwards (D-TX), the chairman of the Military Construction-Veterans' Affairs Appropriations Subcommittee. "This is an unprecedented increase in Congress' commitment to veterans, and in my book, our veterans have earned every dime of this funding." Zach Wamp (R-TN), the ranking Republican on the panel, echoed strong support for the legislation, but added that he continues "to be concerned about the ability of the [department] to absorb large funding increases provided in this bill." Wamp also asked Appropriations Committee Chairman David R. Obey (D-WI), and Edwards to insist on holding a conference committee with the Senate to resolve differences between the two bills. The Senate Appropriations Committee finished work on a $133.9 billion companion bill 7 JUL.

The House bill (H.R.3082) would appropriate about $77.9 billion in discretionary spending, roughly 7% more than fiscal 2009 (PL 110-329) levels and $239 million more than the White House requested. Before passing the bill, the House adopted by voice vote six amendments, including provisions that would:

- Redirect $3.5 million to the Office of National Veterans' Sports Programs and Special Events from the department's medical support and compliance account, offered by Veterans' Affairs Committee Chairman Bob Filner (D-CA);
- Require the department to provide Congress with a report on the use of hyperbaric oxygen therapy at veterans' medical facilities, by Pete Sessions (R-TX);

- Shift $1 million to the U.S. Court of Appeals for Veterans Claims for free legal services and reduce the account for the Office of Inspector General by the same amount, by Shelley Moore Capito (R-WV);

The spending measure would provide roughly $108.9 billion for the department, about 14% above the amount enacted for fiscal 2009, and equal to President Obama's request. Of that, $53 million would be discretionary spending, roughly 8% more than in fiscal 2009 and $2.9 billion more than the administration's request. The spending measure would also set aside $48.2 billion for three veterans' medical accounts in fiscal 2011, about 8% more than it would appropriate for fiscal 2010. The idea is to give decision makers foreknowledge about future funding levels so plans can be made with greater confidence. Under the bill, the Defense Department would get $24.6 billion for accounts related to military construction projects, family housing, base realignment and closures. That represents about a 12% decrease. Related agencies - such as the American Battle Monuments Commission - would get $282.5 million, roughly 36% greater than in fiscal 2009. The White House has expressed support for the House-passed version of the bill, but took issue with incremental funding for several military projects, including a new data center for the National Security Agency. [Source: CQ Today Online News Matthew M. Johnson article 10 Jul 09 ++]

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MOBILIZED RESERVE 7 JUL 09: The Department of Defense announced the current number of reservists on active duty as of 7 JUL 09. The net collective result is 623 fewer reservists mobilized than last reported in the Bulletin for 15 JUN 09. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 110,505; Navy Reserve, 6,409; Air National Guard and Air Force Reserve, 16,172; Marine Corps Reserve, 8,602; and the Coast Guard Reserve, 691. This brings the total National Guard and Reserve personnel who have been activated to 142,379, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated can be found at http://www.defenselink.mil/news/Jul2009/d20090707ngr.pdf. [Source: DoD News Release No. 488-09 Jul 09 ++]

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USFHP Update 02: The US Family Health Plan is a Tricare Prime option offered through networks of community based, not-for-profit health care systems in six areas of the United States. The program serves active duty family members and all military retirees and their eligible family members, including those 65 years of age and over, regardless of whether or not they participate in Medicare Part B. However, you must be enrolled in the Defense Eligibility Reporting System (DEERS) and reside in the one of the following designated US Family Health Plan service areas:

- Brighton Marine Health Center serving Massachusetts (including Cape Cod), northern Connecticut, southern New Hampshire and Rhode Island.
- CHRISTUS Health serving south east Texas and southwest Louisiana.
- Johns Hopkins Medicine serving central Maryland, Washington D.C. and parts of Pennsylvania, Virginia and West Virginia.
- Martin's Point Health Care serving Maine, Vermont, New Hampshire and northeastern New York.
- PacMed Clinics serving the Puget Sound area of Washington State.
- Saint Vincent Catholic Medical Centers serving parts of New York, all of New Jersey, eastern Pennsylvania and southern Connecticut.

To determine if you are eligible to enroll refer to www.usfhp.com and enter your zip code. If eligible you can transfer without any interruption in benefits. Enrollment is on an individual basis however, enrollees are encouraged you to enroll as a complete family unit. Under this program you may not use military treatment facilities. The only exceptions to this limitation are if you have an acute medical emergency and the military treatment facility is closest to you, if care is not available through US Family Health Plan specialists, or if a new member who is pregnant wishes to complete her prenatal care at her previous MTF. Plan members may take (or have their providers call in) their one-time or urgent care prescriptions to pharmacies in their Plan's retail pharmacy network, or may use one of their Plan's on-site pharmacies. The co-pays for prescription drugs through the retail pharmacy network are: $3 for generic drugs and $9 for brand name drugs for up to a 30-day supply. The same co-pays apply to your long-term or maintenance prescriptions that should be filled through the US Family Health Plan mail order pharmacy service. However, instead of limiting the supply to 30-days, you receive up to 90-days worth of the drugs filled through the mail-order pharmacy. The Department of Defense (DoD) reserves the right to determine which drugs are covered under the program. Some examples of medications not covered include; medications for hair restoration, weight loss, smoking cessation, drugs used for cosmetic reasons, such as Retin A (wrinkle cream), and over-the-counter medications. For additional info refer to www.usfhp.com. [Source: www.usfhp.com Jul 09 ++]

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SOUTH DAKOTA VET BONUS Update 03:

South Dakota is offering a bonus to members of the Armed Forces who were legal residents of the State for no less than six months immediately preceding their period of active duty and who served on active duty during one or more of the following periods:

(1) Aug. 2, 1990, to March 3, 1991. All active service counts for payment.
(2) March 4, 1990, to Dec. 31, 1992. Only service in a hostile area qualifying for the Southwest Asia Service Medal counts for payment.
(3) Jan. 1, 1993, to Sept. 10, 2001. Only service in a hostile area qualifying for any United States campaign or service medal awarded for combat operations against hostile forces counts for payment.
(4) Sept. 11, 2001, to a date yet to be determined -- All active service counts for payment.

In addition, veterans with qualifying service before Dec. 31, 1992, and after Jan. 1, 1993, may receive two separate bonuses of up to $500.00 each. Veterans can apply through their nearest County or Tribal Veterans Service Officer. Those living outside of South Dakota may apply by e-mail at john.fette@state.sd.us . Be sure to include military branch and dates of service. Veterans can also request an application and instructions by calling 605-773-7251. [Source: NAUS Journal article Jul/Aug 09 ++]

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TRICARE/CHAMPUS FRAUD Update 15:

Recent testimony and studies from the Government Accountability Office (GAO), the investigative arm of the United States Congress, shows us that at least $80 billion worth of Medicare money is being ripped off every year. Frankly, it demonstrates that criminal activity costs Medicare and Tricare billions of dollars. Some examples were:

- GAO reports that one company billed Medicare for $170 million for HIV drugs. In truth, the company dispensed less than a million dollars. In addition, the company billed $142 million for nonexistent delivery of supplies and parts and medical equipment.
- Fake Medicare providers billed Medicare for prosthetic arms on people who already have two arms. The fraud amounted to $1.4 billion of bills for people who do not need prosthetics.

Tricare is closely tied to Medicare and its operations are not immune. According to the Tricare Program Integrity Office, the GAO says that 10% of all health care expenditures are fraudulent. With a military health system annual cost of $47 billion, fraudulent purchase of care in the military health system would amount to $4.7 billion. Last year a Philippine corporation was ordered to pay back more than $100 million following a Tricare fraud conviction. But despite Tricare efforts to uncover this type of criminal activity, money continues to go out the door with insufficient resources dedicated to its recovery. Regarding Tricare efforts to uncover fraud problems, it should be noted that documents by the Department of Defense Inspector General (DODIG) reported the fraud in the Philippines as early as 1998 to Tricare Management Activity (TMA). This is about the same time frame that RAO Baguio started making similar reports to TMA. But it wasn't until 2005 that TMA stopped paying the fraudulent claims reported seven years earlier by DODIG. And to date only one person has been tried and convicted for this fraud out of the hundreds if not thousands involved.

