

RAO BULLETIN 1 October 2009

- == VA Office for Survivors of Vets [01] ----- (Staffed)
- == Vet Cemetery New York ----- (Calverton National Cemetery)
- == VA Cemetery Texas [02] ----- (Houston)
- == SSA COLA 2010 ----- (\$250 One-time Payment)
- == Recall to Active Duty [03] ----- (Air Force Officers)
- == Manila VARO & OPC ----- (Overview)
- == Coffee Filters ----- (Household Use Tips)
- == Atomic Vets [05] ----- (VA Recognition Sought)
- == TRRx [04] ----- (Combined with TMOP)
- == Health Care Reform [13] ----- (Tricare/VA Assurances)
- == National Museum of the Marine Corps ----- (Overview)
- == Tricare Weight Options ----- (Coverage)
- == Census 2010 ----- (Cautions)
- == Philippines U.S. Troop Protest [01] ----- (VFA Treaty)
- == VA Combat Vet Refunds ----- (Retroactive Eligibility)
- == VA Bonuses [04] ----- (2009 Plans)
- == VA Vision Care [03] ----- (Treatment Policy Violated)
- == Medicaid Fraud ----- (Manhattan \$3M)
- == Medicare Fraud [22] ----- (Zombie Doctors \$92.8M)
- == Medicare Fraud [23] ----- (Detroit \$18.4M)
- == Medicare Rates 2010 [01] ----- (Bill to Block Increase)
- == TFL & Medicare ----- (Overseas)
- == VA Disabled Vet Benefits ----- (CRS Report)
- == GI Bill [56] ----- (Rate Increases)
- == GI Bill [57] ----- (Processing Time Status)
- == GI Bill [58] ----- (Late Payments)
- == GI Bill [59] ----- (Emergency Payments)
- == VA Education Workload ----- (Status SEP 09)
- == State Vet Organization Support ----- (Michigan Cuts \$1M)
- == Referral Bonus [05] ----- (NDAA 2009 Impact)
- == Pennsylvania Veterans' Homes [01] ----- (Vets Endangered)
- == Swine Flu [01] ----- (Contagion Period)
- == Veterans' Court [02] ----- (HVAC Roundtable Discussion)
- == VA Advisory Committees ----- (Overview)
- == Enlistment ----- (U.S. Military)
- == COLA 2010 [08] ----- (+0.3% in August)
- == VA Disability Compensation [06] ----- (3rd Senate Hearing)
- == VA Vet Contaminant Exposure [06] ----- (Equip Inspection)
- == Vietnam Memorial Wall [03] ----- (Vet Photos Sought)
- == Medicare Fraud [22] ----- (Zombie Doctors \$92.8M)
- == Hall of Valor ----- (Awardees' Citations)
- == Credit Card Destruction ----- (Tips)
- == NVVRS & NVVLS ----- (Vietnam Vet Studies)
- == VA Disabled Vet Caregivers ----- (Travel Pay Proposed)

RAO BULLETIN 1 October 2009

- == Tax Burden for Idaho Retirees ----- (2009)
- == Military History Anniversaries ----- (Sep 16-30 Summary)
- == Military History Anniversaries ----- (Oct 1-15 Summary)
- == Veteran Legislation Status 27 Sep 09 ----- (Where we Stand)
- == Have You Heard? ----- (Super Bowl tickets)

RAO BULLETIN 1 October 2009

VA OFFICE FOR SURVIVORS OF VETS Update 01: To strengthen the programs of the Department of Veterans Affairs (VA) for the survivors of the nation's Veterans and military personnel, the Department has staffed an office established DEC 08 to serve as their advocate, with a charter that includes creating or modifying programs, benefits and services. The office serves as the primary advisor to the secretary on all issues affecting the survivors and dependents of deceased Veterans and service members. It will monitor VA's delivery of benefits to survivors, make appropriate referrals to VA offices for survivors seeking benefits and explore innovative ways of reaching survivors who are not receiving the VA benefits for which they are eligible. VA benefits for eligible survivors include educational assistance, home loan guaranties, health care insurance and Dependency and Indemnity Compensation, a monthly payment to the survivors of some people who die on active duty and some seriously disabled Veterans. More than 554,000 spouses, dependents and other survivors of Veterans are receiving VA benefits. That figure includes nearly 5,000 spouses of World War I Veterans, 90 spouses and 94 children of Spanish-American War Veterans, and two children of Civil War Veterans. The establishment of this office was authorized in the Veterans Benefits Improvement Act of 2008. [Source: VA News Release 28 Sep 09 ++]

