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VA VET CENTERS Update 06: The Secretary of Veterans Affairs Eric K. Shinseki announced 14 AUG that combat Veterans will receive readjustment counseling and other assistance in 28 additional communities across the country where the Department of Veterans Affairs (VA) will establish Vet Centers in 2010. The community-based Vet Centers -- already in all 50 states -- are a key component of VA's mental health program, providing Veterans with mental health screening and post-traumatic stress disorder (PTSD) counseling. The existing 232 centers conduct community outreach to offer counseling on employment, family issues and education to combat Veterans and family members, as well as bereavement counseling for families of servicemembers killed on active duty and counseling for Veterans who were sexually harassed on active duty.

Vet Center services are earned through service in a combat zone or area of hostility and are provided at no cost to Veterans or their families. They are staffed by small multi-disciplinary teams, which may include social workers, psychologists, psychiatric nurses, master's-level counselors and outreach specialists. Over 70% of Vet Center employees are Veterans themselves, a majority of whom served in combat zones. The Vet Center program was established in 1979 by Congress, recognizing that many Vietnam Veterans were still having readjustment problems. In 2008, the Vet Center program provided over 1.1 million visits to over 167,000 Veterans, including over 53,000 visits by more than 14,500 Veteran families. More information about Vet Centers can be found at www.vetcenter.va.gov/index.asp. Communities receiving the New VA Vet Centers are:

- American Samoa
- Arizona -- Mohave and Yuma Counties
- California -- San Luis Obispo County
- Delaware - Sussex County
- Florida -Marion, Lake, Collier, Okaloosa and Bay Counties
- Georgia - Muscogee and Richmond Counties
- Hawaii - Western Oahu
- Indiana - St. Joseph County
- Louisiana - Rapides Parish
- Michigan - Grand Traverse County, also serving Wexford County
- Missouri - Boone County
- Montana - Cascade and Flathead Counties
- Ohio - Stark County
- Oregon - Deschutes County
- Pennsylvania - Lancaster County
- South Carolina - Horry County
- Texas - Jefferson and Taylor Counties
- Utah - Washington County
- Washington - Walla Walla County, also serving Umatilla County, Oregon
- Wisconsin - LaCrosse County, also serving Monroe County

[Source: VA News Release 14 Aug 09 ++]

ALASKA VET TUITION: Veterans are now eligible for in-State tuition at any of the University of Alaska's 16 campuses. Without the policy change, veterans attending UA would have had to come up with the difference between in-state and out-of-state tuition themselves, a cost of almost \$4,000 per semester. The move was intentionally timed to coincide with the new post-911 GI Bill, which offers eligible veterans generous benefits based on the highest in-state tuition rates in all states, a housing stipend and textbook allowance. Veterans must move to

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Alaska, but they're not required to become a resident. This deal is being extended to eligible veterans, their spouses and their children according to a statement issued 3 AUG. The Board of Regents approved the tuition break earlier this year. Non-Vet students from other states must live in Alaska for up to two years and declare their intention to remain there indefinitely to qualify for in-state tuition. For specific enrollment information, visit or call:

- UAA: www.uaa.alaska.edu/financialaid/veterans.cfm.
- UAA Enrollment Services 907/786-1480.
- UAF: <http://www.uaf.edu/veterans>.
- UAF Admissions Office 907/474-7500.
- UAS: http://www.uas.alaska.edu/financial_aid/types/veterans.html.
- UAS Admissions Office 907/796-6100

[Source: NAUS Weekly Update 14 Aug 09 ++]

VA RETRO PAY PROJECT Update 17: The Defense Finance and Accounting Service (DFAS) and the Department of Veterans Affairs (DVA) have enacted a program referred to as CRDP/CRSC Processing (CCP), formerly VA Retro, to pay eligible military retirees any retroactive CRSC, CRDP and/or DVA disability compensation due as a result of retroactive increases in their percentage of disability, as determined by the DVA. The CRDP/CRSC Processing (CCP) program began in SEP 06. Since its' inception, CCP operations has successfully adjudicated over 386,000 accounts. Currently, the program receives and processes an on-going average of over 13,000 CCP cases each month. Combat-Related Special Compensation (CRSC) and Concurrent Retirement Disability Pay (CRDP) were programs passed by Congress to allow eligible military retirees to be in receipt of additional monthly entitlements. The purpose of these additional monthly entitlements are to overcome some or the entire offset from retired pay associated with the receipt of disability compensation from the DVA. Prior to the passage of these programs, a retiree was not allowed to receive both military retired pay and DVA disability compensation.

DFAS and the DVA remain in communication with each other in order to continue to successfully recognize and complete these accounts. A retiree may be due funds from DFAS, the DVA or from both agencies. For CCP questions regarding DFAS payment, retirees may call DFAS at 1-877-327-4457. Once your account has been computed by DFAS, the information is forwarded to the DVA for additional validation and possible payment by the DVA. It is normal to experience a lapse in time between the payments from the two different agencies. Questions concerning disability ratings or payments due from the VA can be addressed by calling the DVA at 1-800-827-1000. Additional information can be found by clicking the CCP FAQs link at www.dfas.mil/retiredpay/ccpfaq.html. [Source: www.dfas.mil/retiredpay.html Aug 09 ++]

DFAS R&A PROGRAM: Since JAN 02, the Retired and Annuity Pay (R&A) program at the Defense Finance and Accounting Service (DFAS) has been outsourced by a private contractor. Beginning in early 2010 R&A operations will once again be performed by Department of Defense personnel. Recent Federal legislation has led the Department of Defense to survey all contracted programs and select any that could be returned and operated by the Government, specifically those that have been performed by the Government within the last 10 years. A recently conducted Business Case Analysis by DFAS determined that the R&A program would be suitable for such a purpose. DFAS' intention is that this decision will result in a more securely managed processing environment, that may surpass the current level of quality and efficiency of service to our nation's military retirees, and potentially

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save the Government \$20 million across the next 10 years. DFAS and its current R&A contractor will provide a seamless transition of functions back to the Government. [Source: DFAS Newsletter Aug 09 ++]

SBP PAID UP PROVISION Update 09: The deadline to submit a dispute for the Paid-up SBP program was 30 JUN 09. The dispute period is now closed. Forms postmarked prior to 30 JUN 09, will be honored and retiree's will be notified of the outcome. As a result of the period allowed for challenging the accuracy of DFAS records:

- 3,998 DD 2656-11 forms were received.
- 1,416 forms or 35%, required adjustments to their SBP premium counters.
- 669 or 47% of the adjusted counters were increased.
- 747 or 53% of the adjusted counters were decreased.
- 2,582 or 64% of the forms received required no change to their SBP premium counters.
- 351 members achieved Paid-up SBP status via the dispute process.

[Source: www.dfas.mil/retiredpay.html Aug 09 ++]

RESERVE TRAVEL PAY: Sen. Blanche Lincoln (D-AR) continues to champion National Guard interests with the introduction of the Travel Reimbursement for Inactive Duty Training Personnel (TRIP) Act of 2009 (S.1558), co-sponsored by Sens. Jim Risch (R-ID), Mary Landrieu (D-LA), Patrick Leahy (D-VT), Jon Tester (D-MT) and Ron Wyden (D-OR). S.1558 would authorize reimbursement for round trip ground travel in excess of 100 miles to an inactive duty training location at government rates for private vehicles used by government employees on official business (when a government vehicle is available), and for round trip travel of any distance at a reasonable commercial fare expense if such travel requires a commercial method of transportation to an inactive duty location. The commercial travel section of the bill was inspired by the draft Resolution (J #37) from the Virgin Islands National Guard Association submitted earlier this year which recommended a tax deduction of travel expenses for members of the National Guard or Reserve who must travel over water to attend Inactive Duty Training (IDT). [Source: NGAUS Leg Up 12 Aug 09 ++]

USFSPA & DIVORCE Update 09: The numbers below can be presented to educate your state legislatures about the lifetime impact of the Uniformed Services Former Spouses' Protection Act (USFSPA) on each state's veterans, as well as on each state's economy. Dollars going elsewhere! Data provided by DFAS Cleveland OH:

State	As of 7/14/09		As of 1/7/09	
	#	Amount	#	Amount
AK	511	\$ 399,288	493	\$ 382,427
AL	1,923	1,607,975	1864	1,553,793
AR	1,040	793,659	1014	769,005
AZ	2,959	2,449,049	2908	2,389,019
CA	7,355	6,083,901	7314	6,033,980

