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VIRGINIA VET CEMETERY: Crews are scheduled this fall to begin building the first state veterans cemetery in Southwest Virginia. At present the closest existing veterans' cemetery is in Amelia, near Richmond VA, a more than three-hour drive from the site of the planned cemetery near Dublin. U.S. Rep. Rick Boucher, D-Abingdon, said 28 AUG that the federal government agreed to pay \$7.2 million for the project's first phase, which will improve 24 acres of a nearly 80-acre industrial site near Dublin carved from the Radford Army Ammunition Plant. The cemetery is scheduled to open by the end of next year with 5,000 burial spaces -- enough room to meet estimated demand for 10 to 15 years. Boucher expects future phases to be federally funded as well. When complete, the Southwest Virginia Veterans Cemetery will have space for at least an estimated 60,000 deceased veterans and their family members, space for cremated remains including a columbarium and scatter garden, a committal shelter for services, roads, walkways, gardens and maintenance and administrative facilities. It is expected to employ five people to start and open sunrise to sunset for visitation.

It will be Virginia's third veterans cemetery. About 100 people are approved to be buried there, said Dan Kemano, cemeteries director for the Virginia Department of Veterans Services, which will operate the facility as well as those in Amelia and Suffolk. Authorities have selected 79.8 acres that formerly belonged to the arsenal. Ammunition was not manufactured on the site where veterans will be laid to rest. The land was a buffer between Dublin and an adjacent area of about 3,000 acres that still belongs to the Army and is dotted with igloos storing munitions and miscellaneous items. Burial in the facility will be offered as a benefit to members of the U.S. Armed Forces who die during active duty, retire from service or are honorably discharged. Burial will be offered for \$300 to spouses and dependent children of such individuals. For burial info on eligibility and application procedures for Virginia's other three state cemeteries refer to www.dvs.virginia.gov/cemetery_amelia.htm. At present of the 15 National veteran cemeteries in the state only the Culpeper and Quantico National Cemeteries are open to cremains and new casketed internments and only Alexandria and Danville National Cemeteries will accept new cremains. [Source: The Roanoke times Jeff Sturgeon article 28 Aug 09 ++]

VA PRESUMPTIVE POW DISEASES Update 02: The Department of Veterans Affairs (VA) is amending its adjudication regulations to establish a presumption of service connection for osteoporosis for former Prisoners of War (POWs) who were detained or interned for at least 30 days and whose osteoporosis is at least 10% disabling. The amendment implements a decision by the Secretary to establish such a presumption based on scientific studies. VA is additionally amending its adjudication regulations to establish a presumption of service connection for osteoporosis for POWs who were detained or interned for any period of time, have a diagnosis of posttraumatic stress disorder (PTSD), and whose osteoporosis is at least 10% disabling. This amendment reflects statutory provisions of the Veterans' Benefits Improvement Act of 2008. Effective Date for the amendment is 28 SEP 09. For further information contact: Thomas J. Kniffen, Chief, Regulations Staff (211D), Compensation and Pension Service, Veterans Benefits Administration, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461-9725. [Source: Federal Register 28 Aug 09(Vol 74, Number 166 Rules and Regulations Page 44288-44289 29 Aug 09 ++]

VA DISABILITY COMPENSATION Update 04: The federal government says it mistakenly gave more than \$50,000 to a dead Detroit veteran. Now it wants the money back. The government recently filed a lawsuit in federal court in Detroit, seeking to have the state of Michigan turn over the money. James

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Sampson died in 1995, but a monthly payment from the Department of Veterans Affairs continued to go into his bank account for more than six years. Bank One eventually closed the account and sent \$54,000 to the state as unclaimed property. Under Michigan law, the state Treasury Department is the custodian of lost or forgotten assets. Treasury spokesman Terry Stanton said 27 AUG the department hasn't yet received a federal request for the money. As many a widow has found out the hard way all disability compensation ends on the date of death of a veteran and must be repaid to the government. [Source: Chicago Tribune News AP article 26 Aug 09 ++]

VA APPOINTMENTS Update 06: The inspector general for the Veterans Affairs Department says that agency managers were aware of serious problems with a \$70 million project to replace its hospital appointment system several years before the VA dropped the program. The VA announced the project in 2000 after complaints from veterans about long waits to make appointments. It was halted in 2009. The inspector general says that managers didn't take timely and appropriate action to address problems, even as millions more were put into the program. VA Secretary Eric Shinseki has since ordered improvements in the VA's information technology management. But the IG says that the VA still needs more qualified staff. [Source: NavyTimes AP Kimberly Hefling article 27 Aug 09 ++]

NOAA'S VOLUNTEER PROGRAM: Volunteers play an integral role in supporting the environmental stewardship conducted every day by the National Oceanic and Atmospheric Administration (NOAA). Across the United States and its coastal waters, opportunities exist for volunteers within NOAA's Fisheries Service, National Ocean Service, National Weather Service, and Sea Grant programs to take part in research, observation and educational roles that benefit science, our citizens and our planet. Individuals are needed on a recurring basis. If interested visit NOAA's Volunteer Page www.volunteer.noaa.gov. There you can find opportunities for involvement in NOAA's Fisheries, Ocean, Research, and Weather programs in the area you are live in and a brief explanation of what you will be asked to do. [Source: www.volunteer.noaa.gov Aug 09 ++]

MASSACHUSETTS VET BONUS Update 03: Three years after the Commonwealth of Massachusetts established a program to provide bonuses to veterans returning from active duty, some \$10 million set aside for the program remains unused. In 2005, Massachusetts passed the Welcome Home Bill authorizing payment of a one-time, tax-free "welcome home bonus" to its residents with at least six months of active duty service since Sept. 11, 2001. Veterans with active service in Iraq or Afghanistan are eligible to receive \$1,000 and those who served elsewhere, either at home or abroad, can receive a \$500 bonus. Veterans desiring more information on the program should go to: Massachusetts Veterans Welcome Home Bonus Program at http://www.mass.gov/?pageID=veteransterminal&L=2&L0=Home&L1=Returning+Veterans&sid=Eveterans&b=terminalcontent&f=bonus_es_gwot&csid=Eveterans. [Source: NAUS Weekly Update 28 Aug 09 ++]

SBP LAWSUIT Update 05: Three military widows, Patricia A. Sharp and Margaret M. Haverkamp along with Iva Dean Rogers, received good news on 26 AUG when the U.S. Court of Appeals for the Federal Circuit upheld the ruling in their favor against the Government in regards to offsetting of SBP benefits with DIC

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benefits. The issue is that the Veterans Benefits Act of 2003 [Public Law 108-183] restored eligibility for VA Dependency and Indemnity Compensation (DIC) to military surviving spouses who remarry after age 57. However, DoD continued to apply the offset to these three ladies and many others. The three defendants argued that the plain meaning of the 2003 statute exempted them and any other widow who remarries after age 57 from the SBP/DIC offset. The Court agreed. In rejecting the government's improper offsets, the Federal Circuit explained, "After all, the service member paid for both benefits: Survivor Benefit Plan (SBP) payments with premiums; and Dependency and Indemnity Compensation (DIC) payments with his life."

The ruling should also apply to other remarried widows impacted by the offset. In addition, the ruling places increased pressure on Congress to end SBP/DIC offsets for all adversely affected widows. This is a remarkable ruling and a poignant victory for the three widows involved. But the case isn't necessarily over yet, because it remains to be seen whether the government will appeal the decision to the US Supreme Court. This important case can only help in The Military Coalition's continuing crusade to repeal the SBP/DIC offset. In the interim the Nelson amendment to the Senate version of the 2010 National Defense Authorization Act would complete this action for all eligible widows and is currently under consideration by House/Senate Armed Services conferees. [Source: NAUS Weekly Update 28 Aug 09 ++]

VA WOMEN VET PROGRAMS Update 07: Secretary of Veterans Affairs Eric K. Shinseki pledged on Women's Equality Day 26 AUG that the Department of Veterans Affairs (VA) will work to ensure the nation upholds its obligation to meet the needs of our Veterans - including women Veterans. Although VA has long provided equal benefits to women Veterans, the Department has embarked on new initiatives to meet their unique needs. These initiatives include:

- Comprehensive primary care and specialized medical care at every VA medical center;
- Enhanced mental health care specifically for women Veterans;
- Staffing every VA medical center with a women Veterans program manager;
- Creating a mini-residency on women's health for primary care physicians;
- Supporting a multifaceted research program on women's health;
- Improving communication and outreach to women Veterans; and
- Continuing the operation of organizations such as VA's Center for Women Veterans and the Women Veterans Health Strategic Healthcare Group.

Assistant Secretary L. Tammy Duckworth said, "During this observance we should remember the special contributions and sacrifices of the 200,000 women currently serving in the armed forces and 1.8 million who are Veterans," Women Veterans are one of the fastest growing segments of the Veteran population. They comprise 7.5% of the total Veteran population and nearly 5.5% of all Veterans who use VA health care services. VA estimates women Veterans will constitute 10% of the Veteran population by 2020 and 9.5% of VA patients. For more information about VA programs and services for women Veterans refer to www.va.gov/womenvet and www.publichealth.va.gov/womenshealth. [Source: VA News Release 26 Aug 09 ++]

VA END OF LIFE BOOKLET: U.S. Sen. Arlen Specter (D-PA) called on the Department of Veterans Affairs to consider suspending its use of an end-of-life planning document that critics have dubbed the 'death book for veterans.' "There is an issue as to whether the VA document inappropriately pressures disabled veterans who forgo critical care by subtly urging them on end-of-life decisions," the lawmaker "wrote in a letter to

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U.S. Sen. Daniel K. Akaka (D-HI), chairman of the Senate Veterans Affairs Committee, requesting that the Senate Veterans Affairs Committee hold a hearing on the matter. Early indications are Specter's request is being strongly considered. Specter said in an interview that he had not read the booklet but was disturbed by what he had gleaned thus far.

Concern about the document was raised 18 AUG when Jim Towey, the former director of the White House Office of Faith-Based Initiatives under President George W. Bush, railed against it in the Wall Street Journal. The booklet, Towey noted, includes a worksheet titled "What makes your life worth living" that presents various scenarios, such as being confined to a wheelchair, relying on a feeding tube or being unable to shake the blues. Towey compared the wording of the worksheet to a political push poll meant to steer readers to a predetermined conclusion. "This hurry-up-and-die message is clear and unconscionable," wrote Towey, who noted that the Bush administration had suspended use of the document but that it has been resuscitated by the Obama White House.

VA officials, however, said that the document has been misrepresented by critics and that the decade-old publication, titled 'Your Life, Your Choices,' is an educational resource meant to help veterans direct in advance the medical care they want in the event they are incapacitated. VA is not suggesting that injured or sick veterans consider ending their lives and if this is the impression or implication derived from any VA materials, then that is wrong. The document is actually a 52-page, optional guidebook for veterans. It is about living wills and end-of-life care. The Bush Administration had the VA issue a directive in 2007 to list the book as an example of the type of document doctors should give to their patients if requested. The directive was updated in July by the Obama Administration. The document was developed under a federally funded research grant and published in 1997. VA spokeswoman Katie Roberts said. "The booklet is designed to help veterans deal with excruciating questions about what kind of health care they would like to receive if they are unable to make decisions for themselves." It is not an advance directive or living will, Roberts said. It has been restored to the VA Web site because it was produced with federal money. The document is being revised, according to VA officials. VA Assistant VA Secretary Tammy Duckworth in a discussion on Fox News said the VA provides its booklet it at no charge. There are many other no charge booklets that are out there. If veterans want to go and spend \$5 apiece and buy Mr. Towey's book on end-of-life discussions, they are welcome to do that." [Source: The Washington Post Steve Vogel article 25 Aug 09 ++]

PTSD Update 29: PTSD is a recognized anxiety disorder that can follow seeing or experiencing an event that involves actual or threatened death or serious injury to which a person responds with intense fear, helplessness or horror, and is not uncommon in war. Feelings of fear, confusion or anger often subside, but if the feelings don't go away or get worse, a Veteran may have PTSD. The VA published a proposed regulation 24 AUG in the Federal Register to make it easier for a veteran to claim service connection for PTSD by reducing the evidence needed if the stressor claimed by a Veteran is related to fear of hostile military or terrorist activity. This amendment would eliminate the requirement for corroborating that the claimed in-service stressor occurred if a stressor claimed by a veteran is related to the veteran's fear of hostile military or terrorist activity and a VA psychiatrist or psychologist confirms that the claimed stressor is adequate to support a diagnosis of PTSD, provided that the claimed stressor is consistent with the places, types, and circumstances of the veteran's service and that the veteran's symptoms are related to the claimed stressor.

This amendment takes into consideration the current scientific research studies relating PTSD to exposure to hostile military and terrorist actions. It is intended to acknowledge the inherently stressful nature of the places, types, and circumstances of service in which fear of hostile military or terrorist activities is ongoing. With this amendment, the evidentiary standard of establishing an in-service stressor would be reduced in these cases. This amendment is additionally intended to facilitate the timely VA processing of PTSD claims by simplifying the

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development and research procedures that apply to these claims. Comments must be received by VA on or before 23 OCT 09. Written comments may be submitted through www.Regulations.gov; by mail or hand delivery to Director, Regulations Management (02REG), Department of Veterans Affairs, 810 Vermont Ave., NW., Room 1068, Washington, DC 20420; or by fax to (202) 273-9026.