VET CEMETERY NEW YORK: Secretary of Veterans Affairs Eric K. Shinseki has announced that more than \$32 million has been awarded to a New Jersey construction company for gravesite expansion and site improvements at Calverton National Cemetery located at 210 Princeton Boulevard, Calverton, NY 11933-1031 Tel: (631) 727- 5410. The contract was awarded to GC&P Fab-Con, LLC, a business firm from Flemington, N.J., in the amount of \$32,191,900. The project is scheduled for completion in fall 2011. This project will develop approximately 40 acres and includes approximately 33,000 pre-placed crypts, 4,800 columbarium niches, and 1,000 in-ground cremation interment sites. The project also includes administration building improvements; maintenance buildings improvements; new control booth at committal shelters; temporary roads; temporary structures to maintain cemetery operations; utilities; irrigation systems; signs; fencing; guardrails; landscaping; repair and paving of the existing roads; and Leadership in Energy and Environmental Design (LEED) improvements. The LEED Green Building Rating System, developed by the U.S. Green Building Council, provides a suite of standards for environmentally sustainable construction reviewed for approval by the more than 10,000 membership organizations that make up the council. The Calverton cemetery serves approximately 800,000 Veterans in the New York City metropolitan area, conducting more than 6,600 interments in 2008 and over 212,000 interments since opening in 1978. This project will provide an estimated additional 10 years of burial capacity.

For information on Calverton National Cemetery, contact the cemetery staff at (631) 727-5410. Additional veteran cemeteries and burials they can accommodate that serve New York are:

- Albany Rural Cemetery Soldiers' Lot, Cemetery Ave., Albany, NY 12204 (closed to interments).
- Bath National Cemetery, VA Medical Center, San Juan Ave., Bath, NY 14810 Tel: (607) 664-4853 (casketed & cremated remains).
- Cypress Hills National Cemetery, 625 Jamaica Ave., Brooklyn, NY 11208 Tel: (631) 454-4949

RAO BULLETIN 1 October 2009

(closed to interments).

- Long Island National Cemetery, 2040 Wellwood Ave., Farmingdale, NY 11735-1211 Tel: (631) 454-4949 (cremated remains only)
- Gerald B. H. Solomon Saratoga National Cemetery, 200 Duell Rd, Schuylerville, NY 12871-1721 Tel: (518) 581-9128 (casketed & cremated remains).
- Woodlawn National Cemetery, 1825 Davis St., Elmira, NY 14901 Tel: (607) 732-5411 (cremated remains only)

Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at <http://www.cem.va.gov>, or by calling VA regional offices at 800-827-1000. To make burial arrangements, call 800-535-1117. 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. The cemetery staffs can assist funeral homes by providing the telephone numbers for the Military Funeral Honors contacts. Military Funeral Honors are organized under the Department of Defense and should be arranged by the funeral director. In the event there is not a funeral director involved in making arrangements refer to the telephone numbers listed below or contact your local American Legion or VFW.

- Army and National Guard - (607) 664-4909
- Navy and Merchant Marine - (860) 694-3475
- Air Force - (716) 236-3182 or (518) 344-2586
- Marine Corps - (516) 228-5666
- Coast Guard - (216) 902-6117

[Source: VA News Release 29 Sep 09 ++]