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CO	2,531	2,311,099	2482	2,268,071
CT	358	287,460	358	290,231
DC	121	142,736	119	142,795
DE	324	227,121	325	230,045
FL	8,535	7,343,775	8347	7,145,981
GA	3,694	2,936,600	3604	2,857,912
HI	731	662,089	714	644,516
IA	510	370,036	499	356,097
ID	640	501,223	633	494,802
IL	1,566	1,279,474	1511	1,233,074
IN	1,090	804,485	1069	791,733
KS	938	768,738	910	749,709
KY	1,293	957,285	1254	932,138
LA	1,143	873,748	1141	869,015
MA	476	406,728	468	396,931
MD	2,522	2,296,257	2484	2,254,404
ME	505	385,155	490	370,093
MI	1,274	924,163	1241	896,280
MN	650	483,354	636	463,789
MO	1,774	1,311,208	1753	1,296,914
MS	881	683,865	853	659,297
MT	412	322,069	399	311,540
NC	3,412	2,764,741	3323	2,684,494
ND	197	135,681	193	131,591
NE	586	496,574	575	487,516
NH	359	325,776	350	321,430
NJ	684	514,623	690	521,155
NM	1,207	1,035,642	1195	1,022,491
NV	1,518	1,221,834	1512	1,210,897
NY	1,257	921,575	1220	893,091
OH	2,084	1,612,393	2010	1,549,437
OK	1,613	1,230,874	1576	1,203,539
OR	928	746,612	923	738,844
PA	1,513	1,203,494	1471	1,171,947
RI	192	173,799	190	172,945
SC	2,136	1,671,810	2093	1,630,374
SD	299	235,982	293	232,890
TN	2,132	1,667,653	2083	1,639,899
TX	11,467	9,293,236	11279	9,089,492
UT	642	519,067	628	507,291
VA	7,156	7,399,399	6957	7,192,008
VT	111	92,492	113	95,281
WA	3,737	3,060,853	3673	2,996,425
WI	775	557,778	758	544,589
WV	460	354,786	448	345,394
WY	206	159,232	208	162,065
Total USA	90,420	\$75,008,446	88,644	\$73,328,674

Territories & Overseas # Amount # Amount

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AA---Armed Forces America	95	91,955	90	87,218
AE---Armed Forces Europe	621	567,208	603	549,955
AP---Armed Forces Pacific	483	423,990	458	392,805
AS---American Forces Samoa	14	9,122	15	9,459
GU---Guam	117	98,730	116	98,247
MP---Northern Mariana Islands	9	6,485	10	7,298
PR---Puerto Rico	115	80,286	112	78,093
PW---Palau	2	1,731	2	1,731
VI---Virgin Islands	15	11,120	15	10,939
Other Foreign	509	434,096	510	429,199
Total	1,980	\$1,724,723	1,931	1,664,945

Grand Total	92,407	\$76,733,169	90,575	\$74,993,619
Annual Payment		\$920,798,026		\$899,923,425
Increase over 6 months	1,832	2.3%		
Per month	305			

[Source: ULSG, LLC msg. 13 Aug 09 ++]

VA NATIONAL PHARMACY CALL CENTER: The U.S. Veterans Affairs Department will open a national call center in Waco, Texas, to help answer questions from veterans and VA pharmacies. U.S. Rep. Chet Edwards (D-TX-17) announced the new project 12 AUG during a visit by VA Secretary Eric Shinseki to Waco's VA hospital. The Waco Democrat says the center in the hospital complex is expected to employ 224 workers. Edwards says the center will be situated in a building in the Waco VA complex that will undergo a \$4.5 million renovation, starting next month. [Source: AirForceTimes AP article 12 Aug 09 ++]

MOBILIZED RESERVE 11 AUG 09: The Department of Defense announced the current number of reservists on active duty as of 11 AUG 09. The net collective result is 885 more reservists mobilized than last reported in the Bulletin for 1 AUG 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 112,248; Navy Reserve, 6,651; Air National Guard and Air Force Reserve, 14,128; Marine Corps Reserve, 8,744; and the Coast Guard Reserve, 698. This brings the total National Guard and Reserve personnel who have been activated to 142,413, 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/Aug_2009/d20090811ngr.pdf. [Source: DoD News Release No. 609-09 12 Aug 09 ++]

TRICARE UNIFORM FORMULARY Update 30: The Beneficiary Advisory Panel (BAP) met to provide comments on the Department of Defense (DoD) Pharmacy and Therapeutics Committee's (P&T Committee) recommendations on formulary status, pre-authorizations, and the effective date for a drug's change from formulary to non-formulary status. Moving a drug to non-formulary status means it will still be

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available to beneficiaries, but usually at a higher price. It may also require medication authorization. The BAP reviewed current and new drugs and one of their recommendations was to add the Antidepressant I Agent Venlafaxine extended release tablet to the Uniform Formulary. An implementation plan is not necessary. However, Newly Approved Drugs reviewed and recommended for non-formulary status were:

- Antilipidemic-II Agent: Fenofibrate acid capsules (Trilipix)
- Overactive Bladder Drug: Fesoterodine extended release tablets (Toviaz)
- Nasal Allergy Drug: Azelastine with sucralose nasal spray (Astepro)
- Proton Pump Inhibitor: Dexlansoprazole delayed release capsules (Kapidex)
- Antiemetic: Granisetron transdermal system (Sancuso). Sancuso is the only antiemetic that comes in a transdermal patch.

All were recommended for a non-formulary implementation time no later than 60-days following the Tricare Management Activity (TMA) Director's approval. For a complete list of formulary medications, go to: www.tricareformularysearch.org/dod/medicationcenter/default.aspx. For additional information on this or other BAP meetings, refer to www.tricare.mil/pharmacy/bap/. [Source: NMFA Government and You eNews11 Aug 09 +]

MEDICARE CLAIM REIMBURSEMENT: If you are in the Original Medicare Plan, providers (e.g., hospitals, skilled nursing facilities, home health agencies, and physicians) and suppliers are required by law to file Medicare claims for covered services and supplies that you receive. You should not need to file any Medicare claims. Medicare claims must be filed within one full calendar year following the year in which the services were provided. If you want Medicare or your health plan to cover your visits to the doctor, it's important to understand what each requires in order to be reimbursed.

- If you're enrolled under original Medicare, participating doctors agree to accept the Medicare-approved amount as payment in full. When you see a participating doctor you (or your Medigap plan) are only responsible for the co-insurance amount.
- Under original Medicare you may also see "non-participating" doctors. They can bill their Medicare patients up to 15% more than the Medicare-approved amount for most services, and can request full payment up front for services. To file a Medicare claim for reimbursement, you will need to print out and complete the form called Patient's Request for Medical Payment, Form CMS 1490S. The form is available for download at www.cms.hhs.gov/cmsforms/downloads/cms1490s-english.pdf.
- There are doctors who have opted out of Medicare altogether. They can charge their Medicare patients whatever they want. These providers do not submit any claims to Medicare and are not subject to the Medicare law that limits the amount they may charge patients. When you see a doctor that has opted out of Medicare, you pay the entire cost of your care. These doctors should advise you of this and should ask you to sign a private contract that states you understand that you are responsible for the full cost of the service. Medicare will not pay for any of the cost of services you receive regardless of whether or not you have been advised.
- If you receive your Medicare services through a private Medicare Advantage plan, many of these plans require that you use the plan's network physicians in order to receive reimbursement. If you go to a physician that does not participate in your Medicare Advantage health plan, neither your health plan nor Medicare will cover the cost.

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The choice is up to you. If your health is improving under a non-Medicare physician when other doctors under Medicare have been unable to help you, that's strong incentive to keep going back to the same one and pay the entire cost of your care. But you may want to continue to look for another good doctor in your area who accepts Medicare or participates in your health plan. For more information see "Medicare & You 2009," Centers for Medicare & Medicaid Services, Publication No. 10050, www.medicare.gov or call (1-800-633-4227). [Source: TREA social Security and Medical Advisor 14-06 & www.medicare.gov Aug 09 ++]

RESERVE RETIREMENT AGE Update 18: Two years after Congress decided to give credit toward earlier reserve retirement checks for time spent on active duty, the change's chief supporters are still fighting to make the new rules apply retroactively to Guard and reserve members called to active duty immediately after the 2001 terrorist attacks on the U.S. Congressional negotiators writing a compromise version of the 2010 defense authorization bill will decide whether 600,000 National Guard and reserve members mobilized between 11 SEP 01, and 27 JAN 08, will be eligible to get their retirement checks 90 days before their 60th birthday for every 90 days of mobilization. The 90-for-90 rule now in law applies only for time spent mobilized after 28 JAN 08, when the 2008 Defense Authorization Act became law.