The National Association of Uniformed Services (NAUS) organization is urging Congress to challenge DoD and Tricare authorities to put some guts behind efforts to drive fraud down and out of the system. If left unchecked, fraud will increasingly strip away resources from government programs like Tricare. And unless Congress directs the Administration to take action, you know who will be left in the breach, holding the bag: the law abiding retiree and family. NAUS recently learned of an incident of clear outright healthcare fraud involving a Medicare/Tricare provider. A member of a veterans-related survivor organization and a Tricare for Life beneficiary was not content with her doctor on her first visit, so she did not see him again. However, she continued to receive bills against Tricare for visits and services never performed. As appropriate, the beneficiary reported the problem to the Tricare Management Activity. When she continued to receive these bills, she found Tricare officials less willing to talk to talk to her about the situation. When the individual's survivor organization became involved, it too was told by Tricare not to worry about the billings because the bogus charges only added up to about $2,500, which fell below the level of investigative action.

America expects its government to move courageously and tackle the real problems of issues like fraud in the Tricare and Medicare system. The government should direct and resource its investigative teams to root out criminal activity, rather than looking to take money out of the pockets of military retirees through fee increase requests and actions that reduce the number of providers willing to participate in Medicare/Tricare programs. Congress needs to take the actions necessary to root out the corruption, fraud and waste so budgeted funds can better meet the needs of the military community. [Source: NAUS Journal article Jul/Aug 09 ++]

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TEXAS VET PROPERTY TAX Update 01: Texas has no state property tax. The state Legislature has authorized the more than 3,700 local governments in Texas to collect the tax. The state does not set the tax rates, collect the taxes or settle disputes between individuals and their local governments. The state Comptroller's role in property taxation is primarily limited to advisory and monitoring services provided by the Comptroller's Property Tax Division (PTD). Most importantly, PTD conducts an annual Property Value Study for each school district in the state, to measure whether their appraisal districts are appraising property at market value and thus ensure appropriate school funding. The Comptroller's study, however, does not directly affect local values or tax collections. There is a veteran's disability exemption on assessed value based on the percentage of disability assigned by the Veterans Administration. Here-to-fore that exemption started at $5000 for veterans rated 10% or more and peaked at $12,000 if rated at 100% rated disability.

On 5 MAY 09 SB 469 was amended to HB 3613, a bill entitled "An Act relating to the determination of the market value of a residence homestead for ad valorem tax purposes on the basis of the property's value as a residence homestead". The amendment allows a disabled veteran who receives from the United States Department

of Veterans Affairs or its successor 100% disability compensation due to a service-connected disability and a rating of 100% disabled or of individual unemployability to be entitled to an exemption from taxation of the total appraised value of the veteran's residence homestead. The bill was signed by Governor Perry on 19 JUN 09 and is now law. After five years of lobbying the 55,000+ 100% disabled veterans of Texas will receive 100% tax relief. If your state does not allow a 100% exemption recommend you contact your state representatives and bring to their attention what the Texas legislature has done and inquire why your state cannot do the same. [Source: MSC Newsletter Jul 09 ++]

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VA WOMEN VET PROGRAMS Update 05: A proposed new veteran's benefit, where the Veterans Affairs Department would provide up to seven days of care for newborn children of female veterans who receive maternity care from veterans' hospitals, has a bigger price tag than you might imagine. The Congressional Budget Office estimates if the proposal becomes law that about 6,600 babies would receive treatment at an average cost of $2,770 per baby in 2010. And, because the number of women veterans is growing (as are medical costs) the benefit has a $102 million price tag over five years. Care for newborns is included in separate bills approved by the House and Senate veterans' affairs committees, which means there is a very good chance it will become law as long as the cost doesn't become prohibitively high. The House Veterans' Affairs Committee has care for newborns in a women's health care measure H.R.1211 which has been passed to the Senate, while the Senate Veterans' Affairs Committee approved it as part of a larger health bill, S.252. At some point later this year, the committees will try to reach a compromise on how to combine their approaches.

The Women Veterans Health Care Improvement Act that the House passed 23 JUN on a 408-0 vote includes a provision that would make veterans eligible for short-term child care while they are receiving outpatient treatment. The care could be at a Veterans Affairs Department facility used by federal workers or at other licensed care centers that have partnerships with the federal government. The care wouldn't be free, but child care vouchers might be available to reduce fees under a two-year test program included in the bill. The Senate is working on a similar bill, with similar child care provisions, making it likely this benefit will be available in some areas beginning in 2010. [Source: NavyTimes article 13 Jul 09 ++]

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FERES DOCTRINE Update 01: The effort to give service members the right to sue the government for medical malpractice for injuries unrelated to their service is gaining momentum. On 24 JUN, Sen. Charles Schumer (D-NY) followed the lead of Rep. Maurice Hinchey's (D-NY) H.R.1478 legislation, when he introduced the Senate version of the Carmelo Rodriguez Military Medical Accountability Act, which would allow service members to sue the military for negligent medical, dental or related health care. Such legal action is currently banned under the so-called Feres Doctrine. It would limit all such Federal Tort Claims Act suits to peacetime injuries and none "arising out of the combatant activities of the Armed Forces during time of armed conflict." Schumer's bill, named for a Marine who died after his malignant melanoma was misdiagnosed, will now be considered by the Senate Judiciary Committee. It is opposed by committee member Sen. Lindsey Graham, (R-SC), an Air Force Reserve judge advocate. Graham believes military doctors who make mistakes should face discipline but not lawsuits. The House Judiciary Committee was scheduled to meet and vote on Hinchey's proposal sometime after the 4 July recess. [Source: NavyTimes article 13 Jul 09 ++]

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TRICARE PRIME Update 05: According to an independent study funded by Tricare some dependents are unhappy with their care. Active-duty dependents who are Tricare Prime users living near the lowest-rated military treatment facilities say the Military Health System falls short in the areas of getting needed care, getting it quickly, the courtesy and helpfulness of office staff, doctor communication, overall health care and doctor quality. Military retirees and their dependents in those areas weren't much happier with Tricare Prime, awarding subpar scores for getting needed care, getting care quickly and overall health care. The results may not come as a surprise given the low customer service ratings of the facilities (not identified in the study) where the services were proffered. But they are not necessarily an indication of how all Prime users feel about the system, according to Kristen Purcell, lead researcher for the company that conducted the survey for the Pentagon, Mathematica Policy Research Inc. Tricare, she said, asked Mathematica to look at this group of users to more deeply explore ways to improve the customer experience — "to hear a little bit about what was driving dissatisfaction" with the system, Purcell said. The complaints are similar to those expressed by users of civilian systems. "This is very consistent with the literature on patient satisfaction," Purcell said. She also stressed that the responses were drawn from limited focus-group research, not a random sample, and can't be accurately applied to a broader population.

But while Purcell declined to compare the results with those of previous studies of the Military Health System, saying she wasn't familiar with them, her team's findings generally echoed those of similar annual studies of users of the MHS dating back to at least 2003. In those independent studies, users generally gave Tricare lower marks than did civilian health care system users. Respondents expressed three overarching concerns in the new study. One was a lack of continuity of care in the direct care system because of physician rotations and deployments, which can lead to abrupt changes in the Primary Care Manager (PCM). A PCM is a doctor or team of doctors that oversees the care of Tricare Prime users, akin to a civilian family doctor or practice. "I've been in the military health system not quite three years, and I've had four or five different PCMs," one unnamed respondent told researchers. "I keep getting reassigned. That's probably one of my bigger complaints, because I'm not able to establish a history with any one doctor, because I never see the same doctor twice." Most respondents also said that they weren't given an enrollment choice between having a direct care or purchased care PCM; most of those pursuing direct care said they were assigned a PCM. And those going the purchased-care route said their choices among civilian providers were limited. Customer ratings for military treatment facilities from the 2008 Adult Annual Beneficiary Report can be seen at www.tricare.mil/hpae/surveys/surveys.cfm. [Source: NavyTimes William H. McMichael article 13 Jul 09 + +]

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VA DECEASED ACCRUED BENEFITS: If a veteran passes during the application process prior to funds being released, those entitled on the basis of relationship can file against those accrued benefits for expenses associated with the "Last Illness." This is not limited to just the out of pocket expenses incurred for final arrangements not covered by pre-existing arrangements or policies, nor is it for the last ambulance ride. According to the Department of Veterans Affairs own definition; "Last Illness" is the date of the application, which means the date Improved Pension was actually filed for. For example:

- Initial application was made on 15 MAR for the Aid & Attendance Pension.
- The application was approved, but the VA delayed payments due to incompetency issues such as dementia pending a fiduciary being approved or appointed.
- The veteran passes on 25 AUG 08 leaving 5 months of accrued benefits that were never paid out. Most would assume,
- Based on the form letter they receive from the VA informing them of the passing most would assume that the file has been closed since the applicant is deceased, and as a result that there is no other recourse, when actually there is. The file should a Form 21-601.