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VA CEMETERY TEXAS UPDATE 02: Secretary of Veterans Affairs Eric K. Shinseki has announced a \$1 million contract from the Department of Veterans Affairs (VA) to prepare construction documents for gravesite development and cemetery improvements at the Houston National Cemetery in Texas. The design contract valued at \$1,120,559 was awarded to RVI Planning, a small business from Austin, Texas. This design project is scheduled for completion in spring 2010. Funding for construction of this project has been submitted in the Fiscal Year 2010 budget. This fourth phase of development for the 44-year-old cemetery, when completed, will develop approximately 20 acres into new burial sections, including approximately 14,000 pre-placed double depth crypt gravesites, 5,750 columbarium niches and installation of 3,500 pre-placed crypts in existing burial sections. The project also calls for construction of a new public information center and restrooms, a committal shelter, access roads and parking, water distribution and irrigation systems, utilities, fencing, signs and landscaping. Other improvements will include repairs to existing roads and storm sewers, upgrades to the existing electrical distribution system and improvements to the existing maintenance facility. For information on the Houston National Cemetery, call the cemetery office at (281) 447-8686. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at

RAO BULLETIN 1 October 2009

<http://www.cem.va.gov> or by calling VA regional offices at (800) 827-1000. [Source: VA News Release 19 Sep 09 ++]

SSA COLA 2010: House Majority Leader Steny H. Hoyer on 29 SEP declined to support a move to provide senior citizens a one-time payment of \$250 to make up for the expected lack of a cost-of-living increase in their Social Security benefits in 2010. Senior citizen groups and many in Congress have been advocating that Social Security recipients receive a \$250 check, as proposed under legislation introduced by Sen. Bernard Sanders (I-VT) S.1685 and Rep. Peter A. DeFazio (D-OR) H.R.3597. They argue that while inflation in general may not be on the rise — which makes a monthly cost-of-living adjustment (COLA) unlikely in 2010 — medical expenses and some other bills for seniors are increasing. Hoyer (D-MD) did not explicitly say he is against providing such a payment, but he made the case to reporters that Congress has already taken action this year to help seniors.

As part of the economic stimulus bill enacted in February, seniors received a one-time payment of \$250, and last week the House passed a bill, 406-18, to prevent most seniors from having their Medicare Part B premium, which covers physician services and outpatient care, increased next year. “Frankly, Congress has taken very substantial action in consideration of the needs of our seniors,” Hoyer said. He also pointed out that Social Security recipients received a 5.8% COLA this year, the largest since 1982. But members of Congress do not like to disappoint seniors, a politically active group. And Democrats are especially attuned to the issue now as they work on a health care overhaul that has some seniors concerned about its impact on their Medicare benefits. Consequently, Hoyer could find himself outgunned, as he was last week when he was one of 18 members to vote against the bill to protect seniors from Medicare premium increases. The National Committee to Preserve Social Security and Medicare, a group that advocates for seniors, is holding an event on Capitol Hill 30 SEP to try to build support for a one-time payment for seniors. [Source: GQ Today Midday Update 29 Sep 09 ++]

RECALL TO ACTIVE DUTY UPDATE 03: The secretary of the Air Force has initiated two voluntary recall to active duty programs and expanded the number of eligible Air Force specialties for an existing one to help minimize the service's critical shortage of rated officers. "The rapid expansion of unmanned aircraft systems as well as other emerging missions and rated requirements that directly support contingency operations created a demand for experienced, rated officers that exceeds current Air Force levels," said Col. William Foote, the Air Force Personnel Center director of personnel services. The Voluntary Retired Rated Officer Recall Program allows the secretary of the Air Force to order retired Air Force rated officers to active duty. The Voluntary Limited Period Recall Program and Voluntary Permanent Rated Officer Recall Program allow Reserve officers the opportunity to apply for recall to extended active duty. Rated officers include pilots, combat systems officers and air battle managers.