Comments should indicate that they are submitted in response to “RIN 2900-AN32—Stressor Determinations for Posttraumatic Stress Disorder.” Copies of comments received will be available for public inspection in the Office of Regulation Policy and Management, Room 1063B, between 08-1630 M-F (except holidays). Call (202) 461-4902 for an appointment. In addition, during the comment period, comments may be viewed online through the Federal Docket Management System (FDMS) at www.Regulations.gov. For further information contact Thomas J. Kniffen, Chief, Regulations Staff (211D), Compensation and Pension Service, Veterans Benefits Administration, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461-9725. VA is bolstering its mental health capacity to serve combat Veterans, adding thousands of new professionals to its rolls in the last four years. The Department also has established a suicide prevention helpline (1-800-273-TALK) and their Web site www.suicidepreventionlifeline.org/Veterans is available for online chat in the evenings. [Source: RIN 2900-AN32 & VA News Release 24 Aug 09 ++]

PTSD Update 30: Researchers testing ways to treat the psychological wounds of war among Iraq and Afghanistan veterans are encountering a serious roadblock: a shortage of willing study participants. A strong stigma in the military associated with post-traumatic stress disorder, or PTSD, is blamed for the reluctance of combat veterans to take part in a pair of treatment programs being evaluated by staff from the Veterans Administration in Boston at facilities in Massachusetts, Rhode Island, and New Hampshire, study directors said. The VA and the Pentagon hope the studies will lead to a standard intervention when veterans and returning soldiers exhibit signs of post-battle stress, reducing domestic abuse and other violence. In one study, they are measuring the effectiveness of intensive couples counseling; in another, they are schooling veterans in anger management. But since recruiting began at the beginning of the year, only 10 couples have signed up for the first study, far short of the 440 needed, according to officials. Out of 135 male veterans needed for the second study, mean while, only 13 have been accepted so far.

Dr. Casey Taft, a psychologist who is overseeing the work at the National Center for PTSD at the VA Medical Center in Boston, said, “The problem is that part of PTSD is not really wanting to talk about your PTSD – not wanting to talk about anything that might bring up traumatic memories.” Researchers are expanding their outreach, meeting with military and veterans groups several times a week, distributing fliers at VA hospitals across the region, and placing ads in military outlets. A new website, www.strengthathome.com, has also been launched to drum up more participation in the studies, which are supported by \$3.5 million in grants. The Pentagon is sponsoring the research into treatments for individual service members, and the Centers for Disease Control is backing the work with veterans and their spouses. The studies sought are:

- A Boston-area study looking specifically at the effects of PTSD on families and ways to prevent psychological problems brought on by combat from escalating into domestic violence, Taft said. The 10-week program begins with sessions to educate couples about the ailment and how it can lead to confrontation. Taft said a veteran with post-traumatic stress disorder tends to disconnect emotionally from his or her partner even as the spouse wants to return to the intimacy they enjoyed before deployment. Combined with the veteran’s ability to be easily irritated and inability to sleep, “that can really lead to problems,” he said. Subsequent phases of the couples study introduce new combinations of techniques to manage conflict in the home better and improve communication skills.

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- The second study, a 12-week program, is designed only for veterans with post-traumatic stress disorder and focuses heavily on anger management.

While the Pentagon and the Department of Veterans Affairs have made significant strides educating service members about stress disorders and encouraging active duty service members and veterans and their families to seek help from a variety of new counseling programs, officials say there remains stiff resistance in the ranks to acknowledging mental wounds from combat. Such resistance is seen as a major impediment to tackling the traumatic stress problem. The disorder was found to be a major contributor in as many as 11 murders in 2007 and 2008 allegedly committed by members of an Army unit that returned from its second tour in Iraq, according to a recent Army study of the brigade based at Fort Carson, Colo. Soldiers in the unit were also found to be involved in a rash of other crimes, including beatings, rapes, DUIs, drug abuse, domestic violence, shootings, stabbings, kidnappings, and suicides.

In some of his most expansive comments on the subject, President Obama recently said he has instructed top veterans officials to focus on “making sure that we are doing the screening that’s necessary so that problems don’t fester, and eliminating the stigma that may have historically existed when somebody is showing symptoms of PTSD, particularly if they’re still in [Iraq or Afghanistan], or still on active duty.” Taft said his researchers have done a lot of work on therapies to help veterans overcome what he called a “heightened level of threat perception.” Due to the nature of the conflicts in Iraq and Afghanistan - where an innocent-looking bystander can be a suicide bomber or enemy insurgent - service members must be constantly aware of their environment, scanning their surroundings for the smallest sign of a threat. That vigilance can be hard to turn off at home, sometimes leading to the false impression that a family member or other person wants to cause harm. But getting veterans to agree to treatment is proving to be the toughest part, Taft said. And, he warned, “the more they avoid seeking help the worse their symptoms will get.” [Source: The Boston Globe Bryan Bender article 24 Aug 09 ++]

MEDICARE RATES 2010: Most Medicare beneficiaries won’t pay higher premiums for Part B medical insurance coverage in 2010. Under current law, Part B premiums cannot rise faster than Social Security annual cost-of-living increases. And the Congressional Budget Office predicts there will be no cost-of-living increases for Social Security recipients in 2010 and 2011. But the law doesn’t protect all Medicare recipients from elevated health insurance costs. About 75% of people will be protected from the premium increase, according to Juliette Cubanski, a policy analyst at the Kaiser Family Foundation. The remaining 25% of Medicare recipients will face larger than normal premium increases because the costs are spread across a smaller share of beneficiaries. Here is who will have to pay greater Medicare premiums in the near future:

- **Medicaid Recipients.** Medicaid, which is funded by states and the federal government, already pays Medicare part B premiums for low-income individuals who qualify for both government programs. Medicaid will absorb the larger premiums for the 17% of Medicare beneficiaries who are also eligible for Medicaid. “The individual doesn’t pay the higher cost of the Part B premium, but the state does,” says Cubanski.
- **High Income Retirees.** Seniors with a modified adjusted gross income above \$85,000 for individuals and \$170,000 for couples in 2009 already pay steeper premiums than other retirees. The wealthiest 5% of Medicare beneficiaries aren’t exempt from further Part B premium hikes.
- **New Enrollees.** Retirees who sign up for Social Security and/or Part B medical coverage for the first time next year will also face higher premiums than existing Medicare recipients. While most Medicare Part B recipients currently pay \$96.40 per month and will continue to be charged the same premium amount next

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year, costs are likely to increase for a quarter of retirees to \$104.20 monthly in 2010 and \$120.20 in 2011, according to the Medicare Trustees.

- **Part D Users.** Current law does not protect Medicare Part D prescription drug coverage recipients from premium increases in years when there is no Social Security cost-of-living adjustment. Retirees who experience increases in their Part D premiums could receive smaller Social Security checks next year.

[Source: US News & World report Emily Brandon article 26 Aug 09 ++]

POSTAL SERVICE Update 03: The U.S. Postal Service, which has been digging deep to find cost-cutting measures in the face of declining revenues, announced on 24 AUG that it will offer buyouts for up to 30,000 employees. Employees represented by the American Postal Workers Union or the National Postal Mail Handlers Union who are eligible to retire or who agree to resign will be eligible for buyout packages worth \$15,000. The offer will not be available to electronic technicians because those positions are understaffed, according to USPS spokesman Greg Frey. Those represented by the National Association of Letter Carriers or the National Rural Letter Carriers' Association, as well as managers and executives, are not eligible to receive buyouts. "We are in a position where we have more employees than we need," Frey said, citing the recession, increased use of the Internet, and advances in mail-sorting technology. Those who take the incentive will receive \$10,000 in OCT 09, and another payment of \$5,000 in OCT 10. Up to 30,000 workers can take advantage of the buyouts on a first-come, first-served basis.

The beleaguered agency has been coping with a drop in printed mail and congressional mandates to prefund its Treasury retirement account. USPS has said it does not expect to meet a scheduled \$5.4 billion payment for future retirements on 30 SEP, the end of the fiscal year. In July, the Government Accountability Office placed the Postal Service on its list of federal agencies and programs at high risk of waste, fraud and abuse. Two bills in Congress -- H.R.22 and S.1507 -- would give the Postal Service more flexibility on its retirement payments, but officials have said more drastic reforms are needed to keep the agency viable. One option USPS officials and Congress are mulling is to reduce service by eliminating Saturday delivery -- a move that could result in layoffs, USPS acting Vice President Jordan Small told the House Oversight and Government Reform Federal Workforce, Postal Service and District of Columbia Subcommittee at a hearing in July. [Source: GOVExec.com Alex M. Parker article 25 AUG 09 ++]

GULF WAR SYNDROME Update 10: Citing persistent noncompliance and numerous performance deficiencies, the Department of Veterans Affairs (VA) will not exercise the third year of a five-year, \$75 million contract with the University of Texas Southwestern Medical Center (UTSWMC) to perform research into Gulf War Veterans' Illnesses (GWVI). "Research into the illnesses suffered by Gulf War Veterans remains a priority for VA," said Dr. Gerald M. Cross, VA's Acting Under Secretary for Health. "As part of our commitment to this vital effort, we must make certain that our resources are used to support effective and productive research." VA listed several reasons for not exercising the contract option, including UTSWMC's persistent and continuing noncompliance with contract terms and conditions and detailed documentation by the contracting officer of performance deficiencies. VA also noted that its Office of Inspector General documented severe performance deficiencies in a 15 JUL report and recommended that no further task orders be issued under the contract.

VA will meet with UTSWMC contract staff 26 AUG to provide guidance for completing work in progress and submitting adequate documentation to allow payment. UTSWMC will be allowed to fulfill task orders already in

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progress if it corrects all performance deficiencies. The decision not to continue the contract means VA's research program will be able to redirect funds to support additional research into GWVI. In 2010, that research will include a genomic study to identify susceptibility factors and markers of GWVI; studies of similarities and differences with chronic fatigue syndrome and fibromyalgia; studies of new diagnostic tests; identification of sub-populations of ill Gulf War Veterans; and studies of potential new treatments. The redirected funding for these new VA research initiatives will be in addition to the substantial support VA already provides for GWVI research--\$7 million in 2008 and \$4.8 million so far in 2009. [Source: VA News Release 26 Aug 09 ++]

ALS Update 06: The U.S. Veterans Affairs Department will apologize personally to veterans who received erroneous letters saying they had been diagnosed with Lou Gehrig's disease, agency spokeswoman Katie Roberts said yesterday. VA employees were still trying to determine exactly how many veterans mistakenly received letters intended to inform people with ALS, or Lou Gehrig's disease, of benefits available to them or surviving spouses and children. Roberts said the VA mailed more than 1,800 letters last week and had been notified by fewer than 10 veterans who received them in error. The National Gulf War Resource Center, a veterans group, said at least 1,200 veterans received the letters by mistake. In continuing coverage, AP reported as of 28 AUG the VA now estimates that figure to be more than 600 veterans. Roberts did not say if the VA determined how the error occurred. He did say, however, the VA plans to call every veteran who received the letter by mistake to provide an explanation about how 'this unfortunate and regrettable error' occurred and to offer reassurances that the letters do not confirm diagnoses of the fatal neurological disease." Meanwhile, as a result of the panic the letters caused, the agency plans to create a more rigorous screening process for its notification letters and is offering to reimburse veterans for medical expenses incurred as a result of the letters." [Source: Philadelphia Inquirer article 26 Aug 09 ++]

GI Bill Update 55: September living stipends for students using the new Post-9/11 GI Bill might be late. After receiving a flood of applications, Veterans Affairs Department officials warn it is taking at least a month to process benefits claims. Also, a full housing allowance, one of the key benefits of the new program, won't be paid until 1 OCT, VA officials said. VA's goal is to process eligibility and enrollment claims in 24 days or less, but the average has been 30 days since the 1 AUG launch of the new benefit. Processing could take even longer if the start of the fall semester brings a new flood of applications, said Keith Wilson, who heads VA's education service. About 200,000 people have filed eligibility claims to determine how much they could receive under the new program, which bases payments on the length of active military service since 10 SEP 01. VA expects 328,000 students will attend school in the fall semester using the new benefit and that a total of 460,000 will use the benefit in the 2009-10 academic year, Wilson said.

Under terms of the new program, payments for tuition and fees are to be issued directly to schools as soon as enrollment information is certified. Book allowances, up to \$1,000 a year, are to be paid directly to eligible students at the same time. Living expenses, equal to the basic allowance for housing of an E-5 with dependents for the ZIP code of the campus where the student is enrolled, are supposed to be paid at the end of each month to those who are eligible. That means ` SEP payments, which could be delayed for some veterans, will cover only a prorated amount for the month of August, Wilson said. The first full monthly payment will come 1 OCT. Active-duty service members and their spouses are not eligible for the living stipend or book allowance.