Form 21-601 Application for Accrued Amounts Due a Deceased Beneficiary can be filed to recoup accrued benefit funds. This form should not be submitted by anyone who has applied for death benefits using VA Form 21-534 or 21-535. Forms can be downloaded at www.veteranaid.org/docs/VBA-21-601-ARE.pdf. Include a copy of the death certificate unless the beneficiary died in a VA medical facility. If an executor or administrator of the beneficiary's estate has been assigned, submit a certified copy of the letters of administration or letters testamentary bearing the signature and seal of the appointing court. If you are claiming reimbursement for last illness and burial expenses of a beneficiary, submit all bills and statements of account covering the services and supplies that were provided in connection with these expenses. The bill or statement of account should be submitted on the regular billhead of the creditor and show:

1.) The dates, nature, and costs of services or supplies provided,
2.) The name of the deceased for whom the expenses were incurred, and;
3.) Whether the expense has been paid, and, if so, by whom.

Each person claiming a share of accrued benefits must complete a separate form. Entitlement to accrued benefits is determined according to the line of succession determined by law. All siblings who may be entitled to file must be listed on the form. It is recommended that you include a copy of your birth certificate indicating you are a legal heir. In the case of a sibling or other legal heir who has been excluded from entitlement, you need to include a copy of the Last Will & Testament validating that fact. If there are no living persons who are entitled on the basis of relationship, accrued benefits may be used to reimburse the person or persons who paid for or are responsible to pay the expenses of last illness and burial of a beneficiary. The claim should be filed by the person or persons whose funds were or will be used to pay such expenses. If the expenses were paid from funds of the deceased beneficiary's estate, the claim should be filed by the executor or administrator of the estate. If the expenses have not been paid, the claim may be filed by the person who is responsible for the payment of these expenses. Those filing a Form 21-601have 1 year from the date of death to file for reimbursement and should anticipate 6-12 months for the claim to be processed and check(s) issued. [Source: VeteranAid.org Debbie Burak article 4 Jul 09 ++]

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FILIPINO VET OFFSPRING: Sen. Daniel K. Akaka, Hawaii Democrat, recently reintroduced S.1337 to reunite Philippine World War II veterans who are U.S. citizens and U.S. residents with their children in the Philippines who have languished for years on the visa waiting list. The Filipino Veterans Family Reunification Act of 2009 is co-sponsored by Democratic Sens. Daniel K. Inouye (D-HI), Edward M. Kennedy (D-MA), and Maria Cantwell (D-WA). "In seeking an exemption from the numerical limitation on immigrant visas for the children of the Filipino veterans, our bill will address and resolve an issue rooted in a set of historical circumstances that are now nearly seven decades old," Mr. Akaka said. "It does not require any appropriation and will serve to reunite these veterans with their children and honor their too-long-forgotten World War II service to this nation." Now in their 80s and 90s, these men continue to wait for their children - who languish on the visa waiting lists - to join them. This legislation exempts the veterans' children - about 20,000 individuals in all -- from the numerical limitation on immigrant visas. [Source: Washington Post John Fales article 2 Jul 09 ++]

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SUNBURN: It's important to protect exposed skin from the sun's damaging rays. Whether it's going to the beach, flying a kite, picnicking or riding bikes, the Military Health System (MHS) and Tricare encourage beneficiaries to protect themselves when they're outside. According to the Centers for Disease Control and Prevention (CDC), everyone needs to avoid sunburns and protect themselves from sun exposure throughout the year. Sunburns can cause wrinkled skin and increase the risk and of skin cancer; the most common form of cancer in the United States. To protect skin from damaging UV rays, apply sun screen with at least SPF 15 on exposed skin

and lips. Any time the sun's ultraviolet (UV) rays reach the earth, exposed skin should be protected from excessive sun exposure. UV radiation is at its peak during the late spring and early summer in North America, There is also UV on cloudy, hazy days. According to CDC, the hours between 100 and 1600 during daylight savings time are the most hazardous for UV exposure in the continental United States. It's best to avoid outdoor activities during midday when UV rays are the strongest. Wearing protective clothing, such as a wide-brimmed hat, long-sleeved shirt and long pants is also a wise choice when it comes to protecting skin from the sun. Adults and children should wear sunglasses that provide 99 to 100% UV ray protection. Goggles or sunglasses that wrap around the temples offer better protection when spending time in the water, and when ultraviolet light is most intense.

One of the best preventatives is to use a sunscreen with an SPF of 30 that offers protection against both UVA and UVB rays. You can get as much sun sightseeing as baking at the beach, so use sunscreen whenever you are outdoors. Consider using an aloe vera lotion containing a sunblock. This will cut out 90% of the burning rays and allow 75% of the tanning rays to reach the skin. To speed healing take the following supplements for a few days after getting burned: 1,000 mg of vitamin C, 400 I.U. of vitamin E, 15 mg of beta carotene, and 1-2 tablespoons (or about 3 capsules per teaspoon) of flaxseed oil, an essential fatty acid. Caution: don't ever cover a sunburn that is blistered or open with an ointment, oil, salve or butter, for it will make the area susceptible to infection. Also, you may have sun poisoning if you experience chills, fever, or get blisters or a rash. If you do, see your physician.
To help Tricare beneficiaries catch potential problems early, Tricare covers skin cancer screening exams for individuals with a family or personal history of skin cancer, increased occupational or recreational exposure to sunlight or clinical evidence of precursor lesions. [Source: TMA Patricia Opong-Brown article 2 Jul 09 ++]

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SUNBURN Update 01: To speed healing take the following supplements for a few days after getting burned: 1,000 mg of vitamin C, 400 I.U. of vitamin E, 15 mg of beta carotene, and 1-2 tablespoons (or about 3 capsules per teaspoon) of flaxseed oil, an essential fatty acid. You should never cover sunburn that is blistered or open with an ointment, oil, salve or butter, for it will make the area susceptible to infection. Also, you may have sun poisoning if you experience chills, fever, or get blisters or a rash. If you, do see your physician. Otherwise, some folk remedies for sunburn which you may want to experiment with are:

- Aloe - Take as many leaves as necessary from an aloe plant; refrigerate; peel off top layer of leaves; apply the side of the leaf with flesh exposed directly to the sunburn. Other remedies use aloe vera juice: for mild to medium sunburn, keep the affected area moist with aloe vera juice. Repeat frequently. This will reduce the pain and the amount of peeling. Aloe vera ointment works well, too, as it contains oil and will not evaporate. For a severe sunburn, keep the area moist at all times with aloe vera juice. Since aloe vera is an astringent, you may want to use aloe vera ointment or some sort of oil, such as olive or baby. Aloe is very effective in relieving pain and inflammation.
- Apple cider vinegar - Apply to the burn with a cotton ball, or make a cooling compress for a large area to relieve the pain. Keep the skin moistened. This remedy will prevent blistering and peeling.
- Aspirin - Aspirin kills the pain and reduces inflammation and redness of a sunburn. It short-circuits the whole sunburn process. It must be taken within 24 hours of getting sunburned. Aspirin is preferable to ibuprofen or acetaminophen because it is less stressful on the liver and kidneys.
- Baking soda - Dissolve in water and make a compress using a clean cloth. Another remedy is to add 1/2 cup of baking soda to a tepid bath and soak. Instead of drying the affected area with a towel, let it air dry. Baking soda is cooling and will help the skin retain moisture.
- Baths - Add 20 drops of each of lavender and chamomile essential oils to a tubful of cool water and soak for 10 minutes.
- Bergamot - Add bergamot oil to cool bathwater.