Adriana Bazan, the chief of voluntary officer recall operations, said these programs are designed to put experienced and motivated officers back into the Air Force ranks. "There has been a tremendous

RAO BULLETIN 1 October 2009

response to these programs with more than 500 rated officers selected for recall to active duty," Ms. Bazan said. "Applications remain steady, averaging 70 per month." The success of these programs was lauded by Maj. Gen. Marke Gibson during a recent visit to AFPC. General Gibson, the Air Force director of operations, praised the results of the programs and underscored the operational impact of these critical positions in today's fight. "These officers possess the knowledge and training to effectively contribute to our success in the joint fight," General Gibson said. "Their role is crucial as the Air Force boosts its unmanned aerial systems capabilities and leverage our latest technologies across all warfighting domains." Lt. Col. Deborah Landry, AFPC operations staff assignments branch chief, said officers returning thus far have been assigned to the full spectrum of the Air Force's rated billets and come from backgrounds as diverse as those retiring later this year to F-111 Aardvark pilots who last flew in Desert Storm. "Each officer brings unique expertise and wisdom to the Air Force mission," said Colonel Landry.

In the fall 2009 assignment cycle, 149 recalled officers were matched to rated staffs, filling critical billets that would have otherwise remained vacant due to the shortage of active-duty officers available to move out of operational flying assignments. In addition, many of those recalled officers who are current and qualified in an Air Force aircraft or are eligible for local training are being utilized in flying assignments. "Unfortunately, there is not enough training available to return every rated officer to an active flying assignment," she said. "But, every qualified applicant is being offered an assignment and will be a valuable asset to the rated force." More than 225 officers have already received orders and are returning to active duty. Information about the rated recall programs, to include detailed eligibility criteria and application requirements, can be found on the Air Force Personnel Center's "ASK" Web site. Click on "Voluntary Officer Return to Active Duty" under the Military Quick Links section to learn more. Interested officers may also call the Total Force Service Center at (800) 525-0102. For more information, call A1 Field Operating Agency Public Affairs at (210) 565-2334 or e-mail afpc.pa.dlist@randolph.af.mil. [Source: AFPC News Release 28 Sep 09 ++]

MANILA VARO & OPC: The VA Regional Office (VARO) & Outpatient Clinic (OPC), Manila is the only VA activity located in a foreign country. A VA office has been in operation in the Philippines continuously since the U.S. Veterans Bureau was opened in 1922 (except during the Japanese occupation of WW II), and it is an integral part of the United States mission to the Republic of the Philippines. The VARO is located within the U.S. Embassy Compound at 1131 Roxas Blvd., Ermita, 0930 Manila, PI 96440 Tel: 632-528-2500 or Fax: 632-523-1224. Callers within the Philippines but outside of Manila can use 1-800-1-888-8782 without any long distance charges. It is currently staffed by 8 Americans and 137 Filipinos. The Regional Office administers compensation, pension, Vocational Rehabilitation and Employment and education benefits to 18,600 beneficiaries. Monthly disbursement is approximately \$17.5 million. VA also administers the U.S. Social Security Administration (SSA) in the Philippines. About \$8 million is disbursed monthly to 18,400 SSA beneficiaries. Effective 2 JAN 09 the Department of Veterans Affairs Manila Regional Office (VA) implemented an appointment system for all visitors to their public contact section. They will no longer entertain walk-in visitors; all visitors will be required to have an appointment before they are admitted to the Embassy.

RAO BULLETIN 1 October 2009

The VA OPC, Manila is a part of the VA Sierra Pacific Network (VISN 21), which also includes facilities throughout the Pacific Islands, northern California, and northern Nevada. The VA OPC, Manila consists of a stand alone ambulatory care leased facility, which is located about 2 miles south of the U.S. Embassy, where the VARO is located. The OPC offers health care services to eligible persons throughout the Philippines. The OPC provides ambulatory care to service-connected U.S. military veterans for their service-connected and non service-connected disabilities and conducts compensation and pension examinations for eligibility purposes. The criteria for care in the Philippines are different than what a veteran may receive in the United States. Veterans residing in the Philippines, veterans planning to travel to the Philippines, and VA Health Care providers should contact the Clinic Manager concerning specific eligibility criteria. Health care services are provided at the OPC by primary care staff physicians utilizing the primary care concept and by contracted specialist consultants. Most specialties are available in house or by contract Outpatient services which include general medicine; internal medicine with subspecialties in cardiology, pulmonary, renal and nephrology; psychiatry and mental health; neurology; dermatology; ENT; audiology; and orthopedics. Ancillary services include nursing, radiology, social work, pharmacy, laboratory, prosthetics and a number of other professional and support services. Inpatient care and fee basis services are limited to treatment of service-connected conditions. The OPC is located at 2201 Roxas Blvd., Pasay City, PI 1300 Tel: 632-833-4566 or Fax 632-831-4454. Callers outside Manila but within the Philippines can reach the OPC via 1-800-1-888-8782. It is staffed by 4 Americans and 74 Filipinos.