VA hired 750 new workers specifically to handle Post-9/11 GI Bill claims. To get a jump on the expected wave of claims, VA also began accepting requests for precertification of eligibility before the official 1 AUG launch date of the program. Patrick Campbell of Iraq and Afghanistan Veterans of America said he has heard from some

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veterans who have received initial payments. The biggest complaint Campbell has heard is from veterans who want their book and living stipends in hand right away, and were unaware the money is not paid until VA first verifies enrollment. "This is a detail that did not get enough attention," he said. Information about the Post-9/11 GI Bill is available at www.gibill.va.gov. [Source: NavyTimes Rick Maze article 24 Aug 09 ++]

VA LAWSUIT (Lack of Care) Update 11: Suicides among veterans average 18 a day, by the government's estimation, and a backlog of disability claims for post-traumatic stress disorder and other untreated ailments approaches 1 million. With a massive military drawdown from Iraq and Afghanistan potentially on the horizon, lawyers for the veterans want a federal appeals court to order the Department of Veterans Affairs to make good on the nation's commitment to take care of those wounded in mind as well as body. It is an onerous task that a lower court has already deemed beyond the power of the judiciary to correct. And the latest appeal, to the U.S. 9th Circuit Court of Appeals, has also been met with reluctance by the judges to tell a government bureaucracy how it should conduct its affairs. "Go and get a sandwich together," Chief Judge Alex Kozinski suggested recently, urging the lawyers to work on a settlement. He said he could see goodwill on both sides "to do the right thing for our veterans who fought and bled for our country." Kozinski's Solomon-like departure from the three-judge panel's usual role of hearing arguments and issuing a decision has given the lawyers until 1 SEP to try to work out a solution through the 9th Circuit's mediation services.

The suggestion prompted deep skepticism on both sides. "This case has already been determined to be not susceptible to mediation," Charles Scarborough of the Department of Justice told the court, which heard arguments on 12 AUG. Government policy prohibits Scarborough from saying more than what was put on the record at the hearing, said Justice Department spokesman Charles Miller. Gordon Erspamer, a San Francisco lawyer with Morrison & Foerster who is representing the veterans pro bono, also said he couldn't comment on the likelihood of a negotiated settlement, but said that any such agreement would involve time-consuming consultations within the federal executive hierarchy. "The government is always very difficult to deal with in cases that involve constitutional issues," Erspamer said. "I don't mean that they're mean-spirited or rude, it's just that the issues are difficult for them to ever agree upon in a solution out of court." Scarborough and Erspamer faced off before Kozinski and two other 9th Circuit judges, Stephen Reinhardt and Procter Hug Jr. All three judges questioned the lawyers about the long delays and tragic consequences of unaddressed mental health problems. Erspamer said it's a crisis that will escalate in the next year or two when the U.S. military draws down hundreds of thousands of troops from the war zones.

Veterans for Common Sense and Veterans United for Truth brought the suit two years ago, alleging systemic failures in the government's processing of disability claims and appeals of denied coverage. Erspamer told the panel that 3,000 veterans die each year while their appeals are pending, a process that takes almost two years on average. An internal e-mail from the veterans department introduced in last year's trial also disclosed the staggering suicide figures, an annual rate of more than 6,500 from a variety of causes but many suspected to be acts of despair by veterans with untreated post-traumatic stress disorder. Scarborough said that only about 4% of department decisions about care or coverage are subject to "significant delays," and that pilot programs to improve on the timely delivery of services were underway. Kozinski asked whether the other 96% were satisfied customers or if many might have gotten frustrated and abandoned their claims. Erspamer said that was precisely what was happening, with even those with the most severe mental illnesses being turned away from veterans hospital emergency rooms and told to get on the waiting list for appointments. "Then they go home and kill themselves," Erspamer told the court.

The judges appeared perplexed, though, as to how they could effect change with a court order. "How do we go about telling an agency 'You've got to work faster?' How do you implement something like that?" Kozinski asked

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Erspamer. "If we find in your favor, what's to keep the federal courts from taking over and running any agency of government? We've got lots of agencies that are slow." That was the view of U.S. District Judge Samuel Conti, who agreed after an APR 08 trial that veterans suffered unjust claim denials and unacceptable delay in treatment but said the problem was beyond the court's ability. Veterans following the legal challenge said they were encouraged by the judges' apparent sympathy for them but frustrated by what looks to be months, if not years, more legal and procedural wrangling. If no compromise can be reached by the lawyers by 1 SEP, the judges will then deliberate over the two sides' arguments and eventually issue an opinion and possible order. [Source: Los Angeles Times Carol J. Williams article 24 Aug 09 ++]

TELEMARKETING CALL ELIMINATION Update 07: Since the Do Not Call list's inception six years ago, 185 million phone numbers have been registered on the government list. And yet, millions of Americans continue to get unwanted and unsolicited telemarketing calls. Why are telemarketers still calling? With billing records and other methods, authorities can trace violating calls to sources—but that requires a costly and time-consuming investigation. And that explains why, despite more than 1 million complaints filed annually on the Do Not Call website at www.donotcall.gov, most consumers never hear back from the FTC.

André-Tascha Lammé listed his phone number on the National Do Not Call Registry 27 JUN 03, the day it opened. It didn't help. "The telemarketers kept calling. At one point, I was getting up to 20 calls a day," said the computer technology consultant. "And they still do. He filed numerous complaints with the Federal Trade Commission (FTC), which runs the Do Not Call list. "But no action was taken on any complaint I made," says Lammé. He finally took matters into his own hands, paying \$35 to file complaints in small claims court against telemarketers who ignored his repeated requests to stop calling his home. So far, he says, he has received \$16,000 in settlements and awards—"and I haven't lost a case yet." He has even started a website www.killthecalls.com that provides how-to-sue instructions for other Do Not Call registrants pestered by telemarketing violators. "You really have to take action yourself," Lammé said. "The Do Not Call list is a joke. It does nothing to stop telemarketers." Maybe you can relate. Since the Do Not Call list's inception six years ago, 185 million phone numbers have been registered. And yet, millions of Americans continue to get unwanted and unsolicited telemarketing calls.

Most recently, there has been a barrage of "robocalls"—prerecorded messages made with an autodialer that tries every phone number in sequence. "I get about 15 a month, and I registered on the Do Not Call list when it came out," says Bob Sills, 58, who lives near Oakland, Calif. "It probably stopped some calls, but it's been pretty constant over the last 18 months." Sills says he routinely follows callers' instructions to be removed from their lists to prevent future calls—to no avail. And like Lammé, he has also filed complaints on the Do Not Call website. "I never heard back on any complaint I filed," says the retired computer programmer. "If the government can trace the numbers of these violators, why aren't they shutting them down?" It's a question that many have been asking recently. Sens. Chuck Schumer, D-N.Y., and Mark Warner, D-Va., spoke out after 300,000 people complained to the Better Business Bureau about robocalls selling dubious auto warranties. Those calls were made not only to land lines but also to cellphones, which are off limits to any telemarketing calls. In response, the FTC asked a federal court to shut down two Florida companies, one selling the allegedly worthless warranties and the other a telemarketing company said to have made as many as 1 billion robocalls since 2007.

That action, according to FTC spokesman Mitchell Katz, is the 58th in six years against firms charged with violating Do Not Call regulations. In all, some \$21 million in fines has been collected for the U.S. Treasury. By way of explanation she noted:

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- In the first place, some calls may be bothersome, but they're legal. Exempt from Do Not Call rules are phone calls made by political organizations and politicians, charities, survey takers and companies with which you have an established business relationship. This means that if you hold a mortgage from Citibank, for instance, you will likely receive calls pitching Citibank credit cards or other services. "But once you tell that company to remove you from its list, they should stop calling," notes Katz.
- Sometimes, companies are negligent. All telemarketers are required to check the Do Not Call registry every month to determine which phone numbers should not be called. "But there are telemarketers who don't, and citizens get calls when they shouldn't," says Katz.
- But the biggest problem is that such calls can easily be disguised by unscrupulous telemarketers, who use a variety of techniques to avoid getting caught. These include using robocalls as well as "spoofing," which lets callers hide or disguise the phone numbers appearing on your caller ID.
- Spoofing products—sold on the Internet for as little as \$10 for 60 minutes of calling time—are often used by scammers posing as your credit card company, a government agency, or another legitimate entity in order to get sensitive personal information. Spoofing also makes it virtually impossible for consumers to make accurate Do Not Call complaints because the numbers they see on their Caller ID aren't the real ones.
- Another way telemarketers can disguise themselves is by subscribing to voice over Internet protocol (VoIP) telephone services such as Vonage that let them choose their own area code and phone numbers. Or they can create their dinnertime annoyances via disposable cellphones, using prepaid minutes and then tossing the phone.

"The most valuable thing you can do is file a complaint at our website," says Lois Greisman, the FTC official who oversees the Do Not Call list. "Complaints matter, because we use them cumulatively to look for trends and entities we believe are involved in telemarketing fraud, and do not comply with Do Not Call privacy requirements." Currently, complaints have been filed by fewer than 3% of registered telephone numbers, she says. However, Greisman acknowledges the FTC typically goes after only "the biggest and baddest targets" and doesn't investigate individual complaints. "There is no magic number of complaints that will trigger an investigation," she says. What can you do?

- Many states operate [their own Do Not Call lists](#). You can locate yours at www.callcompliance.com/regulations/statelist.html. Registering your phone with the one in your state may be more effective at stopping unwanted calls from local businesses, which are off the FTC's radar.
- If you do end up talking with a telemarketer, try to elicit as much information as possible. You can often obtain the name and location of calling businesses by feigning interest in their products or services. This gives you a better chance of knowing the caller's true identity for an accurate complaint.
- Screen your calls through your answering machine or ask your phone carrier about "blocking" services that prevent unknown phone numbers from reaching you. Learn about services and strategies to protect your privacy rights.
- Be aware that telemarketers making prohibited calls to Do Not Call registrants are subject to a \$16,000 fine. "Often, if you mention that fact with a threat to sue, that stops telemarketers from calling you again," says Lammé.

[Source: AARP Bulletin Today Sid Kirchheimer article 12 Aug 09 ++]

VA STATISTICS: The Department of Veterans Affairs (VA) offers a wide variety of programs and services for the nation's 23.4 million veterans. In 2008, about 5.6 million people were treated in VA health care facilities, 3.8 million veterans and survivors received VA disability compensation or pensions, more than 540,000

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used GI Bill education benefits and nearly 180,000 home loans were guaranteed by GI Bill home loan benefits. Nearly 72,000 veterans took advantage of VA's vocational rehabilitation and employment service in 2008. Nationally, veterans held more than 1.3 million life insurance policies valued at \$15.5 billion. More than 103,000 veterans and family members were buried in VA's national cemeteries and more than 360,000 headstones and markers were provided for veterans' graves worldwide. For individual state summaries and details on service facilities refer to www1.va.gov/opa/fact/statesum. [Source: WWW.va.gov Aug 09 ++]

POW/MIA DAY Update 01: National POW/MIA Recognition Day is traditionally observed on the third Friday of September and this year the day will be commemorated on 18 SEP. Since WWI more than 140,000 Americans have been captured and held as POWs and there are more than 88,000 warriors who are still unaccounted-for from past conflicts. Ceremonies are held throughout the U.S. and around the world at military installations, ships at sea, state capitols, schools, churches, and police and fire departments. The Department of Defense POW/Missing Personnel Office offers at no cost various size posters up to 11 x 17 inch that commemorates this day. POW/MIA Recognition Day posters highlighting this year's observance are available for order online at www.dtic.mil/dpmo/Posterform.htm or by phone at (703) 699-1131. Past years' posters are also available. To order posters by mail, send a request to DPMO, Attn: Posters, 241 18th St. S., Suite 800, Arlington, VA 22202. Additional information that may be useful for event planners that wish to organize a POW/MIA Recognition Day event locally can be found at www.dtic.mil/dpmo/powday/index2009.htm. [Source: NAUS Weekly Update 21 Aug 09 ++]

RESERVE RETIREMENT AGE Update 19: Senator John Kerry (D-MA), who successfully introduced Section 660 as an amendment to the Senate version of the National Defense Authorization Act (NDAA), has circulated to his Senate colleagues a letter to Senator Carl Levin (D-MI) and John McCain (R-AZ), the Chair and Ranking member of the Senate Armed Services Committee (SASC), urging them to include Section 660 in the Conference Report that will emerge from the upcoming NDAA Joint Conference with the House. Senators Levin and McCain will lead the Senate Joint NDAA Conferees in discussion to combine the House and Senate versions of the NDAA. So far, Senators Kerry, Blanche Lincoln (D-AR), Saxby Chambliss (R-GA), Pat Roberts (R-KS), Johnny Isakson (R-GA) and Sheldon Whitehouse (D-RI) have signed the letter. More Senators are being sought to join in this effort by the National Guard Association of the United States (NGAUS).