- Calendula - Put 20 drops of calendula tincture in four ounces of water and bathe the skin until the pain goes away. Calendula is also available in gels and salves. Calendula will help soften and heal burned skin. It is anti-inflammatory and antimicrobial, and can be used long after the burn to heal the skin.
- Cucumber - Rub sunburned area with fresh cucumber slices. They are very cool and will soothe the area.
- Epsom salts - Dissolve in water and make a compress using a clean cloth.
- Ice - Apply ice or cold water to the burned area. This will stop the burning process and cool the skin.
- Lavender - Mix 20-25 drops of lavender oil in one cup of water and bathe the sunburned area.
- Lemon - Mix the juice of three lemons into two cups of cold water and sponge on the sunburn. The lemon will cool the burn, act as a disinfectant, and will promote healing of the skin.
- Milk - Make a compress of whole milk (or buttermilk) and apply to the burned area for 20 minutes; repeat every two to four hours. Wash the milk off so you won't smell sour! The fat content of the milk is soothing for burns. A similar remedy suggests using a cup of skim milk and four cups of water, adding a few ice cubes, and applying as a compress as recommended above.
- Oatmeal - Put some in tepid bath water, soak for a few minutes, then air dry yourself.
- Cooking Oil - Cover the area and sprinkle powdered ginger on the oil. This will promote healing.
- Onion - Bruise an onion and rub on the burn.
- Peppermint Oil - Apply to the sunburned skin. You can also make a mild peppermint infusion and use it as a wash to cool the sunburn.
- Potato - Grate a potato and apply it to the burned area. The starch will cool and soothe the burn.
- St. Johns Wort - Make an ointment or salve with the essential oil of St. Johns wort for burns that have not broken the skin. It is anti-inflammatory, antiviral and antibacterial. Caution: St. John's wort makes the skin more photosensitive, so stay out of the sun if you have used this remedy or if you are taking another form as an antidepressant.
- Shower - Take a warm shower to draw out the heat of your sunburn. The warm water will increase circulation to the area while hydrating it, thereby speeding the healing process.
- Tea - Make some tea, cool, and apply to the burn. While any tea may be beneficial, mint tea, such as peppermint or spearmint are especially good. The teas have tannins that help the healing process.
- Urtica urens - Put 20 drops of urtica urens tincture in four ounces of water and bathe the skin. This remedy is good for itchy, prickly skin.
- Witch hazel - Make a decoction (a method of extraction by boiling of dissolved chemicals, or herbal or plant material) of witch hazel and apply with a compress.
- Yarrow - Native Americans used an infusion (very similar to a decoction but is used with herbs that are more volatile or dissolve readily in water, or release their active ingredients easily in oil) of ground yarrow as a wash.
- Yogurt - Apply plain yogurt with live cultures, let it stand for a few minutes, then rinse off under cool water. Another remedy using yogurt is to mix equal parts of yogurt and mashed strawberries and apply to the sunburned area for 15 minutes. Rinse with cool water.

[Source: Health911.com article July 09 ++]

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TRICARE PREVENTIVE HEALTH PROGRAM Update 01: DoD is putting into effect the Congressional ordered waiver of co-pays for some preventive services for beneficiaries who use Tricare Standard or Tricare Extra. (Not Tricare for Life). The services are:

- Colorectal cancer screenings
- Breast Cancer Screenings

- Cervical cancer screenings
- Prostate cancer screenings
- Immunizations
- Well child visits for children under the age of 6 years
- The medical visit if it is for one of the items listed above. If a patient has more than one of the listed services provided during the visit (and who wouldn't) then those other services are subject to co-pays and deductibles.

The law went into effect on 14 OCT 08, as part of this year's National Defense Authorization Act (NDAA) but it will not be implemented until 1 SEP 09. So if you have had any of these services preformed since 14 OCT of last year and paid co-pays and/or deductibles retain or try to collect records to submit after 1 SEP for reimbursement. The 2009 NDAA said that DoD could include TFL recipients under this program; but they were not compelled to do so. And not surprisingly, they did not. [Source: TREA Washington Update 2 Jul 09 ++]

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VA BLUE WATER CLAIMS Update 07: Previously the National Association for Uniformed Services (NAUS) reported that the rules for assumptive Vietnam Agent Orange (AO) were being changed in regards to military members on board ships that actually tied up to a dock. Since then NAUS received the following from the Veterans Benefits Administration. Note the parenthetical change that mentions "tied up to the dock":

"The Hass cases will be reviewed as any claim for AO. In essence, since the Hass case was dismissed, if there was no service within Vietnam (e.g.: tied up to the dock in Vietnam for ship purposes, or in the brown water navy, or boots on the ground) the claimant has no availability to use the presumptive regulations for AO. However, if the claimant can prove exposure (via sound medical evidence consistent with the Veteran's service) then entitlement may be granted via 38 CFR, 3.303 (d)."

NAUS notes that the wording above is not final as the Compensation and Pension Service is still working on changing the regulations. "Hass cases" refer to cases made by "Blue Water" service members for AO related claims. The VA has denied the majority of presumption cases for those who were only served on the "Blue Water" ships and had never set foot on land. [Source: NAUS Weekly Update 2 Jul 09 ++]

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TSP Update 20: Overall, the Thrift Savings Plan's (TSP) funds posted meager returns for June, with none gaining more than 1% with the exception of an I Fund loss. Although all the funds have grown since the beginning of 2009, only the G Fund and the F Fund have increased since 1 JUL 08. Each of the TSP's life-cycle (L) funds climbed in June, but are still in the red compared with 12 months ago. Following was their status as of 30 JUN:

- The S Fund, which invests in small and medium-sized companies, and tracks the Dow Jones Wilshire 4500 Index, posted the strongest returns in June, at 0.73%. So far in 2009, it has gained 7.85%, but it has lost 27.94% compared to the same period last year.
- The G Fund, composed of government securities, grew 0.27% in June, and has accumulated 1.36% since January. During the past 12 months, the fund rose 3.32%. The F Fund inched up 0.54% in June, and has gained 1.95% since the start of 2009. Overall, it has gained 6.18% since June 2008.

- The C Fund, which invests in larger companies on the Standard & Poor's 500 Index which includes fixed-income bonds, was up 0.24% in June, and has increased 3.3% since the beginning of the year. During the past 12 months, the fund fell 26.12%.
- The I Fund posted losses of 1.08% in June, but so far has registered positive gains for the year, at 6.6%. During the past year, the fund has plunged 31.21%.

Despite stronger gains earlier this year, the riskier L funds saw little growth in June. The L 2040 Fund, designed for enrollees who are not nearing retirement, posted an increase of 0.09% in June, and 5.14% since the beginning of the year. Since June 2008, it has lost 21.42%. The L 2030 Fund was up 0.12% in June, and has gained 4.85% since the beginning of the year. In the past 12 months, it has lost 18.1%. The L 2020 Fund posted gains of 0.14% in June and is up 4.4% so far in 2009. Since June 2008, the fund has fallen 14.38%. The L 2010 Fund posted gains of 0.24% in June and increased 2.82% since the start of the year. Since June 2008, it has decreased 5.56%. The L Income Fund grew 0.26% in June, and is up 2.6% so far this year. During the past 12 months, it dipped 1.96%. To review a monthly listing of the last year's returns refer to www.myfederalretirement.com/public/237.cfm. [Source: GovExec.com Alex M. Parker article 1 Jul ++]

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VA CLAIMS BACKLOG Update 28: A North Carolina lawmaker proposes tackling the backlog of veterans' disability claims by awarding benefits to veterans after 18 months if their claim hasn't been processed. Veterans Affairs Department officials have told Congress they are, on average, processing disability compensation claims within 162 days and have a goal of cutting the average to 120 days. But Rep. G.K. Butterfield, (D-NC) is one of many lawmakers who think there is a limit to how patient veterans could be in waiting for money they are due. "Backlogs are at the point where veterans must wait an average of six months for a decision on benefits claims and some veterans are waiting as long as four years," Butterfield said in a statement. "Veterans deserve better than this." On 26 JUN Butterfield introduced H.R.3087 which would automatically approve a veteran's claim if no decision is made by the VA within 18 months. The bill doesn't say exactly how the VA would do this, but creates a task force to monitor VA to make sure the 18-month deadline isn't met with an arbitrary denial just before the claim must be paid.

The bill comes as the number of unprocessed veterans claims exceeds 915,000 — a 100,000 jump since the beginning of the year. In testimony two weeks ago before a House committee, VA officials said the current 162 days is 17 days less than one year ago, a sign that they are beginning to make process. Butterfield's legislation, though, focuses on the estimated 20% of claims that are not easily resolved, usually because the claim involves a veteran claiming multiple disabilities from a variety of causes who is not able to provide documents that show a clear link to military service for all of the disabilities. A deadline might help force the VA to move faster, Butterfield said. "The decision should be made within 180 days," Butterfield said. "Providing a deadline gives the VA an added incentive to make a timely decision, and provides our veterans with an assurance against claims languishing for years." The bill was referred to the House Veterans' Affairs Committee for consideration, a panel that has discussed the idea of having claims automatically approved if they languish. The VA and some veterans' service organizations have opposed the idea, worried that a deadline encourages shortcuts by the VA — like quick denials — and also might lead some veterans to file extremely complicated and not well-documented claims in an effort to make the process drag out beyond the automatic payment deadline. [Source: MarineCorpsTimes Rick Maze article 30 Jun 09 ++]

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COMPENSATION for INJURY by VA: Congress meant what it said 70 years ago in a law that entitled veterans to compensation for injuries resulting from Veterans Administration medical treatment, although

for nearly as long, the agency has insisted that compensation was due only if the injury resulted from medical negligence. The unanimous decision upheld a 1993 Federal appeals court ruling that the Clinton Administration had warned would cost the Government $1 billion in the next five years in claims by veterans whose treatment was not negligent but nonetheless had a poor outcome. Ruling in the case of a Korean War veteran who became partly disabled after surgery in a V.A. hospital for a herniated disk, the United States Court of Appeals for the Federal Circuit here invalidated an agency regulation that restricted compensation to cases of medical accident or fault. The regulation, in various forms, dated from 1930, six years after Congress passed a law providing compensation "where any veteran shall have suffered an injury, or an aggravation of an injury, as the result of hospitalization, medical or surgical treatment" or a vocational rehabilitation program run by the VA. Since 1989, the agency has been a Cabinet department, the Department of Veterans Affairs.