All e-mail inquiries for the Manila VA Regional Office and the Manila VA Clinic can be sent via VA's main inquiry website at: <https://iris.va.gov>. Use the "Ask a Question" section to ask questions or submit compliments, and suggestions. It provides answers to 368 frequently asked questions. If the information you are seeking is not there you have the option of filling out an IRIS Customer Entry form which contains a section for you to type in your question. All inquiries should be responded to within five business days. If you are experiencing a medical emergency or in need of immediate crisis counseling, go to your nearest medical facility Emergency Room or call 911. This web site is not intended to provide medical diagnosis or emergency care. [Source: <http://www2.va.gov/directory/guide/facility.asp?ID=682> Sep 09 ++]

COFFEE FILTERS: How to use coffee filters around the home:

- Cover bowls or dishes when cooking in the microwave to absorb splattering.
- Clean windows and mirrors. Coffee filters are lint-free so they'll leave windows sparkling.
- Place several filters between china dishes to store them.
- Filter broken cork from wine. If you break the cork when opening a wine bottle, filter the wine through a coffee filter.
- Protect pots and pans. Place several coffee filters between pans to protect them from scratching and moisture. This works very well with cast iron pans as absorb moisture and prevent rust.
- Fold a filter and use it to apply shoe polish. They are lint free and disposable.
- Recycle frying oil. After frying, strain oil through a sieve lined with a coffee filter.
- Weigh chopped foods. Place chopped ingredients in a coffee filter on a kitchen scale.
- Hold tacos or sandwiches. Coffee filters make convenient wrappers for messy foods.

RAO BULLETIN 1 October 2009

- Stop the soil from leaking out of a plant pot. Line a plant pot with a coffee filter to prevent the soil from going through the drainage holes.
 - Prevent a popsicle from dripping. Poke one or two holes as needed in a coffee filter.
 - Use strips to wax eyebrows.
 - Put a few in a plate and put your fried bacon, French fries, chicken fingers, etc on them. Soaks out all the grease.
 - Keep in the bathroom. They make great "razor nick fixers."
- [Source: www.ehow.com Sep 09 ++]

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ATOMIC VETS Update 05: For most Americans, the idea of victims of atomic bombs and radiation sickness calls to mind Japanese people from Hiroshima and Nagasaki. The reality is that thousands of American servicemen also were exposed to radiation and the after-effects of the atomic bombs and many of them suffered devastating side effects, some of which manifested themselves years later. In Greencastle PA, a group of atomic veterans has met regularly for more than 20 years and members have lobbied Congress for better VA benefits and recognition of their sacrifice to their country. Atomic veterans are defined as any member of any branch of the U.S. armed forces who were exposed to high levels of radiation during active service in the military during and since World War II. "We, as a group, were sworn to secrecy. We couldn't tell anyone anything," Clyde Stair of Greencastle said. He served in Operation Greenhouse, part of Joint Task Force 3.2 in the Marshall Islands for the U.S. Army in WWII. During Operation Crossroads, atomic weaponry was tested on islands in the South Pacific after native islanders had been removed to other areas.

Gerald Schultz of Chambersburg said, "We went ashore. We were with the military police and we were sent to go check radiation levels, see what was growing." Schultz and his Army unit were stationed in the Asiatic and Pacific theaters for two years. "Most of my teeth fell out early. The tops of my ears started bleeding," Schultz said. He has had several aneurysms that he believes are a result of his exposure to radiation. Stair also has had health issues, including internal bleeding, being clinically dead twice, bleeding from the ears and nose, rectal cancer and skin cancer three times. Stair and his compatriots are angry that the VA has not classified them as a special sub-group of wounded veterans, the way men and women who suffer visible physical injuries are. They also feel as though they were lied to and misled when it came to the issue of radiation exposure.