Section 660 would recognize retroactively to 9/11 all service qualifying for early retirement pay eligibility under the historic provisions in the FY2008 NDAA. Effective 28 JAN 08 the 60 year retirement pay eligibility age can be reduced three months for each aggregate of 90 days per fiscal year of active duty service in support of a contingency operation or national emergency declared by the President. Unfortunately, this only applies to service rendered after 28 JAN 08. The House rejected this "retroactivity" language in its version of the NDAA because the Congressional Budget Office (CBO) estimated that it would cost \$2.1 billion over 10 years. The Joint Conference will determine whether the language of Section 660 will be included in the NDAA for FY2010. [Source: NGAUS Leg Up 21 Aug 09 ++]

PRESIDENTIAL VET PROPOSALS Update 01: President Obama offered high praise for service members, calling them the "heart and soul of the world's best military" during his speech 17 AUG at the Veterans of Foreign Wars' annual convention in Phoenix, Arizona. He said he recognized his responsibility to

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“America’s most precious resource” and vowed to be deliberate in how he commits them. A good portion of his speech focused on active duty issues like increasing end strengths for the Army and Marine Corps and halting reductions in the Navy and Air Force to increase time between deployments and reduce stress on the force. He promised troops would have the resources, equipment and strategies they need to succeed in the current conflicts as well as future ones. He spoke about the importance of fulfilling responsibilities to service members by increasing military pay, building better family housing, funding more childcare and providing counseling to help families cope with the stresses of war. Later he talked about the Post 9/11 GI Bill, current and future budgetary increases for the VA and current efforts by DoD and VA to create a lifetime electronic health record. He also briefly mentioned how healthcare reform would affect VA care noting; “One thing that reform won't change is veterans' health care. No one is going to take away your benefits. That is the plain and simple truth.” The President closed by telling veterans in attendance “You have always fulfilled your responsibilities to America. And so long as I am president of the United States, America will always fulfill its responsibilities to you.” [Source: NAUS Weekly Update 21 Aug 09 + +]

COLA 2010 Update 06: The Bureau of Labor Statistics just announced the monthly consumer price index for July. The CPI is the measure used to make adjustments to military retired pay, survivor benefits, Social Security and other federal pensions. The CPI-W for July is 210.526 which is down 0.2% from the June figure of 210.972. The CPI-W July value of 210.526 is now down 2.3% from the 2008 COLA Base of 215.5. The July value will be averaged with the August and September values to determine the 2010 COLA. For retirees and survivors to see any COLA for 2010 inflation would have to rise more than 2.4% each month for August and September. That's just not going to happen, barring some kind of disaster that nobody wants to see. As a reminder the law doesn't allow a negative COLA. If inflation is negative for the year, as seems almost certain, there just won't be a COLA. [Source: MOAA Leg Up 21 Aug 09 ++]

VA HOSPITALS Update 05: A review has found that six additional veterans received incorrect doses of radiation during prostate cancer treatment at the Philadelphia VA Medical Center, raising questions about whether still more cases are yet to be discovered. The newly reported cases, forwarded to the U.S. Nuclear Regulatory Commission last week, mean that 98 men - 86% of the total 114 patients - got too much or too little radiation from the start of the Philadelphia brachytherapy program in 2002 until it was shut down in JUN 08. It was unclear why the new cases had not been found in the review that followed the closure of the program. "The only thing we know so far is that they are reporting six events," said Viktoria T. Mitlyng, a spokeswoman for the commission, which oversees the medical use of radioactive materials. The Department of Veterans Affairs, which has two weeks to file a full report, told the NRC that it was "reporting these six additional events to meet a regulatory requirement, not because of any anticipated harm to these patients." Still, the finding of new cases now raised concerns for some members of Congress. "Why didn't they discover it sooner?" Sen. Arlen Specter (D-PA), said in an interview 17 AUG. "Did they deliberately withhold the information?" U.S. Rep. John Adler (D-NJ) said he was frustrated that the VA was still finding additional errors. "These kind of mistakes are unacceptable, and it's time for the VA to conduct a system wide review of its practices and programs," Adler said.

The VA did not respond to Philadelphia Inquirer requests on 17 AUG for comment about the new cases. In brachytherapy, physicians permanently implant in the prostate from 50 to 100 tiny metal seeds that emit radiation over a 10-month period. If improperly placed, the seeds can damage nearby organs while delivering less-than-optimal doses of radiation to the prostate. The seed implants are usually used to treat early-stage nonaggressive cancers confined to the prostate gland. Studies show that a brachytherapy patient who receives an optimal radiation

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dosage has about a 90% chance of cure. Experts caution that just because a treatment is classified as a "medical event" under the NRC's definition - as are the six newly identified cases - it does not necessarily mean that the patient has been harmed or that the cancer will return. Still, the VA's top radiation oncologist told a congressional panel last month that at least six veterans given seed implants in Philadelphia had developed prostate cancer. And the treatment may also have failed for another eight men whose PSA levels - a measure of blood protein that doctors use to identify prostate cancer - are rising, Michael Hagen, the VA's national director of radiation oncology, told members of the House VA Subcommittee on Oversight and Investigations.

Federal investigators into the program identified systemic problems and failures of oversight as key reasons that the substandard treatments went undetected for so long despite numerous warning signs. Among the problems: A computer was disconnected from the medical center's network for 14 months in 2006 and 2007, and 23 patients were treated without critical post-implant dose calculations being performed. The VA's Philadelphia program was run by University of Pennsylvania doctors and medical physicists under a contract with the agency. The six new cases were reported as underdoses. That means a total of 63 veterans got too little radiation from the implants. An additional 35 patients got too much radiation to tissue and organs near their prostates, a problem that can cause serious injuries. After the problems with Philadelphia's program were discovered, some patients were sent for additional scans to check their implants. The government also paid to have eight "grossly underdosed" men sent to Seattle to have their implants redone by the VA's top brachytherapy expert. The additional cases reported to the NRC mean that, of all the patients in the Philadelphia program, the implants of only 16 have not been found deficient. "I think it raises a question about what is going on with them," said Sen. Specter. [Source: Philadelphia Inquirer Josh Goldstein article 18 Aug 09 ++]

VA FRAUD WASTE & ABUSE Update 23: Acting United States Attorney Candace G. Hill of the Western District of Kentucky announced 18 AUG 09 that Daniel Ryan Parker, age 38, of Santa Rosa, Florida, (formerly of Crestwood, Kentucky), Jeffrey Allan McGill, age 38, of LaGrange, Kentucky, and Michael D. Harper, age 52, of Scottsville, Kentucky, pled guilty on 17 AUG 09, to conspiring to defraud the United States and paying and accepting bribes, . The initial indictment was previously reported in Update 16. Parker was the National Service Office Supervisor for the Disabled American Veterans Service Organization (DAV) in Louisville, Kentucky, and one of Parker's responsibilities was to assist veterans in their pursuit of military related disability benefits. McGill was a Veteran Service Representative with the VA regional office in Louisville, Kentucky, and among other things was responsible for reviewing and rating VA disability claims. Parker and McGill admitted that between NOV 03 and NOV 08, they recruited friends, relatives, and acquaintances, including Harper, who were military veterans, to file false and fraudulent disability claims with the VA. Parker and McGill either altered the veterans' medical records or created counterfeit medical records, to give the appearance that the veterans had service related disabilities, resulting in the veterans receiving fraudulent disability benefits for alleged problems such as hearing loss, depression or cancer.

When the VA approves a disability claim, it pays benefits dating back to the original date the claim was received. In addition to falsifying medical records, Parker and McGill also admitted that they fraudulently backdated claims, resulting in large fraudulent lump sum retroactive disability payments, which in several instances were over \$60,000. The veterans who participated in the scheme paid kickbacks to Parker and McGill, usually two-thirds of their lump sum payments. The participating veterans kept the fraudulent lifetime monthly disability payments they received. The scheme resulted in losses of nearly \$2 million. Michael Harper is a USN veteran and is McGill's uncle. Harper also pled guilty, admitting that in 2004 he submitted a fraudulent disability claim to the VA alleging that he suffered from military service related major depression and degenerative disk disease of the lumbar spine. That application was fraudulent in that Harper did not have major depression. Parker and McGill backdated

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Harper's false claim to reflect that it was received on 13 JAN 03. Later in 2004, Parker and McGill placed a counterfeit examination report in Harper's file, which falsely reflected that Harper had service related major depression.

On 8 OCT 04, based on the counterfeit examination report, the VA granted Harper 70% disability for major depression and 10% disability for degenerative disk disease of the lumbar spine. On 27 OCT 04, the VA paid Harper over \$20,000 in retroactive disability payments, calculated from the false 13 JAN 03 date on his claim. Harper also began receiving over \$1,100 per month in fraudulent disability payments. Harper admitted that in NOV 04, he paid McGill over \$10,000 in cash as a kickback for the fraudulent disability claim. Harper knew that McGill worked for the VA, and knew that the kickback was being paid to McGill to influence McGill in the performance of his official duties. McGill later shared that kickback with Parker. In addition to pleading guilty to conspiring to defraud the United States and bribing McGill, Parker also pleaded guilty to stealing over \$47,000 in checks made payable to the Disabled American Veterans Service Organization between DEC 04 and MAR 07. Fourteen defendants, including Parker, McGill, and Harper, were indicted in NOV 08. To date, eight defendants have pled guilty. Trial for the remaining defendants is scheduled to begin on 22 SEP 09

The maximum potential penalties for Parker are 50 years' imprisonment, a \$1,250,000 fine, and supervised release for a period of three years. The maximum potential penalties for McGill are 30 years' imprisonment, a \$750,000 fine, and supervised release for a period of three years. The maximum potential penalties for Harper are 20 years' imprisonment, a \$500,000 fine, and supervised release for a period of three years. The case was prosecuted by Assistant United States Attorney David Weiser, and it was investigated by the Department of Veterans Affairs Office of the Inspector General and the Federal Bureau of Investigation. The pleas were entered before Jennifer B. Coffman, Judge, United States District Court, Louisville, Kentucky. Judge Coffman has ordered a presentence investigation. Sentencing should be scheduled in approximately eight to ten weeks after the trial. [Source: Department of Justice Press Release 18 Aug 09 ++]

VA FRAUD WASTE & ABUSE Update 24: A recent investigation by the VA Inspector General (IG) office revealed that thousands of technology office employees had received nearly \$24 million in bonuses, many under questionable circumstances, in the two-year period between 2007 and 2008. In two reports, the IG detailed other abuses as well, including nepotism and an inappropriate relationship. According to the IG:

- A recently retired official in VA's Office of Information and Technology (IT) handed out awards and bonuses at will, often with insufficient or questionable justifications. The same employee hired relatives and friends into positions at VA and approved nearly \$140,000 in VA funds to pay for those friends and relatives to obtain graduate degrees at nearby colleges. The IG said the former high ranking official acted "as if she was given a blank checkbook."
- A VA employee from the IT department engaged in an improper personal relationship with another high level VA official. During this period, the employee billed the cost of 22 flights from Florida to Washington (\$37,000) to the department.

After the findings were made public a VA spokesperson stated, "VA is aware of the findings detailed in the OIG reports. VA expects our employees to set the highest levels of personal and professional conduct; therefore, we are extremely concerned by the descriptions of alleged improper conduct by VA staff. The department is aggressively pursuing a thorough review of the situation and will continue to work with the appropriate authorities." Ranking Member of the House Committee on Veterans' Affairs Steve Buyer (R-IN) called the situation intolerable. "It is deeply disappointing that any governmental official would abuse authority entrusted to them by the public," Buyer

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said. "But it is especially disturbing when abuse of authority occurs at the agency responsible for the care and well being of our nation's veterans." The National Association of Uniformed services (NAUS) agreed with Ranking Member Buyer and has thanked the IG for the revelation of this disturbing graft and corruption within the Veterans Department. In their words, "This matter must be settled as it is a stain on the outstanding work of the many thousands of VA workers who give full service and care to our veterans." [Source: NAUS Weekly Update 21 Aug 09 ++]

MEDICARE FRAUD Update 18: Two Miami-Dade physicians could be going to prison for lengthy terms after a federal jury found them guilty of participating with three other convicted doctors in a Medicare racket that prescribed \$19.5 million in obsolete infusion drugs for HIV patients. Drs. Walter Proano and Manuel Barbeite were convicted 14 AUG of writing prescriptions for Diagnostic Medical Choice, a Southwest Miami-Dade clinic that billed the government healthcare program for expensive HIV infusion services that were never provided to patients. Barbeite, 70, was convicted of two counts of fraud and one count of conspiracy, which carry a total potential prison term of up to 20 years. Proano, 46, was found guilty of one charge of fraud and one charge of conspiracy, which carry maximum potential sentences of 15 years in all. Their sentencing's are set for Oct. 29. Both physicians worked for an HIV clinic that was paid almost \$16 million by Medicare after it submitted false claims for HIV infusion treatments from 2003 to 2006, according to prosecutors. Last spring, three other Miami-Dade doctors at the clinic, Carmen Lourdes del Cueto, 65, Marco Tulio Molinares, 74, and Alejandro Enrique Casuso, 73, pleaded guilty to conspiring to defraud Medicare. Esther Romeu, the owner of Diagnostic Medical Choice, which hired the physicians, pleaded guilty, too. In other Medicare fraud prosecutions:

- Medical equipment supplier Reinaldo Guerra pleaded guilty 14 AUG to submitting \$123 million in bogus Medicare claims by stealing physicians' identification numbers and billing mainly for artificial limbs for dead patients. Guerra, who operated 11 medical equipment companies with straw owners, made \$35 million off the false claims. Guerra, 33, of Southwest Miami-Dade, was convicted of fraud and conspiracy. He faces more than 20 years in prison at his sentencing on 13 NOV. His partner, Jose Luis Perez -- a fugitive believed to be in Latin America -- is charged with submitting an additional \$56 million in false claims and pocketing \$21 million from Medicare.
- On 13 AUG, Adonis Ortiz, 30, of Hialeah was found guilty of filing \$6.2 million in phony claims between APR 03 and JUL 04 for medical equipment that was neither prescribed by doctors nor provided to patients. Medicare paid his company, Daky Medical Supply in Miami, about \$1.9 million on the \$6,180,030 in false claims and his company Reny Medical \$2,796,316 on \$6,944,980 in false claims. Ortiz was convicted of three counts of Medicare fraud and one count of conspiracy. He faces up to 10 years in prison at his sentencing on 30 OCT.
- Two Miami residents pleaded guilty 18 AUG to participating in a Detroit area conspiracy to defraud Medicare of about \$15.3 million. Jose and Arnaldo Rosario pleaded guilty in front of Chief U.S. District Judge Gerald E. Rosen. Through Sacred Hope Medical Center and other Detroit area clinics, the pair admitted to paying kickbacks to attract patients and charging Medicare for injection and infusion therapy and other treatments that were either not needed or were never given. False claims totaled \$15.3 million between 2006 and 2007, prosecutors said.
- Heriberto Camacho-Garcia, the former president of a medical equipment company in Miami, was sentenced 20 AUG to 92 months' imprisonment and three years of supervised release for convictions of health care fraud and money laundering. Camacho-Garcia, 36, was also ordered to pay restitution of \$1,346,596 to Medicare. In 2004, Camacho-Garcia had been the president of Best Choice Medical Services, a business that purportedly provided durable medical equipment to Medicare beneficiaries.

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According to documents filed in the case, while Camacho-Garcia was president, Best Choice Medical Services submitted about \$8,266,267 in fraudulent claims to Medicare, seeking reimbursement for medical items such as expensive foam wound dressing that had not been prescribed by physicians nor provided to Medicare beneficiaries. As a result of these fraudulent claims, Medicare paid about \$1,346,596 to Best Choice Medical Services. Numerous high-dollar checks representing proceeds of the health care fraud scheme were cashed at a Miami-area check cashing business.

- A state audit released 18 AUG found that the Utah Department of Health's Bureau of Program Integrity, which checks for fraud, waste and abuse within the state Medicaid program, is mismanaged and failed on several occasions to follow policy regarding cost-saving methods. The legislative auditor general estimated the state is losing \$20.2 million in funding it could recover in its Medicaid program, including \$5.8 million from state coffers, because of an ineffective, decades-old, cost-recovery tool. The federal government provides the bulk of Medicaid funding. Health officials disagreed with the audit's findings.

[Source: Miami Herald JAY WEAVER article 18 Aug 09 ++]

VA VET CONTAMINANT EXPOSURE Update 06: A South Florida man, who claims he contracted HIV during an endoscopic colonoscopy at a Miami Department of Veterans Affairs hospital, has filed a notice that he will sue the federal government. Juan Rivera, 55, an Army veteran, claims he contracted HIV during the procedure on or about 19 MAY 08. Rivera said he had been tested twice and both times he was positive for the disease. He served in the Army from 1979 to 1989. Ira Leesfield, an attorney for Rivera, said the notice is necessary under the Federal Tort Claims Act. Rivera has to give the federal government six months before he files a federal lawsuit. Leesfield said this lawsuit will be filed against the VA through the United States of America. He added the claim states Rivera will sue for \$20 million in damages. To date the VA has reported five patients had tested positive for HIV, and 33 more tested positive for hepatitis after being exposed to contaminated medical equipment at three Department of Veterans Affairs hospitals. They are among thousands tested because they were treated with endoscopic equipment that wasn't properly sterilized between patients and exposed them to the body fluids of others. The equipment is often used in colonoscopies and ear, nose and throat procedures. Nearly 11,000 former sailors, soldiers, airmen and Marines could have been exposed at the hospitals in Miami, Murfreesboro, Tenn., and Augusta, Ga. The agency said 6,687 patients have been notified of their test results so far. The agency said in a news release the positive tests were "not necessarily linked to any endoscopy issues however, they have agreed to treat all the veterans regardless of where they may have contracted it. [Source: AP article 18 Aug 09 ++]

DeCA HIRING POLICY: The Defense Commissary Agency (DeCA) recently announced its goal to hire at least 189 people with targeted disabilities in the next two to three years. Targeted disabilities include severe hearing or vision impairments, missing extremities, and partial or complete paralysis. They also include serious medical conditions such as convulsions, mental retardation, mental or emotional illness, and severe distortion of the limbs or spine. This hiring effort is part of an overall goal, mandated by the Department of Defense, to have 2% of the entire DoD workforce consist of people with targeted disabilities. DeCA presently employs 126 such individuals, so an additional 189 would bring the agency's total to 315 which would equate to 2% of the agency's 15,714 civilian employees who are not contract workers or local nationals working at overseas stores. "It only makes sense that everyone has job opportunities," said DeCA Director and CEO Philip E. Sakowitz Jr. "That includes an accessible workplace, equal opportunities in being hired, and equal opportunities for training and promotion. We're going to do everything we can to make sure this initiative succeeds."

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Claudie Grant of DeCA's equal employment opportunity office stressed that the agency is not filling an arbitrary quota with individuals who may or may not be qualified for employment, and that every individual DeCA hires will meet all requirements for their positions. "We will not relax our standards either in hiring or ability to perform just to hire a person with a targeted disability," he said. "Anyone with a targeted disability needs to be just as qualified as the other top candidates for a given job." The renewed effort by the Department to hire qualified people with targeted disabilities was prompted by a decreasing number of such individuals in the DoD workforce. "That means," Grant emphasized, "that we have to not only do a better job of hiring such individuals, we also have to do a better job of keeping them." The future looks encouraging for the agency's Individual with Targeted Disabilities program, Sakowitz said. "We will work toward not only meeting, but exceeding the 2-percent goal. This is a good thing for the Department, the agency and the employees." [Source: DeCA News Release 14 Aug 09 ++]

VET CEMETERY NEW MEXICO: A ceremony memorializing 64 soldiers and their family members who protected southwestern New Mexico from Apache attacks in the mid-1800s was held 28 JUL by the Department of Veterans Affairs (VA) and the Department of Interior. The remains of the Fort Craig residents originally buried at the fort's cemetery and disinterred by the Interior Department in 2007 were recently reburied with full military honors at VA's Santa Fe National Cemetery. The ceremony included a color guard, playing of Taps and a 21-gun salute by the New Mexico National Guard. Officials of VA and Interior were principal speakers. Fort Craig, built in 1854, played a major role in the Civil War and Indian Wars. Located on the west side of the Rio Grande River, approximately 40 miles south of Socorro, N.M., it was permanently abandoned in 1885.

After an investigation by Interior's Bureau of Reclamation revealed looting of the unmarked graves at Fort Craig's cemetery, the Bureau worked with VA's National Cemetery Administration to move them to Santa Fe National Cemetery. Through analysis and military records, archaeologists identified three of the soldiers as Private David Ford, Private Levi Morris and Private Thomas Smith. These men were "Buffalo Soldiers," members of units established by Congress as the first peacetime all-black regiments in the regular U.S. Army. They were buried in separate graves marked with individual headstones. The remains of the 61 unidentifiable people were buried as a group in Santa Fe National Cemetery in June, and the site was marked with a historical monument. For information on burials write to Santa Fe National Cemetery, 501 North Guadalupe Street, Santa Fe, NM 87501 or call (505) 988-6400. This cemetery has space available to accommodate casketed and cremated remains.

New Mexico's other Veterans' Cemetery is Fort Bayard located in southwestern New Mexico adjacent to the Gila National Forest. The site was chosen in 1863 for its springs and commanding view of the Apache war trails surrounding the nearby mining camps. In 1866, a permanent post was established here with the primary responsibility for protecting the Pinos Altos gold camp. The post was named Fort Bayard in honor of General G.D. Bayard, who died from wounds received during the Battle of Fredericksburg, and who had served in New Mexico and Arizona prior to the Civil War. The U.S. Army launched numerous attacks against the Apache from Fort Bayard during the 1870-80s, which ended only with the surrender of the Apache Chief Geronimo.

The first known interment at Fort Bayard was Sergeant David H. Boyd of the 3rd U.S. Cavalry, buried Oct. 10, 1866. In 1899, the Army deactivated Fort Bayard and established it as a tuberculosis hospital and research center. In 1922, the hospital was transferred to the Veterans Bureau, which became part of the new Veterans Administration in 1930. Fort Bayard Cemetery was established the same year, and became part of the National Cemetery System in 1973 when its administration was transferred from the Department of the Army to the Veterans Administration. In the 1990s, the state of New Mexico donated 3.95 acres to the cemetery. Fort Bayard National Cemetery was placed on the National Register of Historic Places on July 7, 2002. This cemetery has space available to accommodate

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casketed and cremated remains. For information on burials write to Fort Bayard National Cemetery, P.O. Box 189, Fort Bayard, NM 88036 or call (915) 564-0201.

Veterans with a discharge issued under conditions other than dishonorable, their spouses and eligible dependent children can be buried in a VA national cemetery. Other burial benefits available for all eligible Veterans, regardless of whether they are buried in a national cemetery or a private cemetery, include a burial flag, a Presidential Memorial Certificate and a government headstone or marker. Families of eligible decedents may also order a memorial headstone or marker when remains are not available for interment. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at www.cem.va.gov, or by calling the VA regional office at (800) 827-1000. [Source: VA News Release & www.cem.va.gov 18 Aug 09 ++]

VET CEMETERY WASHINGTON: Washington State's veterans' community has advocated for the establishment of a Veterans Cemetery in Eastern Washington for the past decade. Initially, the Washington Department of Veterans Affairs (WDVA) explored the possibility of requesting a National Cemetery in Eastern Washington, similar to the Tahoma National Cemetery in Western Washington. Because the veteran population was not high enough to meet the federal requirements, WDVA began working toward establishing a State Veterans Cemetery. A State Veterans Cemetery will fill a significant gap in services for nearly 140,000 veterans living in Eastern Washington, and their families. It will provide a valuable service already available to veterans residing in Western Washington.

On 20 AUG Secretary of Veterans Affairs Eric K. Shinseki announced the award of \$8.8 million to establish a Washington State Veterans Cemetery in Medical Lake. The project will provide construction of the main entrance, a committal shelter, pre-placed crypts, standard burial areas, columbarium, in-ground cremains burial areas, roads, a maintenance facility, an assembly area and supporting infrastructure. Interment areas and facilities will include 1,280 standard burial plots; 2,000 pre-placed crypts; 1,370 in-ground cremain sites and 2,240 columbarium niches. The cemetery will serve approximately 90,000 Washington Veterans and their families. The nearest national cemetery is VA's Tahoma National Cemetery in Kent, Wash., approximately 250 miles away. The 80-acre site is located northwest of Medical Lake just off West Espanola Road and about 15 miles southwest of Spokane. The first phase of the project will develop approximately 15-20 acres. Residents of Washington who are Veterans with a discharge issued under conditions other than dishonorable, their spouses and eligible dependent children can be buried in the Washington State Veterans Cemetery in Medical Lake. For more information about the Washington state Veterans cemetery at Medical Lake, refer to www.dva.wa.gov/eastern_wa_vet_cemetery.html or call (509) 496-0796.

Washington's Tahoma National Cemetery was established 11 NOV 93, and opened for interments on 1 OCT 97. The \$6 million project included over 12,000 new columbarium niches, more than 5,000 pre-placed crypts, road improvements, new signage, a third committal shelter and a third funeral cortege lane at the Public Information Center. From the flag assembly area looking southward, Mt. Rainier is ever present. The Public Information Center is manned totally by volunteers. These volunteers help the visitors with their questions and concerns. They also coordinate with cemetery personnel on the funeral corteges and getting the family to the correct shelter for the committal service. The Tahoma National Cemetery has a Veterans Service Organization Honor Guard Association. These veterans provide honors to 90% of the veterans interred here. The Association is made up of The American Legion, Veterans of Foreign Wars, Disabled American Veterans, Elks Club, and other organizations. This 158.3 acre cemetery has space available to accommodate casketed and cremated remains. To schedule a burial Fax all discharge documentation to the National Cemetery Scheduling Office at 1-866-900-6417 and follow-up with a phone call to 1-800-535-1117. The cemetery is located at 18600 Southeast 240th Street Kent, WA 98042-4868 Tel:

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(425) 413-9614. It is open daily from sunrise to sunset. In fiscal year 2008 it accommodated 23,479 interments. Information about VA burial benefits can be obtained from national cemetery offices, from the Internet at www.cem.va.gov or by calling VA regional offices at 800-827-1000. [Source: VA News Release & www.dva.va.gov 20 Aug 09 ++]

SLEEP APNEA Update 01: Severe sleep apnea raises the risk of dying early by 46 percent, U.S. researchers reported 17 AUG but said people with milder sleep-breathing problems do not share that risk. They said people with severe breathing disorders during sleep were more likely to die from a variety of causes than similar people without such sleep disorders. The risks are most obvious in men aged 40 to 70, Naresh Punjabi of Johns Hopkins University in Baltimore and colleagues found. Sleep apnea is caused by a collapse of the upper airway during sleep. Strong snoring can be a symptom but what makes apnea different are numerous brief interruptions in breathing. Sleep apnea is closely linked with obesity, high blood pressure, heart failure and stroke, but researchers have not been able to clearly quantify how much more likely it makes a person to die.