Sens. John Kerry (D-MA) and Saxby Chambliss (R-GA) who have championed legislation to allow reservists to receive retired pay before age 60, initially wanted mobilization credit to apply to anyone called up since 2001. But they were stymied when Congress finally got around to approving the initiative because they couldn't find money to cover the cost, estimated to be about \$550 million. Kerry and Chambliss convinced Senate colleagues to accept an amendment to S 1390, the Senate's version of the 2010 defense authorization bill, that applies the 90-for-90 rule to mobilization since 11 SEP 01. Inclusion of the amendment in the Senate bill sets the stage for House and Senate negotiators to discuss whether to include retroactive retirement credit in the final defense bill. While the House version of the bill, H.R.2647, includes no similar provision, one of the chief House negotiators on personnel issues, Rep. Joe Wilson (R-SC), unveiled a bill earlier this year that also would make the mobilization credit retroactive to 2001. Wilson was blocked from offering his legislation as an amendment to H.R.2647 because budget rules about paying for new initiatives are stricter in the House than in the Senate. Negotiators are not expected to make final decisions on the defense bill until September. [Source: NavyTimes Rick Maze article 17 Aug 09 ++]

DISABLED VET CAREGIVERS: The two lawmakers primarily responsible for extending Family and Medical Leave Act benefits to military families have taken action to do the same for veterans' families. The Supporting Military Families Act of 2009 (H.R.3403 & S.1543), unveiled 30 JUL, would provide up to 26 weeks of unpaid leave for family members or caregivers of newly discharged disabled veterans. The time off without fear of losing a job would be available for five years after a disabled service member separates or retires from the military. The bill also would amend the family leave program to grant families of deployed or deploying active-duty members the same time off available since January for families of National Guard and reserve members. As part of the change, the bill would redefine the kinds of deployments covered. Current law provides unpaid leave only for contingency operations. The new legislation would cover any overseas deployment. Rep. Lynn Woolsey (D-CA) and Sen. Christopher Dodd (D-CT) are the chief sponsors of the new proposal. They last teamed together on Family and Medical Leave Act benefits that took effect in late 2008 and early 2009 and expanded leave benefits for Guard and reserve families and for families of severely wounded service members. Dodd said the bill would give the families of active-duty members the same right to time off provided last year for families of Guard and reserve members to take part in deployment-related matters, such as briefings, arrival and departure ceremonies, and the

handling of legal or financial matters on behalf of the deployed member. [Source: NavyTimes Rick maze article 17 Aug 09 ++]

HOSPITAL SURVIVAL TIPS: As many as 98,000 people die in U.S. hospitals each year as a result of medical errors, according to an Institute of Medicine report. Some 99,000 people die each year from infections acquired in the hospital, according to data from the Centers for Disease Control and Prevention. Vigilance is key, says Cindy Sellers O'Brien, president of the mid-Maryland chapter of the Emergency Nurses Association. "The patients that do better are the ones that take an active role in their health care. They have the better outcomes [because] they take more ownership." The American Hospital Association agrees that patients play a crucial role. "While we are striving for perfection in the way we deliver care, we know we fall short of that mark -- but patients can help us get better," says Nancy Foster, AHA's vice president for quality and patient safety policy. "They can and should ask a question when something does not seem quite right."

The consequences of medical errors are especially devastating for children, according to the Joint Commission, which accredits hospitals nationwide. The commission has released tips for keeping your child safe in the hospital, noting that according to its figures, one in 15 hospitalized children is harmed by medication errors. Refer to <http://www.jointcommission.org/PatientSafety/SpeakUp>. A study from the University of Michigan found that nearly two-thirds of parents reported they felt the need to watch over their child's hospital care to make sure no one made any mistakes. Given the dangers lurking in hospitals, we asked several nurses to give us their suggestions about what steps to take to protect yourself and your family. They said:

1. **Bring in a list of the medications you're taking.** This is one of the most important things you can do to ensure your safety, according to a survey of 731 nurses by Consumer Reports. It's best to have the list in your wallet in case you're taken to the emergency room.
2. **Make sure the hospital gets your name right.** Last year, Michelle Waddy, a freelance pediatric nurse practitioner in Roanoke, Virginia, suffered a drop in hemoglobin and needed four units of blood immediately. "The emergency room nurse entered my name on the computer wrong. I was given blood under another patient's name," she wrote to us. Waddy says she caught the error, but the hospital continued to use the wrong name. "Luckily they had to get my blood type before I was given blood, or I wouldn't be telling this story."
3. **Ask about every medication they give you.** Nurses say to double-check the name, dosage, and timing of every medicine you receive in the hospital. Susan Gonzalez, a nurse in Austell, Georgia, caught a medication error just in time. She was visiting her father in the hospital when a nurse came to give him an intravenous medicine. "I asked them, 'What are you hanging?' " she said. The nurse answered it was ampicillin, an antibiotic. "I was like, 'My dad is allergic,' and they said, 'Oh, you're right.' That could have been a fatal outcome."
4. **Make sure everyone washes hands.** In the Consumer Reports survey, 26% of the nurses reported observing hand-washing lapses. "It seems like a simple little thing, but doctors and nurses pick up a lot of nasty germs and then transmit them to other patients," Dr. Howard Blumstein told Consumer Reports. Blumstein is a vice president of the American Academy of Emergency Medicine and practices in North Carolina. Since it can be an uncomfortable conversation, Consumer Reports has a list of ways to ask a doctor or nurse to wash up. Refer to <http://www.consumerreports.org/health/doctors-hospitals/hospitals/wash-up-doc/hospitals-and-nurses-wash-up-doc.htm>. Advice on preventing hospital infections from the American Hospital Association, the American Medical Association, and the National Patient Safety Board can be found at www.npsf.org/paf/i/.

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5. **If you think something's wrong, don't back down.** O'Brien, the nurse from Maryland, said she had to fight to stop her mother from receiving a dangerous medication during an emergency visit to the hospital. She says her mother, who had breast cancer, was supposed to receive a dose of a steroid called Decadron before her chemotherapy sessions. She said someone in the hospital made a mistake and wrote in her mother's chart that she was supposed to receive Decadron every twelve hours. O'Brien begged the nurses to take her mother off the 12-hour schedule of Decadron, explaining that she was a diabetic and it could hurt her heart. Within 10 minutes of talking to the nurse, her mother experienced chest pain and had a heart attack, O'Brien recalls, adding that her mother survived. O'Brien says don't give up if you think something's wrong. "You don't need to be aggressive, nasty, and mean. Be convincing and confident."

[Source: CNNhealth.com Elizabeth Cohen article 7 Aug 09 ++]

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NATIONAL GUARD DATA BREACH: The National Guard Bureau (NGB) is contacting 131,000 current and former Guard members who could be affected by the theft of a laptop computer containing personal data, including Social Security numbers. The personal laptop computer belonged to a contractor, but NGB is not saying who the contractor is or where the theft took place, according to a report from the Associated Press. Letters were being sent in early AUG to those whose names were on the computer, which contains names, addresses, Social Security numbers and payment data for those enrolled in the Army National Guard Bonus and Incentives Program. The Guard had no indication that the information had been compromised, according to the wire report. Randy Noller, a public affairs spokesman, said anyone who received enlistment and retention bonuses in recent years should take precautionary steps such as putting fraud alerts on their credit. NGB has established a Web page containing the latest information and advice at www.ng.mil, and the Army Guard has established a call center at (877) 481-4957. Noller told AP the Guard's internal investigation is looking into what security policies were breached in the contractor's handling of the data, which should not have been on an unsecured private laptop. "We know simply by virtue of [the information] being on a personal laptop there were some security protocols violated," he said. "Exactly which ones, how and why is yet to be determined." A computer security expert, Larry Ponemon of the Ponemon Institute in Michigan, told the wire service that that amount of data should never be carried on a personal laptop. He said 600,000 laptops are lost annually at airports alone. "To physically carry 131,000 records and use your laptop as a way of manipulating that information, there is never an excuse," he said. [Source: NGAUS E-Notes 7 Aug 09 ++]

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VETERAN LEGISLATION 2009: The Veterans Health Care Budget Reform and Transparency Act of 2009 which authorizes funding for VA medical accounts two-years in advance passed the House and Senate. The Senate passed version of the bill carries the same bill number as the House passed bill, HR 1016, but its wording differs somewhat. Both bills direct congressional appropriators to fund two-year plans for VA health programs to avoid financial and management difficulties that have occurred in past years. The differences will be worked out in conference when Congress returns in September. It was interesting to see that the Senate also added \$2 billion to extend the "Cash For Clunkers" program. Hopefully Congress can as easily find money for the SBP/DIC Offset elimination and Concurrent Receipt for Chapter 61 medically retired veterans. Other veteran bills of interest to the veteran community that have cleared the House so far in this session of the 111th Congress include:

- HR 1037 authorizes VA to conduct a five-year pilot project to expand on existing work-study activities and allows student veterans to participate in work-study positions in academic departments.