Writing for the Court on 13 DEC 94, Justice David H. Souter noted that the 1924 law did not include "so much as a word about fault." He said the Government's various explanations for why negligence should be understood as implicit in the statute were "implausible." The decision, Brown v. Gardner, No. 93-1128, was the one of several cases in which the Court has had to examine a law in light of an interpretation by the executive branch that appeared at variance with the words chosen by Congress. In the 13 DEC decision, the Court found no reason to defer to the executive branch's longstanding interpretation of the veterans' compensation law as containing a negligence requirement. The phrase "as a result of" in the law "is naturally read simply to impose the requirement of a causal connection" without regard to fault, Justice Souter said. He said the VA.'s 64-year-old regulation to the contrary was entitled to no weight. "A regulation's age is no antidote to clear inconsistency with a statute," he said. Despite the age of both the law and the regulation, the Court had not had an earlier occasion to examine the issue because veterans' cases were not subject to judicial review before 1988. That year, Congress passed the Veterans Judicial Review Act and set up a special court, the Court of Veterans Appeals, to review veterans' claims. In this case, that court ruled in the veteran's favor, overturning a determination by an administrative board, and the veterans court was in turn upheld by the Federal appeals court. Bottom line there is nothing that prevents veterans from filing suit against the VA for negligent health care resulting in injury as defined and contained in Section 1151 of the Veterans Benefits ACT, Title 38 under Federal Law. [Source: New York Times Linda Greenhouse article 13 Dec 94 ++]

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HOSPITAL FREQUENT FLIERS: Doctors call them frequent fliers. They are the patients who leave the hospital, only to boomerang back days or weeks later. They have become a front-burner challenge not only for hospitals and doctors but also for those trying to rein in rising costs. Typically elderly and suffering from the chronic diseases that account for 75% of health-care spending, their experiences of being readmitted time and again reflect many of the deficiencies in a fragmented, poorly coordinated health system geared toward acute care. There are many reasons for readmissions, including high rates of medical errors and hospital-acquired infections; lack of communication between doctors who care for patients in the hospital and their regular physicians; trouble getting a prompt doctor's appointment after discharge; missed referrals for home health care; and poor coordination and medication management during transitions from hospital to home or nursing home.

Experts don't agree on how many readmissions are avoidable. Dozens of promising initiatives designed to cut down on them are underway. But many experts say sweeping changes are needed in how health care is delivered and how hospitals and doctors are paid -- sensitive issues that confront Congress and the medical industry in the debate on overhauling the health system. President Obama and health reformers in Congress are looking at many ways to reward quality and emphasize prevention and coordination. Right now, hospitals that do a better job of preventing readmissions sometimes end up losing money because the health-care system doesn't pay for the extra work they do. Some health reform proposals would change the way hospitals are paid, so that stopping readmissions becomes

good business. One idea is to bundle the payments to hospitals, doctors and perhaps nursing homes or rehabilitation centers, to cover both the hospitalization and those first critical weeks after discharge. Another proposal is to have Medicare penalize hospitals with high readmission rates for eight common chronic diseases. Members of both parties have been looking at ways of paying primary care doctors more to help patients manage their chronic diseases and avoid trips to the hospital every few weeks or months.

Both doctors groups and the American Hospital Association have agreed that it's time to address readmissions. The association, however, prefers to start with pilot programs to test new payment systems rather than implementing an across-the-board new approach. The AHA also says hospitals should not be held responsible for problems that patients encounter when they're outside the hospitals' control. Readmission costs are staggering. One of five Medicare hospital patients returns to the hospital within 30 days -- at a cost to Medicare of $12 billion to $15 billion a year -- and by 90 days the rate rises to one of three, according to an analysis of 2007 data by Stephen Jencks. Within a year, two out of three are back in the hospital -- or dead. Jencks consults on this issue for the independent Massachusetts-based Institute for Healthcare Improvement. For the population as a whole, including patients too young for Medicare, the readmission rate is 14 to 19% for the first 30 days, said Jencks.

Some doctors are skeptical of this new stress on avoidable hospitalizations. At an American Medical Association meeting in Washington this year, some questioned whether they could do much to reduce hospitalizations. Cases can be very complicated, they said; patients don't always follow directions. HeartLink, a program in which patients monitor themselves daily and call a toll-free telephone line to answer some simple questions about weight gain, swelling and breathing difficulties, is new and small, and the results are anecdotal and preliminary. But other hospitals and doctors say they're proving that innovative approaches can cut readmissions while providing higher-quality care at lower cost. Pat Rutherford, a vice president at the Institute for Healthcare Improvement, has been working with hospitals across the country that want to see less of their frequent fliers. "There are a lot of innovations out there, and we have growing evidence that we can improve this for the patient, to make their experience better and make sure they have a better handoff to a home or community setting," she said. "How many hospitals are ready to step up to the plate? That's to be determined," she added. "But more and more are becoming aware that in terms of quality and cost, this could be a huge home run if we do it right." [Source: Kaiser Health News Joanne Kenen article 30 Jun 09 ++]

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RETIREE VOLUNTARY RECALL Update 01: The U.S. Army is ending a program that has allowed military retirees to volunteer for missions in Iraq and Afghanistan, disappointing many former service members who have embraced a second chance to serve their country. Lt. Col. George Wright, 55, an Army spokesman, himself a program participant who signed up to return to service in 2007 after nine years of retirement, said the program is being terminated because the Army had to reduce personnel to reach a congressionally mandated limit on the total number of soldiers. "The end of the program is driven by end-strength concerns," he said, adding that the Army was engaged in a constant process of managing its size by "fine-tuning" its enlistment and retention figures. "There's a balance between the methods we use. We try to use the tools that will impact Army capabilities the least," he said, noting that most of those who had signed up for the program were not serving on the front lines. The decision has caused consternation among many of those who have returned to the military. Since the program began after the Sept. 11, 2001, terrorist attacks, 2,851 veterans with 20 years or more experience - mostly between the ages of 45 and 55 - have passed through the program, according to Army figures. Nearly 750 have served in Iraq or Afghanistan.

Army figures show three participants have been wounded and one -- Maj. Steven Hutchison, 60, of Scottsdale, Ariz. -- has been killed. Col. Wright said the Army has recalled retired soldiers, usually officers, in every conflict in

which the United States has been involved since the War of 1812. Soldiers who had retired after 20 years' active service, or the equivalent service in the reserves, and who met Army fitness and weight requirements, were eligible for the program. It was set up in 2002 under special wartime powers that enable the defense secretary to recall retirees -- although in this case, the process was voluntary. Col. Wright said the Army began phasing out the program in March and would end it by October, sending home the 1,163 retirees now enrolled. A few exceptions with special skills -- 41 to date -- could be approved to remain in service. The House Armed Services Committee recently amended the draft-authorizing legislation that sets the Army's end-strength, raising the limit on the total size of the force by 30,000 soldiers. If the measure is approved by Congress, it would effectively eliminate the Army's rationale for ending the retiree-recall program. It is too soon to tell what effect any changes will have on the plan, Col. Wright said. [Source: Washington Times Shaun Waterman article 30 Jun 09 ++]

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CREDIT SCORE Update 02: Paying down installment loans, like car loans, will help your credit score — but not as much as paying down credit cards, said John Gannon, president of FINRA Investor Education Foundation. “If you have high outstanding balances on credit cards, it will affect your credit score negatively,” Gannon said. A credit score is a number from 300 to 850 that summarizes your credit risk based on your credit report. Most lenders consider scores above 700 to be good, and above 650 is fair, according to www.myFICO.com and the Consumer Federation of America. Lenders use those scores to determine whether to loan you money and how much interest to charge, so a good credit score can mean lower monthly payments. Go to www.myFICO.com for a good calculator showing the effect of various credit scores on interest rates for mortgages and car loans. A good credit score can save you money in other ways. Insurance companies often use credit scores to determine how much you’ll pay for car insurance, for example. The most important component is your payment history, Gannon said, so it’s important to make at least the minimum payments on those loans and credit cards.