Punjabi's team studied 6,400 men and women for an average of eight years. Those who started with major sleep apnea were 46% more likely to die from any cause, regardless of age, sex, race, weight or smoking, they reported in the Public Library of Science journal PLoS Medicine. Men aged 40 to 70 with severe sleep-disordered breathing were twice as likely to die from any cause as healthy men the same age, they reported in the study. "Among men, 42.9% did not have sleep-disordered breathing, 33.2% had mild disease, 15.7% had moderate disease, and 8.2% had severe disease," they wrote. They said about 25% of the women had mild sleep apnea, 8% had moderate disease and 3% had severely disordered breathing. The researchers, funded by the National Heart, Lung, and Blood Institute of the National Institutes of Health, said people with milder sleep-breathing disorders were not more likely to die early. The NHLBI estimates 12 million adult Americans have sleep apnea, but most are not diagnosed or treated. The National Sleep Foundation puts the number at 18 million.

"In severe sleep apnea a patient's airway is blocked while the patient suffers for 20 to 30 seconds and wakes up. When it becomes this frequent -- 30 times per hour -- about every two minutes it is severe sleep apnea and can become a problem," said Dr. David Rapoport of New York University, who worked on the study. "The best treatment for sleep apnea is weight loss. However, the most successful treatment can be a nasal CPAP (continuous positive airway pressure) mask that applies pressure to help keep the airways of a patient open while they sleep, allowing normal breathing," he added in a statement. "Another possible helpful treatment is surgery. That may include tonsil removal," said Rapoport. "A mouth guard that pulls a patient's mouth forward is another option." A small Canadian company, Victhom Human Bionics Inc., has filed a patent on a new device to detect sleep apnea, which must usually be diagnosed in a sleep lab and Medtronic Inc. makes sleep apnea devices. [Source: Daily News Health Reuters 18 Aug 09 ++]

HEALTH CARE REFORM Update 08: House Committee on Veterans' Affairs Ranking Member Steve Buyer (R-IN-04) said 6 AUG that he remains committed to fixing problem provisions of the national health care reform bill H.R.3200 that could harm veterans, servicemembers and their families. "While I am generally opposed to the bill, it is my job as a legislator and an advocate for America's veterans to improve it as much as possible," said Buyer. "I am pleased that two of my six amendments to protect veterans were approved, but I will continue to work on my other amendments that were blocked on technicalities." Contrary to statements by the Energy and Commerce Committee and the White House, all of the concerns about legislative language in the bill that could harm veterans' health care have not been addressed.

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The House Energy and Commerce Committee unanimously adopted two Buyer amendments to H.R.3200. One would ensure that veterans and servicemembers who choose to carry additional health insurance, along with care provided by the Department of Veterans Affairs (VA) or the Department of Defense (DoD), are not encumbered by provisions within the bill. Buyer's other adopted amendment would ensure that the Secretary of Defense and the Secretary of VA retain decision making authority for their respective health care systems, and that the Departments would never be challenged or obstructed by a secretary or commissioner from another sector of government. To view the adopted amendments refer to

http://republicans.veterans.house.gov/documents/HR3200_Accepted_Amendments.pdf. To view the amendments that remain refer to

http://republicans.veterans.house.gov/documents/HR3200_Pending_Amendments.pdf. If adopted they would alleviate the detrimental impact of certain provisions in the bill as follow:

- The first would make it crystal clear that VA health care is acceptable coverage and ensure that veterans enrolled in VA health care would never be subject to a 2.5% penalty tax for failing to have acceptable health coverage. H.R. 3200, in its current form could classify certain veterans enrolled in VA health care as not meeting acceptable health coverage standards, exposing veterans to punitive new taxes under the acceptable insurance definition in the bill.
- The second would require that any new public health insurance plan reimburse the VA in the same manner as other private health insurance plans. Currently, VA has authority to collect payments from private health insurance for treatment of non-service connected conditions. Private health care collections accounted for approximately 4% of the VA health budget in 2008. Limitations on the VA's ability to collect third party payments could result in the need for additional funding appropriations.
- The third would also exempt members of the National Guard and Reserve from the 2.5% individual mandate tax. Under H.R. 3200, if at any time in the course of a year an individual is without health insurance, the individual will be taxed. Members of the National Guard and Reserve while transitioning from the civilian work force to active duty service could through no fault of their own have a temporary break in health insurance coverage.
- The fourth would prevent the creation of disincentives to hiring members of the National Guard and Reserve. Similar to the individual tax penalty, H.R. 3200 would levy an 8% payroll tax penalty against employers that do not provide continuous health coverage to its employees throughout the year. However, providing continuous coverage for National Guard and Reserve members is not always necessary because they frequently transition to and from active duty where they have access to military Tricare. Buyer's amendment would prohibit the government from imposing such taxes on employers of National Guard and Reserves members.

Buyer has received support for his efforts from many Veteran Service Organizations. In a news release 3 AUG 09, Disabled American Veterans (DAV) National Commander Raymond E. Dempsey made the following statement: "I applaud Representative Buyer for moving so quickly to amend this legislation in defense of veterans and their families," Dempsey said. "His amendments and bipartisan support from Chairman Waxman are big steps in the right direction. But until that floor amendment is made, our concerns are not fully resolved." Buyer received assurances from House Energy and Commerce Committee Chairman Henry Waxman that efforts would be made to include the additional amendments prior to final action by the House. "I want to thank veterans for their support on these issues. There is much more work that still needs to be done," he said. "I look forward to continuing to work with Veterans Service Organizations and Chairman Waxman to ensure that our nation's heroes will not be adversely affected by this legislation." [Source: Rep. Steve Buyer press release 17 Aug 09 ++]

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HEALTH CARE REFORM Update 09: In the midst of the health care debate, there's a point of certainty. Everyone — Democrats and Republicans, liberals and conservatives — would like to see health care fraud wiped out. But no one knows just how much fraud there is, and estimates range from \$60 to \$600 billion a year lost to medical fraud. Medical fraud takes several forms. Most commonly, criminals get a list of patients' names, and then create fictitious doctors. They send bills to Medicare or Medicaid or health insurers for services supposedly rendered to these patients. By the time the payers figure out that the doctors they're paying are fictitious and no service was ever rendered, the criminals have closed up shop and moved on. Another popular form of health care fraud is the "rent-a-patient" scheme. Recruiters find people with health insurance willing to get care they don't need, in exchange for cash or cosmetic surgery. Several years ago, insurers and the FBI said they had cracked a big case. People from 47 states were paid to come to California to receive unneeded care, including colonoscopies and surgery for sweaty palms. The doctors who performed the work reportedly charged insurers a total of \$1 billion.

In May 2009, the Obama administration announced a new task force made up of officials from the Department of Justice and the Department of Health and Human Services to work on health care fraud. And the current House health care overhaul bill has a number of anti-fraud provisions. It would provide \$100 million a year to fight fraud, increases penalties for perpetrators and would require that hospitals and similar health care providers that don't already have programs to reduce the chances of fraud develop one. But the big question is how much money could be saved by eliminating fraud? It's a lot, says Malcolm Sparrow of Harvard University, but he can't say how much. "We know the order of magnitude," he says. "That's to be measured in hundreds of billions of dollars." But he can't say if it's \$100 billion or \$500 billion or \$600 billion. Whatever the first digit is, it has 11 zeroes after it, he says. "It's just an extraordinary sum."

Louis Saccoccio, executive director of the National Health Care Anti-Fraud Association, has a lower estimate. "We here at the association conservatively estimate that fraud is at 3% of the nation's health care spending, he says. His estimate comes from members of the association, which include health insurers and the federal, state and local agencies involved in investigating fraud. It's a low estimate, Saccoccio admits. But given that health care spending is over \$2 trillion a year, that's still \$60 to \$70 billion a year lost to fraud. "So it's a significant number no matter how you look at it," he says. Saccoccio points out there's no way to know for sure. "You can't just go out with a survey to folks who are committing fraud," he says. The human cost is high. People who get care when they don't need it face the risks and discomfort associated with medical procedures. And whatever the financial cost, it's translated into higher insurance premiums, as insurers raise premiums to make back the lost dollars. And it's translated into higher tax rates to refill the coffers of the government's Medicare and Medicaid programs that have been drained by fraudulent claims. [Source: National Public Radio Joanne Silberner article 18 Aug 09 ++]

HEALTH CARE REFORM Update 10: House Republican Leader John A. Boehner (R-OH-08) slammed the drug industry Tuesday in a sharply critical letter to the former GOP congressman who heads its trade association. In a letter to former Louisiana Rep. Billy Tauzin, who heads the Pharmaceutical Research and Manufacturers of America, or PhRMA, Boehner accused the drug industry of "cutting a deal with the bully," and calls the group "short-sighted" and "misguided." Boehner called PhRMA's dealings with the Obama administration "appeasement," an apparent reference to British Prime Minister Neville Chamberlain's strategy for dealing with Nazi Germany in the late 1930s. "Appeasement rarely works as a conflict resolution strategy," the letter begins. PhRMA senior vice president Ken Johnson declined to respond directly to Boehner's comments. "Emotions are running high on both sides of this important issue and we're not going to fan the flames," he said. "We believe we're doing what's best for patients and America. When people go into the emergency room, they don't sign in as a

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Republican or Democrat. They're sick and they need help. Our goal is to make certain that everyone in America has access to that critically important help."

The deal with the administration Boehner was referring to was struck in June. The drug industry offered some \$80 billion in concessions over a decade as part of their contribution to reducing health care costs. In return, the White House agreed not to pursue sharp price reductions under Medicare from the drug makers. Under the agreement, drug manufacturers would give most seniors a 50% discount on brand-name drugs when they enter a gap in Medicare's prescription drug coverage known as the "doughnut hole." The gap applies to seniors who require more than \$2,700 in prescription drugs per year. Under current law, they must pay full price for the drugs until they reach \$6,100 in spending, after which Medicare covers 95 percent of the cost. Boehner, in his letter, charged that PhRMA had opted to "accommodate a Washington takeover of health care at the expense of the American people in hopes of securing favorable treatment and future profits." [Source: GQ Today article 18 Aug 09 ++]

HEALTH CARE REFORM Update 11: A 13 AUG report by the Congressional Budget Office on the veterans' health program says 80% of more than 8 million enrolled veterans have access to other health care coverage, and most use the Veterans Affairs Department for outpatient care and some specialized care — such as mental health and substance abuse treatment — that may not be covered by private insurance. Most veterans do not choose VA for emergency care and inpatient hospital care. The statistics are a bit surprising given that one-third of veterans enrolled in the VA system qualify not because they have a service-connected disability but because they have very low income. In those cases, the other health coverage usually is Medicare. Whether it would be in the best interest of low-income veterans (and a lower cost to taxpayers) to receive most of their care from VA is one of the topics being discussed in the debate on national health care reform. [Source: NavyTimes Pay 7 Benefits article 24 Aug 09 ++]

MILITARY GOLF COURSES: In recent years, Congress has put strict limits on the use of taxpayer funding for golf courses on military bases so that greens fees and other charges cover almost all of the direct costs, excluding fixed installation expenses such as security and fire protection. However, the House of Representatives has approved one exception: It has agreed to allow taxpayer funds to be used for any modifications needed to comply with the Americans With Disabilities Act so that disabled people have access to clubhouses, courses and other areas. The Senate would have to go along with the House for golf courses to get the money, and whether that will happen is unclear. A final decision, to be made by negotiators writing the compromise version of the 2010 defense authorization bill, could depend on the Congressional Budget Office's estimate of the cost to modify golf courses and a determination from the Defense Department about the potential impact of taking the money out of existing morale, welfare and recreation programs. [Source: NavyTimes Fast track 24 Aug 09 ++]

TRICARE PREVENTIVE HEALTH PROGRAM Update 02: Tricare officials have cleared up some confusion about how beneficiaries should file for reimbursement for immunizations, mammograms and other preventive services, under a new benefit. Starting 1 SEP, certain beneficiaries will not have to pay out of pocket for certain preventive services — screenings for colorectal cancer, breast cancer, cervical cancer and prostate cancer; immunizations; and certain physical exams, including well-child visits for children younger than 6. That means the patient has no co-payments or cost shares, even if their annual deductible has not been met. It does not

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apply to Medicare-eligible beneficiaries. But this new benefit is retroactive to 14 OCT 08, when it was signed into law. So starting 1 SEP, here's the procedure for reimbursement, according to Tricare spokesman Austin Camacho:

- No claim form is required. Beneficiaries should contact the Tricare contractor that processed their claim (www.tricare.mil/regionaloffice.cfm) and request a reimbursement.
- Beneficiaries can call or write; written requests should include the sponsor's Social Security number, full names and dates of birth of all dependents, and a current mailing address.
- Beneficiaries will be reimbursed directly by the contractor.