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- HR 1088 The Mandatory Veteran Specialist Training Act of 2009 provides a one-year period for training (instead of the current three) for new DVOPs and LVOPs through the National Veterans Employment and Training Institute.
- HR 1089 enforces employment rights of veterans and members of the armed services employed by the Federal Government Services Institute.
- HR 1170 provides grants up to \$200,000 for development of technologies to improve adaptive housing for disabled veterans.
- HR 1171 reauthorizes the Homeless Veterans Reintegration Program through 2014, and also includes special grants to programs and facilities that provide for homeless female veterans and homeless veterans with children.
- HR 1172 directs VA to include on the Internet website of the Department of Veterans Affairs a list of organizations that provide scholarships to veterans and their survivors.
- HR 1211 - The Women Veterans Health Care Improvement Act expands and improves health care services available to women veterans, including studies in barriers to care, mental health services for PTSD, MST and extended health care to newborns of female veterans immediately following birth.
- HR 1293 increases the amount veterans receive for improvements and structural alterations for home health services.
- HR 1377 expands veteran eligibility for VA reimbursement for emergency treatment furnished by non-VA facilities.
- HR 3155 authorizes training, support and medical care to family and non-family caregivers of veterans. It would also create a stipend to cover housing and expenses incurred by primary caregivers to certain veterans.
- HR 3219 combines provisions from eight other bills, to include establishing a Director of Physician Assistant position within VA; eliminating the deduction in accelerated death payments to terminally-ill veterans and service members under SGLI and VGLI; allows certain veterans to increase the amount of life insurance they carry under VGLI; prohibits catastrophically-disabled veterans from having to pay copayments or other fees for critical medical services; and permanently authorizes hospital care, medical services and nursing home care for Vietnam and Persian Gulf War veterans exposed to herbicides
- HR 466- The Wounded Veterans' Job Security Act prohibits discrimination and acts of reprisal against persons who receive treatment for illnesses, injuries, and disabilities incurred in or aggravated by service.

For more on any of the bills type the bill # in the box at: <http://thomas.loc.gov>. [Source: VFW Washington Weekly7 Aug 09 ++]

VA PROSTHETICS Update 04: With immobility causing degeneration in the bones, joints, heart, lungs and skin of tens of thousands of disabled veterans, scientists are developing equipment that could get them back on their feet. Ronald Triolo, a senior research scientist with the Veterans Affairs Department, discussed the creation of an innovative bracing system to provide enhanced mobility and improve the quality of life for paraplegics during an 5 AUG webcast of "Armed with Science: Research and Applications for the Modern Military" on Pentagon Web radio. Hundreds of thousands of people living in the United States have spinal cord injuries, and some 50,000 of those are veterans, said Triolo, who also is a professor at Case Western Reserve University and director of The Cleveland Advanced Platform Technology Center for Excellence and associate director of the Cleveland Functional Electrical Stimulation Center. The ultimate goal of his research, Triolo said, is to develop a hybrid neuroprosthesis – a foot-to-chest orthotic with joints that allows users to stand, walk, and climb stairs safely and efficiently with minimal effort. Hybrid prostheses would allow the interface of electrical stimulation and

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flexible bracing of muscles to provide strength and structural support to paraplegics in the hope of allowing them to walk.

"With the hybrid approach, [we] take the best of both worlds and make something that's greater than its individual parts," said Triolo, who holds a doctorate in biomedical engineering. "If we can take a brace and make it flexible ... and power movement by electrical stimulation, then we can achieve more fluid motion, and maybe achieve such functions as stair climbing." The main goal is long-distance walking. Currently, braces provide limited speed and motion. To walk faster, the user has to take little steps rather than longer strides. The new hybrid device should allow people to adjust the length of their steps and walk at faster speeds. It also would allow one leg to remain rigid while the other bends, making upward and downward steps possible. The biggest advances have come at the hip and knees. Developments have to start with the hip and move outward to ensure movements are natural and fluid, he explained. The hip device, which Triolo calls his crowning achievement thus far, allows for muscle reciprocation: as the left side moves, the right side moves counter to it, as one's hip would normally rotate. "The unique thing about this particular design is it allows that coupling between the left and right sides to vary with the task at hand," he said. "If someone is walking faster, it allows them to take longer steps. If someone wants to keep one leg stiff and flex the other hip and knee to ascend a stair, it allows that to be accomplished."

Triolo also is working on replacing traditional rigid torso braces with more flexible ones to allow more torso movement, as well as an ankle device that will allow the leg to push off the ground and pick the foot up so it doesn't drag with each brace-assisted step. As he advances his testing, Triolo said, he wants to recreate a natural walking motion for people suffering from spinal injuries. And for the thousands of people affected by those injuries, it might be a reason -- and a method -- to stand up and cheer. [Source: AFPS Ian Graham article 7 Aug 09 ++]

GI Bill Update 54: Secretary of Veterans Affairs Eric K. Shinseki announced 4 AUG a joint solution has been reached between the State of California and the Department of Veterans Affairs (VA) concerning how tuition and fees are determined. The new definition will allow for standardized application under the new Post 9/11 GI Bill and the accompanying Yellow Ribbon program. Shinseki said. "This solution will allow all Veterans who want to attend a California school the same benefits as any other Veteran across the nation." The Post-9/11 GI Bill educational benefit authorizes VA to pay the actual tuition and fees charged by a university up to the maximum in-state tuition and fees charged by the most expensive public university in the state. In interpreting the statute in its implementing regulation, VA determined that it must set separate state maximums for tuition and fees, as opposed to a single combined total. In California, public schools have traditionally charged no tuition but relatively high fees. Thus a student attending private school in California would receive much less of a basic tuition benefit under the Post 9/11 GI Bill Yellow Ribbon program than students at private schools in other states. Recently, California's public universities introduced a new billing line item, "Educational Fee/Tuition." VA has determined that, under its existing regulations, the Department can consider this new billing line item as "tuition" for the purposes of calculating the state's maximum payments.

In California alone, approximately 80 schools have entered into more than 235 agreements for the 2009-2010 school year. The new maximum, in-state tuition amount for California public institutions is now \$287 per credit hour. Over 1,100 colleges, universities and schools across the country have entered into more than 3,400 "Yellow Ribbon" program agreements with VA to improve financial aid for Veterans participating in the Post-9/11 GI Bill. The Yellow Ribbon program, a provision of the new Post-9/11 GI Bill, funds tuition expenses that exceed the highest public in-state undergraduate tuition rate. Institutions can contribute up to 50% of those expenses, and VA will match this additional funding for eligible students. The Yellow Ribbon program is reserved for Veterans eligible for the Post-9/11 GI Bill at the 100% benefit level. This includes those who served at least 36 months on

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active duty or served at least 30 continuous days and were discharged due to a service-related injury. Additional information about the Post-9/11 GI Bill and Yellow Ribbon program, as well as VA's other educational benefits, can be obtained by visiting VA's Web site www.gibill.va.gov or by calling 1-888-442-4551. Veterans wishing to receive e-mail from VA with the latest news releases and updated fact sheets can subscribe to the VA Office of Public Affairs Distribution List at http://www1.va.gov/opa/pressrel/opa_listserv.asp. [Source: VA News Release 4 Aug 09 ++]

PSORIASIS Update 01: According to the National Institutes of Health as many 7.5 million Americans, or 2% of the population, have psoriasis. Each year, one in five people with psoriasis report being discriminated against at a public pool, up to 30 percent of people with psoriasis also develop psoriatic arthritis, and psoriasis is associated with other serious conditions such as diabetes, heart disease and obesity. Tricare is using August to increase awareness about the disease and inform beneficiaries that psoriasis is not contagious. Psoriasis is a skin disease that causes itchy or sore patches of thick, red skin with silvery scales. They usually appear on elbows, knees, scalp, back, face, palms and feet, but they can show up on other parts of the body. It occurs when the immune system sends out faulty signals speeding up the growth cycle of skin cells. In a process called cell turnover, skin cells that grow deep in your skin rise to the surface. Normally, this takes a month. In psoriasis, it happens in just days because the cells rise too fast. The most common form, plaque psoriasis, appears as raised, red patches or lesions covered with a silvery white buildup of dead skin cells called scale and it can occur on any part of the body.

Treating psoriasis is critical to good disease management and overall health. Working with a doctor is key to finding a treatment—or treatments—to reduce or eliminate symptoms. A psoriasis treatment that works for one person might not work for another. Psoriasis can be mild, moderate or severe. According to the National Psoriasis Foundation, a moderate case of psoriasis involves 3% percent to 10% of the body's skin. Less than 3% is mild and more than 10% is considered severe. For example: The palm of the hand equals 1% of the body's skin. However, the severity of psoriasis is also measured by how it affects a person's life. Psoriasis can have a serious impact on daily activities, even if it involves a small area such as the palms of the hands or soles of the feet. Treatment options are:

- Mild psoriasis options include over-the-counter topicals, topical non-steroids, topical steroids and light therapy.
- Moderate to severe psoriasis treatment usually involves a combination of treatment strategies. Besides topical treatments, a doctor may prescribe light therapy or phototherapy and/or systemic or biologic medications. Light therapy/phototherapy involves regularly exposing the skin to light, and systemic medications are prescription drugs administered orally or by injection that work throughout the body.
- Biologic drugs, or "biologics," are a relatively new class of treatment for psoriasis and psoriatic arthritis treatments. They are given by injection or intravenous infusion. Biologics are prescribed for individuals with moderate to severe cases of psoriasis and psoriatic arthritis. They are a viable option for those who have not responded to or have experienced harmful side effects from other treatments. Some biologics have also been shown to reduce the progression of joint damage in psoriatic arthritis.