One issue beyond your control is your credit history. A 22-year-old will not have the history of a 55year-old simply because he hasn’t lived long enough to build it. Don’t max out the credit cards and credit lines available to you. A good rule of thumb, Gannon said, is not to exceed 30% of the available credit on your cards. So if your limit is $1,000, try to keep the balance below $300. (Better yet, don’t carry a balance.) If you have three credit cards, is it better to pay down the cards so that the debt on each is less than 30% of available credit or to pay off one card at a time? That depends on your goal, Gannon said. If you’re trying to improve your credit score, the best thing to do is get all three under the 30% threshold. But for money management reasons, you might want to pay off one card at a time. Some people pay off the card with the highest interest rate first. Others pay off the card with the lowest balance first; having one fewer debt can give you a psychological boost. It’s better not to close accounts once you’ve paid them off — that can lower your credit score, Gannon said. FINRA and Brightscore.com provide free credit scores to active duty members and their spouses who are having trouble with their finances. Credit scores also are available to activated National Guard and reserve members. [Source: NavyTimes Consumer watch Karen Jowers article 6 Jul 09 ++]

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SGLI/VGLI Update 09: A House subcommittee is wrestling with what changes are needed in life insurance programs to accommodate a new generation of disabled combat veterans who are not yet thinking about long-term financial stability for their families. The House Veterans’ Affairs Committee’s disability assistance panel is considering revisions to the Veterans’ Group Life Insurance (VGLI) program that would give disabled veterans several opportunities to increase their coverage. Rep. Steve Buyer (R-IN), said current law limits veterans to choosing their special life insurance coverage one year after leaving the military — and the decision is irrevocable. “Many separating service members are young and don’t see the need to carry a large amount of life insurance

coverage," he said. "As they grow older and have a family, many of them require additional coverage." Buyer favors allowing veterans to buy up to $400,000 of VGLI coverage in $25,000 increments with a chance to change coverage every five years until age 60. One key issue to be resolved is whether improvements would be fully or heavily subsidized by taxpayers, or whether veterans would bear the cost through higher monthly premiums. [Source: NavyTimes Rick Maze article 6 Jul 09 ++]

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BURN PIT TOXIC EMISSIONS Update 09: Even as military health officials continue to say there are "no known long-term health effects" caused by open-air burn pits in Iraq and Afghanistan, a team of Army doctors says a soldier's cystic lung disease is "related to the burn pits in Iraq." A second set of doctors, trying to determine why 56 soldiers in the 101st Airborne Division came back from Iraq short of breath, found each had bronchiolitis that could be diagnosed only with a biopsy. That disease normally comes with organ transplantation, infection, rheumatoid arthritis or toxic fume inhalation. Because there was no scarring on the soldiers' lungs, doctors decided it must have been toxic inhalation and added a fifth cause of bronchiolitis to their list: "Iraq." Since Military Times began reporting in October about burn pits in the war zones, 400 troops have contacted Disabled American Veterans to say they have breathing problems or cancers they believe came after exposure to the burn pits. Many say they have been diagnosed with "asthma-like" or "allergy-like" symptoms when they've complained of shortness of breath, but their doctors can't come up with an exact diagnosis.

Meanwhile, annual cases of chronic obstructive pulmonary disease among service members have risen 82% since 2001, to 24,555 last year, while cases of all other respiratory illnesses have risen 37%, to 28,276, Defense Department data show. The symptoms cited by service members are remarkably similar. But Spc. Edward Adams, 33, may be the first to have "burn pit" marked in his medical records. Adams, who joined the Army in 2005, served at Camp Speicher in Tikrit, Iraq, from JUL 06 to OCT 07, where he lived downwind of a burn pit used to eliminate the base's waste. "At night, it was like stepping into a sewer," he said. "There was a giant black cloud." Within months of arriving, he found himself short of breath, felt tightness in his chest and had a constant cough. By the end of his deployment, he couldn't keep up on physical training runs. "They didn't treat me at all," Adams said of medics at the base. "They told me it was … dirt and sand. I thought, 'When I get home, it should clear up.' But I immediately started getting worse." No one seemed able to diagnose his problem, and his X-ray looked clear. Then one night after he came home, his lungs shut down, leaving him unable to breathe.

Adams spent six days in the hospital and was referred to the pulmonary department. A breathing test showed possible asthma, but that didn't match other tests. His doctor, Army Col. Vincent Grbach, ordered an MRI that showed Adams' lungs were filled with hundreds of tiny black holes — cystic lesions that had spread throughout his lungs. But unlike the ragged lesions that show up in cases of emphysema, usually in middle-aged smokers, Adams' lesions were smooth. And there was no scar tissue to show infection. "The doctors said … they hadn't seen these problems until the last few years," Adams said. "They asked me if I was near a burn pit." Grbach brought up the case at a thoracic conference at Tripler Army Medical Center at Schofield Barracks, Hawaii, where Adams is stationed, to find a diagnosis. Grbach, typed a diagnosis based on the conference in Adams' file, citing "unanimous agreement" that Adams' pulmonary disease "represents something other than asthma and is probably related to the burn pits in Iraq." Grbach recommended that Adams be medically retired from the military, calling his disease a "chronic lifelong condition."

In his medical evaluation board, a second doctor determined that Adams' aorta — the body's largest blood vessel, leading out from the heart — had decreased in size by about half. The doctor, Michael McGriff, chief physician of the MEB at Tripler, attributed that to "toxic exposure," according to Adams' records, because, again, Adams had no other markers for the problem and no one could figure out what caused it. "He told me, 'Get life

insurance. We don't know if you have one year to live or 50,' " said Adams. Vanderbilt University Medical Center physician Robert Miller said Adams is not the only one coming home from Iraq with breathing problems that are proving difficult to diagnose. Miller, assistant professor of pulmonary and critical care medicine, was asked by military physicians to see if he could find out why 56 airborne soldiers back from Iraq were short of breath. Their pulmonary function tests came back normal, and their X-rays and MRIs showed nothing out of the ordinary. But only one had had a baseline pulmonary function test before deploying. That test checks how much air a person's lungs can hold, usually by seeing how much he can blow out or inhale. That soldier scored 115% of normal on a pre-deployment test. Post-deployment, he tested at 80%. By itself, 80% is not considered abnormal — but a 35-point drop is "a huge change," Miller said.

Miller and his research partner, Matthew King, began asking soldiers if they had been exposed to anything in Iraq. Most had been exposed to sulfur dioxide from a sulfur mine fire in Mosul in 2003. The others had been exposed to open burn pits. Miller biopsied the soldiers' lungs and found in each of the 40 soldiers he tested bronchiolitis, an obstruction of the lungs' tiniest airways — including in those soldiers who had not been exposed to the sulfur mine. The disease should have shown up on the soldiers' X-rays, but it didn't. Miler called that very unusual. As more soldiers came in over the years, Miller ordered a lung biopsy on every one who had shortness of breath — not normal procedure for that condition. "At first, I didn't biopsy them," he said. "But two of my most severe patients had chest X-rays that were completely normal." One, a former marathon runner who had continued to run while in Iraq, was so debilitated upon her return in 2005 that she is now on oxygen. She had not been exposed to the sulfur mine fire, even though Miller said sulfur dioxide is the most significant toxin for this lesion. What else could produce sulfur dioxide? In a memo dated 20 DEC 06, Air Force Lt. Col. Darrin Curtis, former bioenvironmental flight commander for Joint Base Balad, Iraq, which at one time burned 250 tons of trash a day, cited sulfur dioxide as a byproduct of the burn pit.