[Source: Navy Times Karen Jowers article 14 Aug 09 ++]

VETERANS CAMPAIGN: A training program for veterans thinking of running for political office will be held at Princeton University in New Jersey in SEP 09. The nonpartisan, nonideological training program, called the Veterans Campaign, is designed solely to get more former military people, especially younger veterans, interested in serving in state and federal office, said Seth Lynn, executive director of the nonprofit education program and a former Marine officer. There is no charge for the two-day course, which starts 12 SEP with 50 available seats. Travel, meals, and lodging are participants' only financial obligations and assistance packages can be provided in exceptional circumstances. Lynn said the idea of helping veterans run for office came from his memories of Marine officers bemoaning the fact that the number of veterans serving in Congress has been declining for some time. Only 26 of 100 senators (down from 54 in 1994) and 101 members of the 435-member House of Representatives served in the military. In the years after World War II, more than half of lawmakers were veterans. For more details or to sign up, refer to www.veteranscampaign.org. [Source: NavyTimes Rick Maze article 24 Aug 09 ++]

DOD TO VA TRANSITION Update 10: For years, the Pentagon and Veterans Affairs Department have struggled to build a system that can quickly and easily share medical records of troops moving from the military's health care system into VA's. The goal has been to create a "seamless transition" that puts people into the VA system right away, rather than leaving them in health care limbo — sometimes for months. Each year, Congress holds at least one hearing to ask where the effort stands. Each year, the answer is: "We're making progress, but much work remains to be done." Earlier this month, VA Secretary Eric Shinseki made some jaws drop when he said: "Trying to do 'seamless transition,' when a youngster takes off a uniform today and is inducted into [VA] tomorrow — near impossible." Shinseki said the focus should shift from trying to share incompatible data in current troop records to creating records from scratch for new recruits that VA could "read" when they leave the military years from now. Shinseki's analysis of the problem and his statement raises many questions of which a few are :

- What does that mean for the countless troops leaving service and shifting to VA right now?
- In the Internet age, why, exactly, have VA and the Pentagon been unable to crack this nut despite years of trying?
- Can Shinseki's approach be implemented and yield results without wasting another decade shortchanging veterans?

After years of being too soft on this issue, Congress last year set a deadline of 30 SEP to have in place a "fully interoperable" DoD VA health records system — a deadline that will not be met. Lawmakers must call defense and VA officials on the carpet and press them hard about what is, and is not, possible. Then Congress must set clear

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goals and hound the agencies until they accomplish this vital mission that has languished for too long. [Source: NavyTimes Opening Shots 24 Aug 09 ++]

VETERAN SUPPORT: America's men and women in uniform have done their duty and fulfilled every responsibility that's been asked of them, President Barack Obama said. "And now," he said, "a grateful nation must fulfill ours." Obama offered high praise for the troops, calling them the heart and soul of the world's best military during a speech at the Veterans of Foreign Wars' annual convention in Phoenix on 17 AUG. Obama said he recognizes his responsibility to "America's most precious resource" and vowed to be deliberate in how he commits them. The president outlined some of the initiatives under way to support this goal. Obama also recognized the country's responsibility to take care of its men and women in uniform, as well as veterans. He noted the large budget increases which will be devoted to providing wounded warriors treatment centers, case managers and better medical care. These resources, he told the veterans, will ensure wounded warriors get the care they need so they "can recover and return to where they want to be: with their units." Obama also noted the billions of dollars in the new budget that will go toward treating post-traumatic stress disorder and traumatic brain injuries that have become the defining wounds of today's wars.

Increased funding will provide more treatment and mental-health screening to reach troops on the front lines, and more mobile and rural clinics to reach veterans who have returned home, he said. "We are not going to abandon these American heroes," Obama said. "We will do right by them." America's commitment to its troops will continue when they become veterans, he said, noting significant funding increases for Department of Veterans Affairs programs. "Whether you left the service in 2009 or 1949, we will fulfill our responsibility to deliver the benefits and care that you earned," the president promised the veterans. Even during tough economic times, Obama said the country can't shirk from its responsibilities to servicemembers and veterans. "Let me be clear," he said. "America's commitments to its veterans are not just lines in a budget. "They are bonds that are sacred – a sacred trust that we are honor-bound to uphold." [Source: AFPS Donna Miles article 17 Aug 09 ++]

DOD WEBSITE: On 17 AUG 09 the Department of Defense today launched a new home page, www.Defense.gov, designed to invite participation from the public and make military news and information more accessible. The new Web site will provide quick access to those sites that are most sought by Web site visitors, including DoD social media sites, the Pentagon Channel and DoD news stories. Prominent on the new home page is a new "We Want to Hear From You" feature that will give users the opportunity to ask questions of Defense Department leaders, vote on policy issues they want explained, and explore frequently asked questions and answers. The new site, www.Defense.gov, replaces <http://www.DefenseLink.mil> as the department's main Internet entry portal. DefenseLink will remain a news Web site and may be accessed from www.Defense.gov. [Source: DoD Press Release No. 620-09 17 Aug 09 ++]

BIRTH DOCUMENTS: A child born overseas is automatically a United States citizen if both parents are U.S. citizens. In most cases the child is a citizen if one parent is a U.S. citizen. (The parent who is a citizen must have been a U.S. citizen living in the United States for at least 10 years, five of which were after the age of 14.) Years of military service count as years living in the United States regardless of where served. In each case, the State Department determines citizenship. To establish a child's citizenship, the birth is reported to the nearest American consular office on the "Consular Report of Birth" (Form FS-240) as soon after the birth as possible. This

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report is prepared and filed by the parents; however, the physician or midwife attending the birth (or any other person having knowledge of the facts) can prepare the report. In certain cases, it may be necessary to submit additional documents, including affidavits of paternity and support, divorce decrees from prior marriages, or medical reports of blood compatibility. All evidentiary documents should be certified as true copies of the originals by the registrar of the office wherein each document was issued. The original document is filed with the Department of State, and the parents are given a copy of the report along with a Certificate of Birth, Form FS-545 showing the name and sex of the child and the date and place of birth. The following is germane for anyone seeking to obtain the birth records of someone born overseas:

- **FS-240:** Individuals who have lost a birth record may obtain another copy by writing to: Passport Correspondence Branch, U.S. Department of State, 1111 19th Street, NW, Suite 510, Washington, DC 20524. The fee is \$30 and only one copy may be requested. Allow four to eight weeks for processing. Requests for a duplicate copy must be notarized and must include a copy of valid photo identification of the requester. The written request must include:
 - (1) Full name of child at birth (plus any adoptive names).
 - (2) Date and place of birth.
 - (3) Names of parents.
 - (4) Serial number, if known, of the FS-240 (on those issued after 1 NOV 90) if known.
 - (5) Any available passport information.
 - (6) The relationship to the person whose record is being requested, signature of requester and reason for the request.
 - (7) Notarized affidavit for a replacement FS-240 (if applicable).Note: For Panama Canal Zone (PCZ) birth certificates just include items (1) through (3).
- **DS-1350:** If the birth was recorded in the form of a Consular Report of Birth, a Certification of Report of Birth (DS-1350) can be issued in multiple copies. The DS-1350 contains the same information as that on the new format Consular Report of Birth FS-240 and is acceptable for all legal purposes. The DS-1350 is not issued overseas and can be obtained only by writing to the Vital Records Section, Passport Services, 1111 19th Street, NW, Suite 510, Washington, D.C. 20522-1705. The fee is \$30 for the first copy, \$20 each additional copy.
- **Availability:** Consular Reports of Birth are not available for persons born in Puerto Rico, the U.S. Virgin Islands, the Panama Canal Zone before October 1, 1979, the Philippines before July 4, 1946, American Samoa, Guam, Swains Island, the Commonwealth of the Northern Mariana Islands, or the former U.S. Trust Territories of the Pacific Islands. Birth certificates for those areas, except the Panama Canal Zone, must be obtained from their respective offices of vital statistics. Panama Canal Zone (PCZ) birth certificates should be requested through the Vital Records Section of Passport Services. The fee is \$30 for the first copy, \$20 each additional copy.
- **Payment:** For a FS-240, DS-1350, or PCZ make check or bank draft drawn on a bank in the United States, or money order, payable to the "Department of State." The Department will assume no responsibility for cash lost in the mail. Documents will be provided to the person who is the subject of the Report of Birth, the subject's parents, the subject's legal guardian, authorized government agency, or a person who submits written authorization from the subject of the Report of Birth.
- **Adopted Children:** Birth Records of Alien Children Adopted by U.S. Citizens who are lawfully admitted to the United States may be obtained from: Immigration and Naturalization Service, U.S. Department of Justice, Washington, DC 20536. The certification may be issued in the new name of an adopted child, if proof of the adoption is submitted with the request. A check or money order for the \$40 fee should be made payable to the Department of Justice.

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- **Births on the High Seas:** When a birth occurs on the high seas, whether in an aircraft or on a vessel, the determination of where the record is filed is decided by where the vessel or aircraft was headed at the time the event occurred. If the vessel or aircraft was headed for, or docked at, a foreign port, requests for copies of the record should be submitted to: U.S. Department of State, Washington DC 20520. If the first port of entry of the vessel or aircraft was in the United States, write to the registration authority in the city where the vessel or aircraft docked or landed.
- **Records Maintained by Foreign Countries:** Most, but not all, foreign countries record births and will provide certification of such events. (Normally a fee will be charged.) U.S. citizens who need a copy of a foreign birth record may obtain help by writing to: Office of Special Consular Services, U.S. Department of State, Washington, DC 20520. NOTE: Aliens residing in the United States who seek records of these events should contact their nearest consular office.

[Source: http://travel.state.gov/law/info/overseas/overseas_703.html & www.defense.gov/Landing/Questions.aspx
Aug 09 ++]

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TRICARE REGIONAL CONTRACTS Update 02: Transition to new managed-care support contractors for six million Tricare beneficiaries across 30 states has been halted while the Government Accountability Office reviews protests filed by losing bidders. Tricare Management Activity (TMA) announced last month that Aetna Government Health Plans of Hartford, Conn., won the contract competition and would be taking over the North Region contract from Health Net Federal Services. Since then Health Net has filed two protests with GAO over loss of the contract with potential value of \$16.7 billion in revenue over five years. TMA also announced that UnitedHealth Military & Veterans Services of Minnetonka, Minn., would take over the South Region from Humana Military Healthcare Services. But Humana too is protesting the award, potentially worth \$21.9 billion.

The protests, filed in late July, led to "stop work" orders on the two contracts until GAO rules on the protests. It does so routinely within 100 days. That delay, combined with the required 10-month transition, means new contracts for the North and South regions will not take effect before the fall of 2010. Until then, current contracts are being extended so beneficiaries should see no change to services or their provider networks. Anxiety among beneficiaries is high, however, based on volume and contents of e-mails sent to Military Update after award announcements. "Here we go again," wrote retired Air Force Lt. Col. Garry Fincher. "As soon as you get familiar with a health care system and enjoy good service and quick responses to your inquiries, the government changes the system. I am disappointed Humana is no longer going to be our Tricare provider." A Fincher family member will be receiving chemo treatments through the planned transition period, leaving the retiree worried that continuity of care will suffer or their doctor will opt out of the managed care network. "But, again, we have no recourse but to swallow hard," Fincher said. Interviews with the presidents of the two companies on the cusp of losing these valuable contracts reinforced the notion that disruption of services will be inevitable for many patients.

"I think our protest will be successful," said Dave Baker, president and chief executive officer of Humana Military Healthcare Services. "But if I'm wrong and the new contractor actually takes over, there will be some changes" including the composition of provider networks. "Networks that we spent 13 years building, our new contractor will have a 10-month period to build," said Baker. "And so those beneficiaries that are used to going to a certain provider, as a network provider, may not have that opportunity going forward." Steven Tough, president of Health Net Federal Services said, "We can all speculate on what might happen. Obviously none of us will know for sure. But in the event transition occurs there's probably going to be some level of disruption. There has to be." Tough noted that his company has been providing managed care to military beneficiaries for 21 years, since the Defense Department launched a forerunner to Tricare, the CHAMPUS Reform Initiative, in 1988. He said it's more difficult to build provider networks for Tricare than for commercial networks because Tricare physicians have to be

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signed to contracts. That isn't always needed when building commercial networks."Providers have choices, that's the truth of the matter," Tough said. "They don't really have to participate ... There are going to be a lot of providers who have an interest and a lot who, for whatever reason, may not have an interest. "The managed care support contracts have no impact on Tricare for Life, the robust supplement to Medicare so prized by elderly beneficiaries.