Note: Refer to <http://www.psoriasis.org> for additional info [Source: Tricare Press Room News 5 Aug 09 ++]

TSP Update 21: All 10 funds in the Thrift Savings Plan's posted gains in July after an anemic June, and continued their upward trend since the beginning of 2009. The breakdown follows:

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- The I Fund, which invests in overseas companies and dropped 1.08% drop in June, had the biggest increase in July, gaining 9.74%. The fund has grown 16.99% since the beginning of 2009, but losses last fall mean the fund is still worth 21.59% less than it was in July 2008, the steepest decline of any of the funds in the TSP during the past year.
- The S Fund, which invests in small- and mid-size companies and tracks the Dow Jones Wilshire 4500 Index, had the second-largest increase in July, rising 8.66%. The fund's value is up 17.2% so far in 2009, but still has not recovered from its losses during the worst part of the economic downturn in the fall, and is down 21.08% since July 2008.
- The C Fund, which invests in common stocks of large companies on the Standard & Poor's 500 Index, rose 7.58% last month and has grown 11.13% so far this year. The fund's value is still down 19.89% since the same time last year.
- The F Fund, which invests in fixed-income bonds, inched up 1.59% in July. The fund's value is up 3.57% in 2009, and it has posted the largest gains of all the funds during the past 12 months, increasing 7.87%.
- The G Fund, or government securities, is the most stable of the TSP's options and rose 0.28% in 2009. The fund's value has increased 1.65% in 2009, and 3.19% since July 2008.

All five of the life-cycle funds grew in July. The L funds are designed to pursue aggressive gains early in an employee's career and shift to a more conservative mix of investments as employees near retirement. The L 2040 Fund rose 7.01% last month; the L 2030 Fund gained 6.16%; the L 2020 Fund grew 5.16%; the L 2010 Fund rose 2.44%, and the L Income Fund increased 1.94%. The L funds have posted positive returns since the beginning of 2009, though none has recovered yet from last fall's financial slump, and all are down in value since July 2008. Since January, the L 2040 Fund is up 12.51%; the L 2030 Fund has grown 11.31%; the L 2020 Fund rose 9.79%; the L 2010 Fund is up 5.33%, and the L Income Fund saw a 4.6% hike. Since August 2008, the L 2040 Fund's value has fallen 14.79%; the L 2030 Fund has decreased 12.12%; the L 2020 Fund has dropped 9.22%; the L 2010 Fund is down 3.03%, and the L Income Fund has dipped 0.06%. 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 3 Aug 09 ++]

HEALTH CARE REFORM Update 05: One of the central tenets of the health care legislation under construction on Capitol Hill is a mandate that every American be protected by some kind of medical insurance. There's one exception to the mandate, though: people opposed to buying health coverage for religious reasons. The emerging bills in both the House and Senate include language patterned on an existing "religious conscience" exemption to laws requiring workers to pay taxes for Social Security and Medicare. What's not clear is whether the exemption, originally designed to apply only to the Old Order Amish, might be used by members of other religious groups — or those who just say they are — in order to evade the insurance mandate. It's probably not a large group: There are only between 200,000 and 250,000 Old Order Amish and Old Order Mennonites (with similar beliefs) in the United States, for instance. But data is thin. The IRS and the Social Security Administration say they don't collate records on who files for the tax exemption or what religious affiliations they claim. Christian Scientists, who believe in spiritual healing rather than traditional medicine, might be able to file for exemptions to the taxes and to the health insurance mandate, but church officials and lobbyists declined several requests to discuss the matter.

According to the Web site of the Church of Christ, Scientist, believers do not object to all medical care or to purchasing health insurance: "Every Christian Scientist makes his or her own financial and health decisions," the site says, including when and how to seek medical treatment and whether to carry health insurance. In Massachusetts, where the Christian Science church is headquartered, the mandatory state health program offers a

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religious conscience exclusion, and about 9,700 people applied for it in 2007, the most recent year with complete data. The state program has penalties for those who apply for the exclusion and wind up visiting the doctor or the hospital anyway. According to Robert Bliss of the Massachusetts Department of Revenue, two years ago about 700 people who applied for the religious exemption were denied and fined. There is no similar penalty in the proposed language of the federal health care mandate. A senior Democratic aide involved in drafting the Senate bill, who declined to be named because he was not authorized to talk to reporters, said no member of Congress has pushed for penalties because the number of religious objectors are few and there has been little history of others improperly claiming the exclusion, at least for Social Security and Medicare taxes.

The tax exemption dates to 1965, when Congress included it in the revised Social Security Act (which also created Medicare) to settle a decade-long dispute with the Amish, who believe in a deep division between church and state. The Amish don't object to paying taxes, and they routinely pay their income, property and other levies to federal and state authorities. But when the IRS began applying the Social Security self-employment tax to farm income in the 1950s — and confiscating farm animals to pay the arrears — the Amish resisted. Amish farmers argued that Social Security was a form of public insurance, and their religious beliefs prevent them from taking part in public or commercial insurance. What the Amish wanted to do, in effect, was opt out of the Social Security and Medicare systems entirely, and after a public backlash over the livestock confiscations, Congress decided to permit a narrow exemption for religious sects "opposed to acceptance of the benefits of any private or public insurance." To get the exemption, taxpayers must provide evidence they are members of a qualifying sect that has been in existence continuously since 1950. As Robertson Williams, a tax expert at the Urban Institute, put it, "People who try to set up their house as a church, well, that doesn't fly. To read the 1017 page bill refer to www.defendyourhealthcare.us/houseandsenatebills.html . [Source: CQ TODAY Online News Maura Reynolds article 3 Aug 09 ++]

HEALTH CARE REFORM Update 06: In ongoing discussions about health-care reform, President Barack Obama offered assurance 4 AUG to those receiving medical care through Tricare or the Department of Veterans Affairs: **Your benefits are safe.** Eligibility for health care under VA or Tricare "will not be affected by our efforts at broader health-care reform," Obama told military reporters at the White House. Obama said he also made that point clear after today's meeting with the American Legion's national commander, Dave Rehbein, and executive director, Peter Gaytan. "I want to make sure that message gets out to our veterans," the president said. "I think it's very important to get the message out: If you are in the VA system and are happy with your care, great. We have no intention of changing your eligibility." While a new, national program won't force anyone to change health-care systems, Obama said it could offer benefits or geographic convenience that might make some veterans elect to join it. A national program "will actually give them more choices, more flexibility," he said.

Obama cited problems in U.S. health-care delivery systems, which he said cost more than other countries' programs and too often deliver less. The VA "has probably made more progress than most systems out there in increasing quality" during the past 25 years, and could help shed light on better ways of delivering health care, he said. But the cost of delivering that care is high even at VA and Tricare consumes a big piece of the Defense Department's budget, he said. With the fiscal 2010 budget reflecting the largest VA funding increase in 30 years, Obama told American Legion leaders he is committed to ensuring that VA provides America's veterans the highest-quality health care possible. Meanwhile, he told reporters VA will increase its outreach to more veterans to make sure they're aware of their medical benefits and other entitlements. "Although there are hundreds of thousands of veterans who are using our services, we know there are hundreds of thousands more who may not know that benefits are available," he said. "And we are working really hard to make sure that every single veteran – not just our active

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force, but also National Guard and reservists, are aware of the benefits that are available to them."Guiding them through that process, we think, is extraordinarily important." [Source: AFPS Donna Miles article 4 Aug 09 ++]

HEALTH CARE REFORM Update 07: How national health reform legislation would affect Medicare is a big issue for military retirees and survivors age 65 and over, for whom Tricare For Life is a Medicare supplement. It also has the potential to affect beneficiaries under age 65, since Tricare payment rates are tied to Medicare's. President Obama offered assurance 4 AUG to those receiving medical care through Tricare that they are safe and eligibility for health care under VA or Tricare will not be affected by efforts of the broader health-care reform. However, nobody can be certain what the effects will be at this point, because there are already four 1,000-page bills on the table and at least three more still to come. Three House committees have passed separate versions, and House leaders are now negotiating behind closed doors how to combine those into one. One Senate committee has approved its own bill, and another is working behind closed doors to develop an alternative that could win some bipartisan votes. If and when that happens, Senate leaders will have to find some ground between the two that can win Senate approval. And then House and Senate leaders will have to work out a further compromise that both the House and Senate can pass and that the President will be willing to sign. So everything we may think we know now is subject to change tomorrow.