Miller's patients probably will have breathing problems for the rest of their lives. He recommends the military require baseline pulmonary function tests for all active-duty service members so there is something to compare with later, if necessary. Ultimately, Miller said, the military needs to take a serious look at its practice of long-term, open-pit burning of trash. "I believe it's … inhalational exposure," he said of the patients he has seen and continues to see. "I'm concerned about what's out there." [Source: NavyTimes Kelly Kennedy article 6 Jul 09 ++]

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CAMP DARBY WELCOMES RETIREES: If you are a member of the active duty or retiree military community and are able to include a European trip in your plans Camp Darby Italy wants you. Facilities are open to all military ID card holders and their dependent Family members DoD civilian employees retirees and NATO forces with NATO ID card. Camp Darby is home to the only American Beach in Europe. Though a small military community of 1,800 people it has more than 38,000 visitors annually. Located in the heart of Tuscany it's a springboard to discovering Italy. Pisa the Leaning Tower and the Pisa Airport are minutes away. The city of Florence and its airport are an hour away. For info on visiting the Leaning Tower of Pisa refer to www.opapisa.it , click on "sito ad alta accessibilità" and then English. For info on daily trips APR thru SEP 09 to other locations refer to Camp Darby's Information Tours & Recreation (ITR) site www.livornomwr.com/st.php?activity_id=26&template_id=3 and click on their Trip/Event planner pamphlet in the lower right hand corner for visits to Florence, Cinque Terre, Acqua Village, Volterra, Rome, La Luminara', La Luminara', Elba, and Venice.

Since Camp Darby is not an Armed Forces Recreation Center reservations are on a first come first served basis. Accommodations include two lodges, log cabins, and campgrounds on the installation with handicap-accessible rooms at the lodge and log cabins. Rooms and cabins run $65 to $80 per night depending on your choice, For more

information refer to http://www.usag.livorno.army.mil or call 39- then 050-54-7225 or 050-54-7580 for Sea Pines Lodge (but they are only open Central European time from 8 a.m. to,5 p.m.). Reservations at Sea Pines Lodge can also be made by e-mailing lodging@eur.army.mil . [Source: Army Echoes May-Aug 09 ++]

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RSO LOCATIONS BY COUNTRY: 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 country refer to the following:

- ***Europe*** 06202-80-6080 rsoae@eur.army.mil
- ***Germany***
  - Ansbach 0981-183-7824 RSOAnsbach@eur.army.mil
  - Bamberg 0951-300-8071 RSOBA@eur.army.mil
  - Baumholder 06783-6-6080 RSOBaumholder@eur.army.mil
  - Grafenwoehr 09641-83-8540 imae-graf.rso@graf.eur.army.mil
  - Heidelberg 06221-57-3347 RSOHD@eur.army.mil
  - Kaiserslautern 0631-411-7333 RSOKL@eur.army.mil
  - Mannheim 0621-730-2399 RSOMA@eur.army.mil
  - Schweinfurt 09721-96-7033 RSO.Schweinfurt@eur.army.mil
  - Stuttgart 07031-15-2924 usag-s.rso@eur.army.mil
  - Wiesbaden 0611-705-7668 RSOWiesbaden@eur.army.mil
- ***Belgium*** - 0032-65-44-6238 RSO.usagbenelux@eur.army.mil
- ***England*** - see Kaiserslautern
- ***Italy/So. Europe/Africa/Mid-East - Vicenza*** - 0444-71-7451 RSOVicenza@eur.army.mil
- ***Netherlands*** - 0031-46-443-7320 RSO.Schinnen@eur.army.mil
- ***Japan*** - 046-407-3940 rso@zama.army.mil
- ***Okinawa***- 06117-44-4186 rso@okinawa.army.mil
- ***Korea*** - 0505-730-4133 RSO@korea.army.mil

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

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SURVIVOR'S FILE: Whether your marriage was in the early days of military service or long after retirement, one of the most difficult situations you'll face is dealing with the death of your retired military spouse. Nothing can make this mission easy, but being prepared can help ensure that you do what you need to when the time comes. Communication and regular updates are key. A file with all the retiree's important papers won't help if it's in an unlabeled file drawer or on a computer protected with a password that your spouse doesn't have. Similarly, funeral wishes can't be followed if the cemetery selected has since closed to new burials. Retirees can use the Casualty Assistance Checklist at http://www.armyg1.army.mil/rso/PostRetirement.asp as a starting point for their survivor's file. Keep in mind that your survivor file needs to fit your Family's situation and meet your Family's needs. Above all, talk about your survivor's file with your Family. Death is a topic most of us tend to avoid – so you need to set a date and time to talk. You might pick a date you want to be sure to remember – like your wedding anniversary. Make this file up-to-date, easily accessible and designed for your Family. Following is information most survivor's files will need:

- Social Security Number & copy of your DD-214
- Numbers to call first:
  - The Army's Casualty Operations Center (1-800-626-3317) to report the death of a retired Soldier.
  - The Defense Finance and Accounting Service's Retired Pay Center (1-800-321-1080) for those receiving military retired pay.
  - The Department of Veterans Affairs (1-800-827-1000) for those receiving VA disability compensation.
  - Local Social Security office for death notification and apply for benefits on your account for survivors.

- Funeral - Who needs to be notified? Also, what kind of funeral do you and your spouse want, do you want to be buried in your uniform, do you want a military honor guard, where do you want to be buried?
- Retired Pay/Survivor Benefit Plan (SBP)
  a.) Include a copy of your latest Retiree Account Statement and highlight the section that shows if you did or did not enroll in SBP and, if you did enroll, what category of beneficiary you enrolled (for example, spouse or former spouse).
  b.) If you worked for the federal government as a civil service employee, note in your file whether you're receiving separate or combined retirement from the military and civil service and show how this affected your SBP election.

- VA benefits – Are you receiving VA disability compensation? Make sure your survivor's file includes information on any VA payment or claim you've filed with the VA with your VA file number. Even if you don't usually use a computer, you'll want to visit the VA's Survivor page www.vba.va.gov/survivors/index.htm.
- Insurance – Do you have life insurance? Include a copy of your policy and current information on where to call.
- ID cards – Note that your spouse needs to get a new ID card and notify the Defense Enrollment Eligibility Reporting System (DEERS) (1-800-538-9552) of your death.
- Finances – Put a copy of your latest bank statement(s) in your file as well as details on any investments and their current value. Also make sure you leave records of any creditors.
- Your will - Where is it? If you were married before – Are any benefits going to your former spouse and children? For example, if your former spouse is your SBP beneficiary, is your current spouse aware of this?
- Do you have a lawyer? Include contact information. Do you have a financial advisor? Include contact information.

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

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Flag Presentation: Presentation of the flag during a ceremony should be preceded by a brief talk emphasizing the importance of the occasion. Following the presentation all present should salute the flag, recite the pledge of allegiance, and sing the national anthem. For additional info on flag issues refer to www.pueblo.gsa.gov/cic_text/misc/ourflag/titlepage.htm :

Folding - Two persons, facing each other, hold the flag waist high and horizontally between them.

(1) The lower striped section is folded, lengthwise, over the blue field. Hold bottom to top and edges together securely. Fold the flag again, lengthwise, folded edge to open edge.
(2) A triangular fold is started along the length of the flag, from the end to the heading by bringing the striped corner of the folded edge to meet the open edge.
(3) The outer point is turned inward parallel with the open edge, forming a second triangle.

(4) Repeat the triangular folding until the entire length of the flag is folded.
(5) When the flag is completely folded only the triangular blue field should be visible.

Care - The life of your flag depends on your care. Dirt can cut fabrics, dull colors, and cause wear. Most outdoor flags can be washed in mild detergent and thoroughly rinsed. Indoor and parade flags should be dry-cleaned. Many dry cleaners offer free cleaning of U.S. flags during the months of June and July. Damaged flags can be repaired and utilized as long as the overall dimensions are not noticeably altered. American Legion Posts and local governments often have facilities to dispose of unserviceable flags. Store your flags in a well ventilated area away from any harsh chemicals or cleaning compounds. If your flag gets wet, never store it until it is completely dry. Wet folds cause permanent creases. Dampness ruins fabric and causes mildew. Pole care is also related to flag care. Rust and scale cause permanent stains and some metallic oxides actually eat holes in fabric.