TMA officials said the new contracts will use financial incentives to "encourage exceptional customer service; high quality care; detection of fraud, waste, and abuse; increased electronic claims processing; better program management, improved preventive care and cost savings."But TMA conceded Tricare Prime, the managed care option, "may be discontinued" in some areas. By one estimate, up to 175,000 retirees and surviving spouses could be forced to use more costly Tricare options. Humana, for example, offered Prime throughout its 10-state region. New contracts require Prime coverage only within 40 miles of a base or base closure site. Bidders still were free to offer Prime outside those areas, Baker said, "but they would not receive any positive rating for that in the selection process." [Source: Stars 7 Stripes Tom Philpott article 14 Aug 09 ++]

TAX BURDEN FOR GEORGIA 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 Georgia:

State Sales Tax: 4% (food, prescription drugs exempt), local taxes may add an additional 3%.

Fuel & Cigarette Tax:

- **Gasoline Tax:** 12.4 cents/gallon
- **Diesel Fuel Tax:** 12.9 cents/gallon
- **Cigarette Tax:** 37 cents/pack of 20

Personal Income Taxes:

- **Tax Rate Range:** Low - 1.0%; High - 6%
- **Number of Brackets:** 6 (Lowest - \$750; Highest - \$7,000). The tax brackets are for single individuals. For joint filers the income brackets range from \$1,000 to \$10,000.
- **Personal Exemptions:** Single - \$2,700; Married - \$5,400; Dependents - \$3,000
- **Standard Deduction:** Single - \$2,300; Married filing joint return - \$3,000; Taxpayer over 65 - \$1,300 additional.
- **Medical/Dental Deduction:** Same as Federal taxes
- **Federal Income Tax Deduction:** None
- **Retirement Income Taxes:** Social Security is exempt. Taxpayers who are 62 years of age or older, or permanently and totally disabled regardless of age, may be eligible for a retirement income adjustment on their Georgia tax return. Retirement income includes income from pensions and annuities, interest income, dividend income, net income from rental property, capital gains income, and income from royalties. For married couples filing joint returns with both members receiving retirement income, the maximum adjustment for the applicable year may be up to twice the individual exclusion amount. Retirement income exceeding the maximum adjustable amount will be taxed at the normal rate. The retirement income exclusion for tax year 2008 and beyond is \$35,000. For more income tax information refer to https://etax.dor.ga.gov/IndTax_TSD.aspx.

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- **Retired Military Pay:** Same as above.
- **Military Disability Retired Pay:** Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.
- **VA Disability Dependency and Indemnity Compensation:** VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.
- **Military SBP/SSBP/RCSBP/RSFPP:** Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

Property Taxes

1. A homeowner may pay a combination of county, city, school or state taxes depending on location. Property tax relief measures are included in the state's comprehensive property tax credit law that can be viewed on their web site. Homeowners 62 and older who earn \$10,000 or less, will find that up to \$10,000 of their property's assessed value is exempt from school taxes. Persons 62 or older whose family income does not exceed \$30,000 may qualify for an exemption from state and county property taxes equal to the amount by which the assessed value of the homestead exceeds the assessed value for the preceding tax year. For those 65 and older who earn \$10,000 or less, \$4,000 of their property's value is exempt from state and county taxes as well. Call 404-968-0778 for details. To view additional information about property taxes, refer to https://etax.dor.ga.gov/IndTax_PropTax.aspx.
2. The state offers homestead exemptions to persons that own and occupy their home as a primary residence. Many counties offer homestead exemptions that are more beneficial to the taxpayer than the exemptions offered by the state. Homestead exemptions are filed with the county tax commissioner or the county tax assessor's office. The homestead exemption is deducted from the assessed value (40% of the fair market value) of the home. Then the millage rate is applied to arrive at the amount of ad valorem tax due. Individuals age 65 and older get additional deductions. For more information on homestead exemptions refer to <https://etax.dor.ga.gov/ptd/adm/taxguide/exempt/homestead.aspx>.

Inheritance and Estate Taxes - There is no inheritance tax and only a limited estate tax. Details can be found at <https://etax.dor.ga.gov/inctax/estatetax/index.aspx>.

For further information, visit the Georgia Department of Revenue site <https://etax.dor.ga.gov>. [Source: www.retirementliving.com Aug 09 ++]

MILITARY HISTORY ANNIVERSARIES 1-15 AUG:

- Aug 01 1801 - Tripolitan War: The schooner USS Enterprise defeated the 14-gun Tripolitan corsair Tripoli after a fierce but one-sided battle.
- Aug 01 1942 - WWII: Ensign Henry C. White, while flying a J4F Widgeon plane, sinks U-166 as it approaches the Mississippi River, the first U-boat sunk by the U.S. Coast Guard.
- Aug 01 1950 - Korea: Lead elements of the U.S. 2nd Infantry Division arrive in country from the U.S, in defense of Pusan/Naktong Perimeter
- Aug 02 1990 - Iraq: Iraq invades Kuwait initiating Operation Desert Shield which became Desert Storm on 17 JAN 91 when it became clear he would not leave.
- Aug 03 1958 - Cold War: The first nuclear submarine USS Nautilus passes under the North Pole.

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- Aug 04 1790 - The Revenue Cutter Service, forerunner of the COAST GUARD was established by Alexander Hamilton.
- Aug 04 1953 - Korea: After 18 days Battle for Old Baldy (Hill 266) ends
- Aug 04 1964 - Vietnam: The U.S.S. Maddox and Turner Joy exchange fire with North Vietnamese patrol boats.
- Aug 05 1861 - Civil War: Congress adopts the nation's first income tax to finance the Civil War.
- Aug 05 1864 - Civil War: Admiral David Farragut, USN, exclaiming "Damn the torpedoes, full speed ahead," ran through a Confederate minefield at Mobile Bay, Alabama, and captured a defending group of Confederate ships.
- Aug 05 1951 - Korea: The United Nations Command suspends armistice talks with the North Koreans when armed troops are spotted in neutral areas.
- Aug 06 1945 - WWII: Paul Tibbets, the commander of Enola Gay, drops the first atomic bomb on Hiroshima, Japan.
- Aug 07 1782 - Revolutionary War: Purple Heart day. General George Washington authorizes the award of the Purple Heart for soldiers wounded in combat.
- Aug 07 1942 - WWII: The U.S. 1st Marine Division lands on the islands of Guadalcanal and Tulagi in the Solomon islands. This is the first American amphibious landing of the war.
- Aug 07 1964 - Vietnam: Congress overwhelmingly passes the Gulf of Tonkin Resolution, allowing the president to use unlimited military force to prevent attacks on U.S. forces.
- Aug 08 1942 - WWII: U.S. Marines capture the Japanese airstrip on Guadalcanal.
- Aug 08 1944 - WWII: U.S. forces complete the capture of the Marianas Islands.
- Aug 08 1950 - Korea: U.S. troops repel the first North Korean attempt to overrun them at the battle of Naktong Bulge, which continued for 10 days.
- Aug 09 1945 - WWII: The B-29 bomber Bock's Car drops a second atomic bomb on Nagasaki, Japan. It was the second atomic bomb that induced the Japanese to surrender.
- Aug 10 1950 - Korea: President Harry S. Truman calls the National Guard to active duty to fight in the Korean War.
- Aug 11 1972 - Vietnam: The last U.S. ground forces withdraw from Vietnam.
- Aug 12 1898 - Spanish American War: Conflict officially ends after three months and 22 days of hostilities.
- Aug 12 1952 - Korea: The Battle of Bunker Hill (Hill 122) began which continues for 4 days
- Aug 12 1969 - Vietnam: American installations at Quan-Loi come under Viet Cong attack.
- Aug 13 1898 - Manila, the capital of the Philippines, falls to the U.S. Army.
- Aug 14 1945 - WWII: The Empire of Japan surrendered to the Allied forces, ending World War II.
- Aug 14 1973 - Vietnam: The United States ends the "secret" bombing of Cambodia.
- Aug 15 1942 - WWII: The Japanese submarine I-25 departs Japan with a floatplane in its hold which will be assembled upon arriving off the West Coast and used to bomb U.S. forests.
- Aug 15 1950 - Korea: Two U.S. divisions are badly mauled by the North Korean Army at the Battle of the Bowling Alley in South Korea, which rages on for five more days.

[Source: Various Aug 09 ++]

MILITARY HISTORY ANNIVERSARIES 16-31 AUG:

- Aug 16 1780 - Revolutionary War: American troops are badly defeated by the British at the Battle of Camden, South Carolina.

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- Aug 16 1945 - WWII: Lieutenant General Jonathan Wainwright, who was taken prisoner by the Japanese on Corregidor on 6 MAY 42 is released from a POW camp in Manchuria by U.S. troops.
- Aug 17 1943 - WWII: Allied forces complete the conquest of Sicily.
- Aug 18 1914 - WWI: Germany declares war on Russia while President Woodrow Wilson issues his Proclamation of Neutrality
- Aug 18 1951 - Korea: Battle of Bloody Ridge began which continued until 5 SEP
- Aug 19 1812 - War of 1812: The USS Constitution earns the nickname "Old Ironsides" during the battle off Nova Scotia that saw her defeat the HMS Guerriere.
- Aug 21 1942 - WWII: U.S. Marines turn back the first major Japanese ground attack on Guadalcanal in the Battle of Tenaru.
- Aug 22 1945 - Vietnam: Conflict in Vietnam begins when a group of Free French parachute into southern Indochina, in response to a successful coup by communist guerilla Ho Chi Minh.
- Aug 23 1864 - Civil War: The Union Navy captures Fort Morgan, Alabama, thus breaking Confederate dominance of all ports on the Gulf of Mexico.
- Aug 23 1950 - Korea: Up to 77,000 members of the U.S. Army Organized Reserve Corps are called involuntarily to active duty to fight the Korean War.
- Aug 25 1814 - War of 1812: Washington, D.C. is burned and White House is destroyed by British forces.
- Aug 25 1921 - WWI: The U.S., which never ratified the Versailles Treaty ending World War I, finally signs a peace treaty with Germany.
- Aug 26 1942 - WWII: First black Marine (Howard Perry) entered first recruit training camp (Montford Point, NC) for black Marines
- Aug 27 1776 - Revolutionary War: British defeat Americans in Battle of Long Island
- Aug 27 1945 WWII: B-29 Superfortress bombers begin to drop supplies into Allied POW camps in China.
- Aug 27 1945 - WWII: US troops land in Japan after Japanese surrender
- Aug 29 1862 - Civil War: Battle of Bull Run, VA (Manassas, Gainesville, Bristoe Station)
- Aug 29 1916 - Congress creates US Naval Reserve
- Aug 29 1942- WWII: The American Red Cross announces that Japan has refused to allow safe conduct for the passage of ships with supplies for American POWs.
- Aug 29 1944 - WWII: 15,000 American troops liberating Paris march down Champs Elysees
- Aug 29 1990 - Iraq: Saddam Hussein declares America can't beat Iraq
- Aug 30 1813 - Creek Indians massacre over 500 whites at Fort Mims Alabama.
- Aug 30 1862 - Civil War: 2nd Battle of Bull Run - Confederates beat Union
- Aug 31 1941 - WWII: 23 U-boats sunk (80,000 ton) this month
- Aug 31 1942 - WWII: U boats sunk 108 ships (544,000 ton) this month
- Aug 31 1951 - Korea: The 1st Marine Division begins its attack on Bloody Ridge. The 4 day battle results in 2,700 Marine casualties.

[Source: Various Aug 09 ++]

VETERAN LEGISLATION STATUS 29 AUG 09: August recess has held in abeyance action on all veteran bills submitted to date. The August recess runs through Labor Day 3 SEP and 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

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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 29 Aug 09 ++]

HAVE YOU HEARD:

- It takes your food seven seconds to get from your mouth to your stomach.
- One human hair can support 3kg (6.6 lb).
- The average man's penis is two times the length of his thumb.
- Human thighbones are stronger than concrete.
- A woman's heart beats faster than a man's.
- There are about one trillion bacteria on each of your feet.
- Women blink twice as often as men.
- The average person's skin weighs twice as much as the brain.
- Your body uses 300 muscles to balance itself when you are standing still.
- If saliva cannot dissolve something, you cannot taste it.

Women reading this will be finished now.

Men are still busy checking their thumbs.

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

Director, Retiree Assistance Office, U.S. Embassy Warden & IRS VITA Baguio City RP

PSC 517 Box RCB, FPO AP 96517

Tel: (951) 238-1246 in U.S. or Cell: 0915-361-3503 in the Philippines.

Email: raoemo@sbcglobal.net Web: http://post_119_gulfport_ms.tripod.com/rao1.html

AL/AMVETS/DAV/FRA/NAUS/NCOA/MOAA/USDR/VFW/VVA/CG33/DD890/AD37 member