It's also essential to keep in mind that Medicare is nearing an extremely serious fiscal sustainability problem. The coming wave of retiring baby boomers, plus the escalating cost of care, will dictate dramatic benefit cuts and/or tax increases in the not-too-distant future unless something else is done to ease the growing mismatch between benefits and funding. Since the population projection isn't going to change, Congress must find ways to restrain spending growth in the least objectionable way, and that's what every legislator is trying to do, in his or her own way. Further, the statutory formula for setting Medicare (and Tricare) payments to doctors is broken. Unless Congress passes some kind of fix, Medicare and Tricare rates will be cut 21% this coming January - which would be a disaster, as many doctors would stop seeing elderly and military patients. What we do know about the health reform bills leaves a lot of room for misunderstanding:

- They all would at least fix the doctor payment issue for 2010, and some would go beyond that - and that can only be good.
- All would invest in primary care and wellness initiatives, raising payments up to 10% for primary care providers and eliminating copays for preventive care. The idea is to reduce long-term costs by encouraging preventive care and healthier lifestyles. Another good thing.
- Constraining cost growth also means constraining future growth in Part B premiums - another good thing, assuming the benefit cost constraints are appropriate.
- All would reduce or eliminate the extra 14% federal subsidy now provided for Medicare Advantage (HMO) programs.
- All would extend Medicare therapy cap protections for speech and physical therapy.
- All would reduce payments to most hospitals (except rural hospitals), and the associations representing hospitals have agreed to accept the cuts - meaning it shouldn't affect their willingness to accept military/Medicare patients.
- All would establish "carrot and stick" incentives to encourage hospitals to use best practices and reduce preventable readmissions.
- All contain language explicitly barring benefits for illegal aliens.

H.R.3200, the core bill in the House, also would:

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- Move vaccines (e.g., shingles) from Part D to Part B, a big plus for TFL-eligibles.
- Raise payments 5% for providers of psychiatric services to encourage them to see Medicare (and Tricare) patients.
- Allow a 12-month Part B enrollment period and waive late enrollment penalties for disabled military retirees under 65 - a major plus for wounded warriors.
- Provide \$100 million per year to combat claims fraud and abuse.
- Constrain growth in durable medical equipment, home health and certain other ancillary care through market basket updates, productivity adjustments, and other adjustments to payment formulas.

The most fiscally austere bill is likely to come from the Senate Finance Committee, where Chairman Max Baucus (D-MT) is striving behind closed doors to reach a bipartisan agreement with fiscally conservative Republicans and Democrats. Finance staffers have acknowledged that winning that agreement may end up entailing such things as higher copays on lab tests and further means-testing options (e.g., restricting annual inflation adjustments to Part B income thresholds so that more people end up in the higher Part B premium categories). The Finance plan also calls for a commission to review Medicare spending in 2015-16, and, to the extent that it exceeds some inflation-adjusted baseline, propose a set of payment reductions to restore the funding balance. Under that concept, Congress would have a year to pass alternative legislation to achieve the same savings or let the commission-recommended cuts would go into effect. The Military Officers Association of America's (MOAA) bottom line evaluation is:

- Congress is not going to "kill Medicare" or "kill TFL".
- Seniors are the most powerful voting bloc in America, and legislators aren't going to flagrantly disregard their interests.
- Many things in the health care reform legislation are positive for Medicare/Tricare beneficiaries and seek reasonable cost constraints that minimize impact on beneficiaries.
- There also are some things that cause justifiable concern, such as (a) the risk of putting significant power in the hands of a commission or set of administrators who would be empowered to take action that might or might not be draconian at some point in the future, (b) the potential for extending means-tested premiums ever-further down the income scale, and (c) using some Medicare savings to fund universal health care, but applying cost-constraint "hammers" (e.g., a future commission) only to Medicare.
- There's no denying that something has to be done to constrain Medicare cost growth, as the alternative (much higher taxes) won't fly, and that will almost certainly necessitate some "lesser of the evils" choices.
- There's no free lunch, especially coming into a new decade in which the country faces massive economic challenges and rising deficits. If something isn't done now, the task will only get tougher later.
- Part of the challenge to understanding is that some in both parties and their supporters use rhetoric aimed more at scoring political points than providing factual perspectives.
- Veterans need to stay vigilant and respond with grassroots action if and when their legitimate interests come under attack.

[Source: MOAA Leg Up 7 Aug 09 ++]

TRICARE USER FEE Update 40: Raising Tricare fees should be the final resort in the effort to hold down military health care costs, the Senate says in a resolution attached to the 2010 defense budget. The resolution, passed by voice vote at the urging of Sen. Frank Lautenberg (D-NJ) is not legally binding; it's more of a warning. For the first time in three years, the Defense Department has not proposed raising Tricare co-payments, deductibles or enrollment fees, so Congress does not have to act on behalf of retirees and their families to block

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anything. However, Pentagon officials have made clear that the only reason they didn't ask for a fee hike is that they are hoping to work out a compromise to do so in the future.

The House may be ready for an increase. Rep. Susan Davis (D-CA), who chairs the House Armed Services Committee's military personnel panel, said some fee hikes may be inevitable as part of a larger compromise that includes other initiatives to hold down costs. She anticipates a discussion about fee hikes will come next year, during debate over the 2011 defense budget. While Davis has not offered a specific proposal, aides said they don't think it would be out of line to increase Tricare fees to keep pace with any increase in military retired pay. However, linking increases in fees to increases in retired pay might not result in any increase at all. For 2010, government economists are predicting there will be no cost-of-living adjustment in retired pay. That annual adjustment is tied to the cost of goods and services, which have been falling, according to the Labor Department's Bureau of Labor Statistics.

The Senate seems steadfastly opposed to fee increases except as a last-ditch effort Lautenberg, who led efforts to block proposed fee increases over the past three years, said nothing has changed his view. "We owe our troops and their families the best quality health care at affordable prices," Lautenberg said, taking credit for working with the Obama administration to have health care fee increases omitted from the 2010 budget. Lautenberg's resolution says the Defense Department "has many additional options to constrain the growth of health care spending in ways that do not disadvantage retired members of the armed services who participate or seek to participate in the Tricare program, and should pursue any and all such options rather than seeking large increases for enrollment fees, deductibles and co-payments." But by opposing large increases, such as the tripling of some Tricare fees proposed by the Pentagon over the last few years, the amendment may leave the door open for modest increases. [Source: NavyTimes Rick Maze Article 10 Aug 09 ++]

CA GUARD EDUCATION BENEFIT: Governor Arnold Schwarzenegger announced 31 JUL that California will now provide educational benefits to members of the California National Guard, thanks to a provision included in the recently enacted budget. Before this legislation, California was the only state in the nation that did not offer an education incentive to reward and retain National Guard members. The California National Guard Education Assistance Award Program (CNGEAP) is designed to help nearly 1,000 Guard members pay to attend colleges and universities. It will begin in JAN 10 with \$1.8 million to cover the majority of fees associated with attending a public or qualifying private institution. While the new Post-9/11 G.I. Bill and Montgomery G.I. Bill provide education benefits for National Guard members who have been deployed on a federal overseas deployment, they do not apply to Guard members who remain at home on state service. The newly enacted bill, ABX4 12, was signed at the State Capitol on 28 JUL and means California Guard members are eligible to apply for education assistance. [Source: CDVA Veteran News Jaime Arteaga article 31 Jul 09 ++]

BUG BITES: "There are about 10 million insect species, and about 75% of the world's animals are insects," says Tim Forrest, Ph.D., a professor of biology at the University of North Carolina, in Asheville. Most people have a reaction to bites and stings -- ranging from barely noticeable bumps to saucer-sized welts. But while you can't escape bugs altogether, there's plenty you can do to manage them better. To Avoid Bugbites:

- **Dress to repel** ~ Bright colors and flowery prints make kids more attractive to insects, as do scented soaps, perfumes and hair sprays, according to the American Academy of Pediatrics (AAP).

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- **Stay out of their way** ~ Most insects will leave humans alone, Forrest says, "unless you mess with their nest." Steer clear of known nests and avoid areas near trash cans (beloved by yellow jackets,) stagnant water (mosquito heaven) and fruit trees.
- **Squirt on the good stuff** ~ For kids, the AAP recommends products with at least 10% DEET, to be effective but no more than 30%. Spray on only as much as needed to cover skin and clothes, have kids wash with soap and water when they go back inside and wash clothes before wearing again.
- **Make friends with the enemy** ~ Children who are excessively frightened by insects tend to overreact and are more likely to be stung. Help your child tap into his curiosity about nature and explore the insect world -- on his terms. Watch a spider spinning a web or a bee gathering nectar from a flower. "Just explain that they should be calm and not make any sudden movements," says Forrest.