Sizes - The size of the flag is determined by the exposed height of the flagpole from which it is flying. The only consideration is for the flag to be in proper proportion to its pole. Flags which fly from angled poles on homes and those which are displayed on standing poles in offices and other indoor displays are usually either 3' x 5' or 4' x 6'. Color guards usually carry flags measuring 4' x 6'. Other recommended sizes are shown in the following table:

- 20 ft Flagpole Height use 4 x 6 foot size flag
- 25 ft Flagpole Height use 5 x 8 foot size flag
- 40 ft Flagpole Height use 6 x 10 foot size flag
- 50 ft Flagpole Height use 8 x 12 foot size flag
- 60 ft Flagpole Height use 10 x 15 foot size flag
- 70 ft Flagpole Height use 12 x 18 foot size flag
- 90 ft Flagpole Height use 15 x 25 foot size flag
- 125 ft Flagpole Height use 20 x 30 foot size flag
- 200 ft Flagpole Height use 30 x 40 foot size flag
- 250 ft Flagpole Height use 40 x 50 foot size flag

[Source: Federal Citizen Info Center FAQ www.pueblo.gsa.gov Jun 09 ++]

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TAX BURDEN FOR DELAWARE 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 Delaware:

State Sales Tax: None

Fuel & Cigarette Tax:

- **Gasoline Tax:** 23 cents/gallon
- **Diesel Fuel Tax:** 22 cents/gallon
- **Cigarette Tax:** $1.15 cents/pack of 20

Personal Income Taxes:

- **Tax Rate Range:** Low - 2.2%; High - 5.95%
- **Income Brackets:** Six. Lowest - $2,000; Highest - $60,000

- **Tax Credits:** Single - $110; Married - $220; Dependents - $110; Over 60 - take an additional $110
- **Standard Deduction:** $3,250 if single and not itemizing; $6,500 if married filing jointly and not itemizing.
- **Medical/Dental Deduction:** None
- **Federal Income Tax Deduction:** None
- **Retirement Income Taxes:** Social Security and Railroad Retirement benefits are exempt. Taxpayers 60 and older can exclude $12,500 of investment and qualified pension income. They may qualify for an additional tax credit of $110. Out-of-state government pensions qualify for the pension and retirement exemption. Under age 60, $2,000 is exempt. If you are 65 or older on December 31, you are eligible for an additional standard deduction of $2,500 (if you do not itemize).
- **Retired Military Pay:** Up to $2,000 of military retirement pay excluded for individuals under age 60; $12,500 if 60 or older.
- **Military Disability Retired Pay:** Retirees who entered the military before 24 SEP 75, 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: All real property in the state is subject to tax unless specifically exempt. Personal property, tangible and intangible property is exempt. Real estate is subject to county, school district, vocational school district and municipal property taxes. The state offers various property tax relief programs for residents age 65 and older and for residents with disabilities. Refer to http://finance.delaware.gov/publications/proptax/propmain.shtml . Homeowners 65 and older can get a credit equal to half of the school property taxes, up to $500. For property tax rates refer to www.dedo.delaware.gov/pdfs/main_root/publications/2008-2009_Property_Tax_Report.pdf .

Inheritance and Estate Taxes: In JUL 05 the legislature eliminated the requirement to file a Delaware estate tax return for dates on which the federal estate tax law does not allow a credit for state death tax (currently 2005 through 2010). It also eliminated the special lien on the gross estate tax if the decedent dies on a date on which the federal estate tax does not allow credit for state death taxes paid..

For further information refer to the Delaware Division of Revenue site at http://revenue.delaware.gov or call 302-577-8200. [Source: www.retirementliving.com Jul 09 ++]

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MILITARY HISTORY ANNIVERSARIES:

- Jul 01 1898 - Spanish-American War: The Battle of San Juan Hill is fought in Santiago de Cuba.
- Jul 08 1948 - The United States Air Force accepts its first female recruits into a program called Women in the Air Force (WAF)
- Jul 01 1863 - Civil War: Battle of Gettysburg, Pa; Lee's northward advance halted
- Jul 01 1907 - World's 1st air force established (US Army)
- Jul 01 1970 – Vietnam: 23 day Siege of Fire Base Ripcord began
- Jul 02 1926 - US Army Air Corps created; Distinguish Flying Cross authorized

- Jul 03 1814 - Revolutionary War: Americans capture Fort Erie Canada
- Jul 03 1898 - Spanish American War: U.S. Navy defeats Spanish fleet in Santiago harbor Cuba
- Jul 03 1915 - U.S. Marines landed in Haiti following the assassination of the Haitian president Vilbrun Guillaume. The Marines remained as occupation forces until 1934
- Jul 03 1950 - Korean War: 1st time US & North Korean forces clash in Korean War
- Jul 03 1988 - US Vincennes in Strait of Hormoez shoots Iran Airbus A300, kills 290
- Jul 04 1776 - Revolutionary War: Declaration of Independence - U.S. gains independence from Britain
- Jul 04 1944 - WWII: 1st Japanese kamikaze attack U.S. fleet near Iwo Jima
- Jul 05 1945 - WWII: Liberation of the Philippines declared.
- Jul 06 1777 - Revolutionary War: British Gen Burgoyne captures Fort Ticonderoga from Americans
- Jul 06 1848 - Mexican-American War ended with the Treaty of Guadeloupe Hidalgo
- Jul 07 1863 - Civil War: 1st military draft by US (exemptions cost $100)
- Jul 07 1941 - WWII: U.S. forces land in Iceland to forestall Nazi invasion
- Jul 08 1950 - Korean War: Gen Douglas MacArthur named commander-in-chief UN forces in Korea
- Jul 09 1944 - WWII: The island of Saipan in the Marianas fell to U.S. troops following their defeat of Japanese defenders
- Jul 09 1944 - WWII: Napalm was used for the first time during the American invasion of Tinian in the Marianas.
- Jul 09 1951 - Pres Truman asked Congress to formally end state of war with Germany
- Jul 10 1943 - WWII: Operation Husky - U.S. & Britain invade Sicily.
- Jul 11 1789 - U.S. Marine Corps created by an act of Congress
- Jul 11 1864 - Civil War: Confederate forces led by Gen J Early begin invasion of Wash DC
- Jul 12 1812 - War of 1812: U.S. forces led by Gen Hull invade Canada
- Jul 13 1945 - WWII: 1st atom bomb explodes in New Mexico
- Jul 14 1863 - Civil War: Confederate forces under GEN Robert E. Lee, defeated after three days of fighting at the battle of Gettysburg, began their withdrawal to the South.
- Jul 14 1945 - Battleship USS South Dakota is 1st US ship to bombard Japan
- Jul 15 1779 - Revolutionary War: U.S. troops under Gen A Wayne conquer Ft Stony Point, NY
- Jul 15 1918 - WWII: Beginning of the Second Battle of the Marne between German forces on one side and French, American, British, and Italian troops on the other side. The battle ended on 4 AUG.
- Jul 15 1958 - U.S. Marines deployed in Lebanon

[Source: Various Jun 09 ++]

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VETERAN LEGISLATION STATUS 13 JUL 09: The next scheduled Congressional recess during which they will not be in session is 6 AUG through 4 SEP. This referred to as the August recess which runs through Labor Day. For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th Congress refer to the Bulletin's Veteran Legislation attachment. 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 14 Aug 09 ++]

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HAVE YOU HEARD?

Military code of conduct:

Marine Corps Rules:
1. Be courteous to everyone, friendly to no one.
2. Decide to be aggressive enough, quickly enough.
3. Have a plan.
4. Have a back-up plan, because the first one probably won't work.
5. Be polite. Be professional. But, have a plan to kill everyone you meet.
6. Do not attend a gunfight with a handgun whose caliber does not start with a '4.'
7. Anything worth shooting is worth shooting twice. Ammo is cheap. Life is expensive.
8. Move away from your attacker. Distance is your friend. (Lateral & diagonal preferred.)
9. Use cover and concealment as much as possible.
10. Flank your adversary when possible. Protect yours.
11. Always cheat; always win. The only unfair fight is the one you lose.
12. In ten years nobody will remember the details of caliber, stance, or tactics. They will only remember who lived.
13. If you are not shooting, you should be communicating your intention to shoot.

Navy SEALS Rules:
1. Look very cool in sunglasses.
2. Kill every living thing within view.
3. Adjust speedo.
4. Check hair in mirror.

US Army Rangers Rules:
1. Walk 50 miles wearing 75 pound rucksack while starving.
2. Locate individuals requiring killing.
3. Request permission via radio from 'Higher' to perform killing.
4. Curse bitterly when mission is aborted.
5. Walk out 50 miles wearing a 75 pound rucksack while starving.

US Army Rules:
1. Curse bitterly when receiving operational order.
2. Make sure there is extra ammo and extra coffee.
3. Curse bitterly.
4. Curse bitterly.
5. Do not listen to 2nd LTs; it can get you killed.

US Air Force Rules:
1. Have a cocktail.
2. Adjust temperature on air-conditioner..

3. See what's on HBO.
4. Ask 'What is a gunfight?'
5. Request more funding from Congress with a 'killer' Power Point presentation.
6. Wine & dine "key' Congressmen, invite DOD & defense industry executives.
7. Receive funding, set up new command and assemble assets.
8. Declare the assets 'strategic' and never deploy them operationally.
9. Hurry to make 13:45 tee-time.
10. Make sure the base is as far as possible from the conflict but close enough to have tax exemption.

US Navy Rules:
1. Go to Sea.
2. Drink Coffee.
3. Deploy Marines
3. Deploy Marines

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