How to Handle a Bite or Sting:

- **Go on high alert** ~ If your child has been stung, check if there's a stinger left behind. If so, scrape it away -- carefully -- with a fingernail or knife blade, says Richard F. Lockey, M.D., a professor of Medicine, Pediatrics and Public Health at the University of South Florida. Then wash the area with soap and water, and apply ice to the sting. Watch your child carefully for signs of wheezing or difficulty breathing, tightness in the throat or chest, swelling of the lips, tongue or face, or any dizziness, fainting, nausea or vomiting. While such intense allergic reactions are relatively uncommon. Only an estimated 3% of adults and 1% of children react that way and they can happen within moments. In rare instances, they can be fatal. If your child has any of these symptoms, head straight to the emergency room.
- **Soothe the sting or bite** - If there's no allergic reaction, continue with occasional ice for 24 hours. There are other things you can use to relieve the swelling and discomfort, but there's no solid proof that any of them work. Still, it's worth a try. "Cortisone cream helps some people, and so do antihistamines," says Lockey. Some people find relief with a paste made from baking soda or meat tenderizer and water. Others find that applying aloe vera, calendula leaves and even a slice of onion can help.
- **Keep an eye on it** - As kids scratch, bites can become infected, and some (like certain spider bites) can leave ugly, ulcerated wounds. "Keep it clean and covered," says Lockey. "And be patient. While there isn't much you can do to speed healing, it will go away eventually."

[Source: Parents and Prevention magazines Sarah Mahoney article Aug 09 ++]

HOLOCAUST MEMORIAL MUSEUM: A living memorial to the Holocaust, the United States Holocaust Memorial Museum stimulates leaders and citizens to confront hatred, prevent genocide, promote human dignity, and strengthen democracy. A public-private partnership, federal support guarantees the Museum's permanence, and donors nationwide make possible its educational activities and global outreach. Located among our national monuments to freedom on the National Mall at 100 Raoul Wallenberg Place, SW Washington, DC 20024-2126, the Museum provides a powerful lesson in the fragility of freedom, the myth of progress, the need for vigilance in preserving democratic values. With unique power and authenticity, it teaches millions of people each year about the dangers of unchecked hatred and the need to prevent genocide. The museum encourages visitors to act when confronted with hatreds, cultivating a sense of moral responsibility among our citizens so that they will respond to the monumental challenges that confront our world. Today there is an alarming rise in Holocaust denial and antisemitism—even in the very lands where the Holocaust happened—as well as genocide and threats of genocide in other parts of the world. All of this when we are soon approaching a time when Holocaust survivors and other eyewitnesses will no longer be alive.

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The Museum works closely with many key segments of society who will affect the future of our nation. Professionals from the fields of law enforcement, the judiciary and the military, as well as diplomacy, medicine, education and religion study the Holocaust, with emphasis on the role of their particular professions and the implications for their own responsibilities. These programs intensify their sense of commitment to the core values of their fields and their roles in the protection of individuals and society. In addition to its leadership training programs, the Museum sponsors on-site and traveling exhibitions, educational outreach, a Website, campus outreach and Holocaust commemorations including the nation's annual observance in the U.S. Capitol. Its Center for Advanced Holocaust Studies works to ensure the continued growth and vitality of the field of Holocaust studies. As a living memorial to the Holocaust, it works to prevent genocide in the future through their Academy for Genocide Prevention which trains foreign policy professionals. Working with Holocaust survivors and an array of organizations, the Museum is a leader in galvanizing attention to the crisis in Darfur.

Since its dedication in 1993, the Museum has welcomed nearly 30 million visitors, including more than 8 million school children and 85 heads of state. Today 90% of visitors are not Jewish. Its Web site, the world's leading online authority on the Holocaust, had 15 million visits in 2006 from an average of 100 different countries daily. With hundreds of thousands of online visitors from countries with majority Muslim populations, translating the website into Arabic and Farsi has been a top priority; already, portions are available in more than 20 languages. Admission to the Museum is free. No passes are necessary for entering the Museum building, special exhibitions, the interactive Wexner Center, and other Museum resources. Passes are required for visiting the Permanent Exhibition — The Holocaust. The museum is fully closed only on Yom Kippur (September 28, 2009) and Christmas Day (December 25). Overall operating hours are between 1000 & 1630. However, these operating hours vary dependent on the section of the building and day of the week you intend to visit. Allow extra time when you first arrive at the Museum to pass through the building entry line that can form during spring and summer. For more information, call (202) 488-0400 or refer to www.ushmm.org. [Source: www.ushmm.org Aug 09 ++]

CAREER FAIRS: Things vets should **AVOID** to enhance their chances of employment:

- Failure to dress properly for the interview when attending a career fair.
- Failure to present a professional demeanor at and throughout the time at the career fair.
- Failure to research the potential employers of interest before attending the career fair.
- Upon introducing oneself to the individual on the other side of the booth, asking what the company does.
- After shaking hands with the individual on the other side of the booth, handing the resume and asking "How do I fit in?"
- Not establishing eye contact with the individual on the other side of the table.
- Not registering "online" ahead of time when the opportunity presents itself.
- Not establishing a connection (not contact) within the potential organization when possible.
- Not following-up with the individual quickly with a revised resume more relevant to the specific role discussed.
- Not following-up with the organization with another copy of the resume after the career fair.
- Failure to take advantage of the information available from other attendees at the career fair.
- Persistence in using the same techniques in job search that have been used for the past decade and not using the more current and effective techniques and methodologies.

[Source: VetJobs Veteran Eagle 1 Aug 09 ++]

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VETERAN STATISTICS: Today, there are roughly 1.4 million on active duty, less than half the nearly 3.5 million people on active duty we had at the end of the Vietnam War. The estimated population of the United States on 1 JUL 09 was 307,041,000. According to the Bureau of Labor Statistics (BLS), 226,706,000 are in the work force. Throw in another 20,000,000 illegal aliens (no one really knows with certainty how many illegal aliens are in the United States), and you have a population base of roughly 327,041,000 that is being defended by 1.4 million. That equates to only four tenths of a percent (.4%) of the population is defending the other 99.6%. If you include the 1.3 million in the Guard and Reserve who are now used as if they were active duty forces, there are a total of 2.7 million people defending the 327,041,000, or roughly eight tenths of a percent (.8%) defending the other 99.2%. In 1970, there were over 45 million living veterans in the United States. In 1999 there were nearly 30 million veterans of which 18 million were in the work force. Today, the BLS reports there are 22,196,000 living veterans of which 12,169,000 are in the work force. Depending on the survey, upwards of 1,700 veterans now die each day!

Historically, the unemployment rate for veterans has been one to three percent below the national average. In JUN 09, the unemployment rate for all veterans was 7.8% while the national unemployment rate was 9.5%. These numbers will probably rise in the July unemployment report. Historically, members of the Guard and Reserve faced a full call up during World War II and a partial call up during the Korean War. Of the 37,000 Guard and Reserve members who fought in the Vietnam War, all but about 200 were volunteers. But since 1991, there have been over 20 full call ups of the Guard and Reserve! Many of the activations have been for one and two year periods. Employers look on the component members as their human asset on loan to DOD, not as DOD's asset. Consequently, employers are quietly fighting back and not supporting the DOD call up policy. At present it appears that employers want to hire retired military, transitioning military that have completed their obligated service, and make great effort to hire our wounded and disabled warriors. But when it comes to hiring component members of the Guard and Reserve, employers will not hire them for solid economic reasons. This has manifested itself in the many reports from all over the country of companies using the excuse of the recession to target and lay off employees who are active members of the Guard and Reserve. Component Guard or Reserve member who have been laid off are requested to forward the information to contact@vetjobs.com who is collecting real examples for future testimony before Congress

This data has many ramifications. With 37 years of an all volunteer military, America now has two generations of citizens that have no idea of what really goes on in the military and the importance of having a strong military. This lack of understanding impacts political and social attitudes towards the military. The population base for veteran service organizations is dwindling rapidly which is why many are changing their membership rules in order to maintain membership in a rapidly declining demographic environment. Today, there are fewer defenders of our freedoms living who understand the importance of maintaining a strong military. And without a strong military, we cannot maintain our freedoms, our free market capitalist economy and our constitutional republic. Remember these numbers when you talk to your representatives in Congress. [Source: VetJobs Veteran Eagle 1 Aug 09 ++]

SALES TAX HOLIDAYS: A tax holiday is a temporary reduction or elimination of a tax. Governments usually create tax holidays as incentives for business investment. The taxes that are most commonly reduced by national and local governments are sales taxes. Often, the benefit is limited to a fixed amount and applies only to the purchase of certain items, such as clothes, school supplies, and computers. A new link is available at www.taxadmin.org/fta/rate/sales_holiday_2008.html to enable you to check out if any apply to you. A copy of the current holidays is included as an attachment to the Bulletin. [Source: USA.gov Daily Digest Bulletin 1 Aug 09 ++].

TAX BURDEN for FLORIDA 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 Florida:

State Sales Tax: 6% (food, prescription and non-prescription drugs exempt). There are additional county sales taxes which could make the combined rate as high as 9.5%.

Fuel & Cigarette Tax:

- **Gasoline Tax:** 34.5 cents/gallon. (Local taxes for gasoline vary from 5.5 cents to 17 cents, plus there is a 2.07% gasoline pollution tax.)
- **Diesel Fuel Tax:** 29.8 cents/gallon. (Includes local county taxes)
- **Cigarette Tax:** 33.9 cents/pack of 20 (\$1.00 surcharge added on each pack in 2010)

Personal Income Taxes:

- No state income tax.
- **Retirement Income:** Not taxed. Starting in 2007, individuals, married couples, personal representatives of estates, and businesses are no longer required to file an annual intangible personal property tax return reporting their stocks, bonds, mutual funds, money market funds, shares of business trusts, and unsecured notes. For details refer to <http://dor.myflorida.com/dor/taxes/ippt.html>.

Property Taxes

- 1.) All property is taxable at 100% of its just valuation. In certain counties and cities homeowners 65 and over can receive a homestead exemption from property tax of \$25,000 if their household income, as defined by the federal tax code, is at or below \$27,539 (single) or \$30,917 (couples) per year (2008 figures). The income limitation is adjusted each year based on the cost of living index. In many instances the definition of household income excludes Social Security. Permanent residents may also be entitled to a homestead exemption regardless of age. Residents 65 and older are entitled to both exemptions (\$50,000). The senior citizen's homestead exemption applies only to tax millage levied by the county or city, and does not apply to millage of school districts or other taxing authorities. The homestead exemption for all residents applies to all property taxes, not just city and county taxes. Annual increases in the assessment of homestead property are limited to 3% of the prior year's assessed value, or if lower, the percentage change in the Consumer Price Index for the prior, as long as there was no change in ownership. The real property tax deduction has increased. As a result of changes made to Federal year law, non-itemizers (those who take the standard deduction) may now increase the standard deduction by up to \$500 (if single, head of household, married filing separately) and up to \$1,000 (if filing jointly) if they took the real property tax deduction on their Federal tax return as an increase to the standard deduction. Call 202-727-1000 for more information.
- 2.) A 2006 law provides a property tax discount on homestead property owned by eligible veterans. To be eligible, a veteran must have an honorable discharge from military service, be at least 65 years old, be partially disabled with a permanent service connected disability all or a portion of which must be combat-related, and must have been a Florida resident at the time of entering military service. This discount is in addition to any other exemptions veterans now receive.
- 3.) A 2007 law allows local governments to give those age 65 and above - with low incomes - an increased homestead exemption. Cities and counties have the option of doubling an existing homestead exemption on

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primary owner-occupied homes from \$25,000 to \$50,000. To qualify, taxpayers must have an annual income of \$20,000 or less.

- 4.) For more details on property taxes refer to <http://dor.myflorida.com/dor/property>, then find the link for the county property appraiser for the county in question. For more information on Florida property tax exemptions refer to <http://dor.myflorida.com/dor/property/exemptions.html>.

Inheritance and Estate Taxes - There is no inheritance tax and only a limited estate tax.

To review information for new residents go to <http://dor.myflorida.com/dor/taxes/new.html>. For general information on Florida taxes, visit the Florida Department of Revenue site <http://dor.myflorida.com/dor> or call 800-352-3671.

[Source: www.retirementliving.com Aug 09 ++]

VETERAN LEGISLATION STATUS 13 AUG 09: August recess has begun for Congressional members - you will find them in their district offices and/or travelling in their home States. Now is a great time to schedule a meeting and discuss military community goals and key legislation. The August recess runs through Labor Day 3 SEP. The House and Senate will reconvene on 8 SEP. 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>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators 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 legislator's 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 legislators on their home turf. [Source: RAO Bulletin Attachment 13 Aug 09 ++]

HAVE YOU HEARD: Murphy's Law's of Combat:

- You are not a superman; Marines and fighter pilots take note.
- If it's stupid but works, it isn't stupid.
- Don't look conspicuous - it draws fire. (This is why aircraft carriers are called bomb magnets.)
- When in doubt, empty your magazine.
- Whoever said the pen is mightier than the sword obviously never encountered automatic weapons.
- Field experience is something you get ten minutes after you need it.
- The cost of a weapon has a direct correlation with how far you have to send it to get it fixed.

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- Happiness is a belt-fed weapon.
- Never share a foxhole with anyone braver than you are.
- Never forget that your weapon was made by the lowest bidder.
- If your attack is going really well, it's an ambush.
- No OPLAN ever survives initial contact.
- If the enemy has done nothing for the past half hour while you dig in it's probably because they've been in the tree line right behind you the whole time.
- If you find yourself in a fair fight, you didn't plan your mission properly.
- Who cares if a laser guided 500 lb. bomb is accurate to within 9 feet?
- Bravery is being the only one who knows you're afraid.
- Any ship can be a minesweeper... once.
- There is no such thing as a perfect plan.
- All five-second grenade fuses will burn down in three seconds.
- Try to look unimportant; the enemy may be low on ammo and not want to waste a bullet on you.
- If at first you don't succeed, call in an airstrike.
- If you are forward of your position, the artillery will fall short.
- The enemy diversion you are ignoring is the main attack.
- There is no such thing as an atheist in a foxhole.
- You can win without fighting, but it's a lot harder to do. And the enemy may not cooperate.
- A retreating enemy is probably just falling back and regrouping.
- Never tell the Platoon Sergeant you have nothing to do.
- The important things are always simple; the simple things are always hard.
- The easy way is always mined.
- The only terrain that is truly controlled is the terrain upon which you're standing.
- The law of the bayonet says the man with the bullet wins.
- The easy way gets you killed.
- If you are short of everything except enemy, you are in combat.
- When you have secured an area, don't forget to tell the enemy.
- Never draw fire; it irritates everyone around you.
- Incoming fire has the right of way.
- Friendly fire isn't.
- Recoilless rifles - aren't.
- Suppressive fire - won't.
- If the enemy is in range - SO ARE YOU.
- No combat ready unit has ever passed inspection.
- No unit that ever passed inspection has passed combat.
- Things which must be shipped together as a set, aren't.
- Things that must work together, can't be carried to the field that way.
- Radios will fail as soon as you need fire support desperately.
- Radar tends to fail at night and in bad weather, and especially during both.
- Anything you do can get you killed - including doing nothing.
- Tracers work both ways.
- The only thing more accurate than incoming enemy fire is incoming friendly fire.
- Make it tough for the enemy to get in and you can't get out.
- When both sides are convinced that they are about to lose, they are both right.

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- Professional soldiers are predictable, but the world is full of amateurs.
- If you take more than your fair share of objectives, you will get more than your fair share of objectives to take.
- Whenever you lose contact with the enemy, look behind you.
- Military Intelligence is a contradiction.
- Fortify your front; you'll get your rear shot up.
- Weather ain't neutral.
- The most dangerous thing in the combat zone is an officer with a map.
- The quartermaster has only two sizes, too large and too small.
- If you really need an officer in a hurry, take a nap.
- There is nothing more satisfying than having someone take a shot at you, and miss.
- If your sergeant can see you, so can the enemy.
- If you can't see the enemy, he still may be able to see you.
- Ammo is cheap, your life isn't.
- The only time you can have too much ammo is when you are drowning or you are on fire.
- You'll only remember your hand grenades when the sound is too close to use them.
- Close only counts in horseshoes and hand grenades.
- The spare batteries for the PRC-whatever your troops have been carrying are either nearly dead or for the wrong radio.
- The enemy invariably attacks on one of two occasions: 1. When you're ready for them. 2. When you're not ready for them.
- Teamwork is essential; it gives the enemy someone else to shoot at.
- If you can't remember, the claymore is pointed at you.
- When the pin is pulled, Mr. Grenade is not our friend.
- Air defense motto: shoot 'em down; sort 'em out on the ground.
- 'Flies high, it dies; low and slow, it'll go.
- The Cavalry doesn't always come to the rescue.
- Napalm is an area support weapon.
- B-52s are the ultimate close support weapon.
- Sniper's motto: reach out and touch someone.
- Killing for peace is like screwing for virginity.
- The one item you need is always in short supply.
- Interchangeable parts aren't.
- It's not the one with your name on it; it's the one addressed "to whom it may concern" you've got to think about.
- Mines are equal opportunity weapons.
- A Purple Heart just proves that were you smart enough to think of a plan, stupid enough to try it, and lucky enough to survive.
- Don't ever be the first, don't ever be the last and don't ever volunteer to do anything.
- It is generally inadvisable to eject directly over the area you just bombed.
- The side with the simplest uniforms wins.
- Combat will occur on the ground between two adjoining maps.
- If you can keep your head while those around you are losing theirs, you may have misjudged the situation.
- If two things are required to make something work, they will never be shipped together.

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- Why does your 500-watt VRC-26 (real old) not make it across 200 miles while a ham with 50 watts on the same MARS frequency can be heard from Stateside?
- Murphy was a grunt

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