"I was given a white ski parka that they said would help prevent contamination. Being 18 years old, I was too dumb to know it was just a jacket," Schultz said. Other men were just told to wash in water until their skin no longer set off Geiger counters. "After they set off the hydrogen bomb in the Marshall Islands, we were 10 miles from the blast site. We were a floating hotel for the scientists," Bob Shreiner of Chambersburg said. He served in the U.S. Navy on the USS Curtis in the Marshall Islands as part of Operation Greenhouse Joint Task Force 3. "We took them out before and after the blast. Each time, we were checked with a Geiger counter for radiation levels. They kept water on the decks to flush the radiation away. They usually took our clothes and we showered until the radiation levels were low enough," Shreiner said. "We were not told how serious it was," Schultz said, referring to radiation exposure and contamination. All of the veterans agreed that at the time of their exposure, scientists did

RAO BULLETIN 1 October 2009

not know how serious exposure was either. "The VA should recognize a little more what happened to the soldiers and civilians," Schultz said. When he left the Army, he was asked to sign papers about his trench mouth and when he later sought treatment for it from a VA dentist, he was told he had signed away his rights to treatment.

For some of the veterans, despite the lapse of more than 60 years, the memories, the anger and the outrage are still fresh in their minds. For others, the time has allowed them to take a more philosophical view. "It's hard to imagine the feelings when you see one of those bombs go off. In the greater scheme of things, you wonder, 'What is man doing to man?'" Bill Pistner of Greencastle said. Pistner is less angry than some of his fellow veterans. Stair said that he wants "the U.S. government to admit what they've done to the atomic veterans, stop putting us off. I want them to dictate to the VA that we will be taken in, given a classification. We were shot with the silent bullet. All our problems are internal, you can't see them. Flesh wounds are visible but atomic veterans have all kinds of problems as far down the road as 50, 60 years later." He also would like to see a comprehensive study about the effects of radiation exposure to give a clearer idea of what these men are suffering and what can be done. George Mace, who served in the Air Force on Eniwetok as part of Joint Task Force 7, pointed out that his generation isn't the only one. "The atomic veterans are fighting for things that happened 50 years ago, but today's veterans are going to be fighting the same battle down the road," he said. Any atomic veterans who are interested in talking to other atomic veterans should call Clyde Stair at (717) 597-5870. [Source: Waynesboro PA The Record Herald Lauren McLane article 24 Sep 09 ++]

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TRRx Update 04: On 27 JUN 08, the Department of Defense awarded the new Tricare Pharmacy Services contract to Express Scripts, Inc (ESI), in which Tricare's retail pharmacy network (TRRx) and Tricare's Mail Order Pharmacy (TMOP) services are combined. The contract implementation date is 4 NOV 09. Beginning 23 SEP beneficiaries will be mailed the new Tricare Pharmacy Program handbook along with a letter welcoming them to the new Tricare Pharmacy Program. The letter and Handbook can also be found in the Source Documents tab of the Customer Service Community Web site www.tricare.mil/customerservicecommunity. A new ESI call center was initiated 23 SEP 09. Beneficiaries may contact the call center by calling 1(877) 363-1303 (new contact number). Beneficiaries who are currently dealing directly with TMOP and TRRx should continue to call the existing call centers (TMOP 1-866-363-8667 and TRRx 1-866-363-8779).

On 4 NOV 09, there will be some pharmacies that may no longer be a part of the Tricare pharmacy network. Beneficiaries affected by this change will be notified via letter; once the letter is finalized, TMA will post a copy on the Customer Service Community Web site. ESI anticipates mailing letters to affected beneficiaries by the end of SEP. A new version of the ESI Tricare Web site www.express-scripts.com/Tricare is scheduled to go live on 4 NOV 09. Registered POCs will be able to order bulk quantities of the new Tricare Pharmacy Program handbook via the Tricare SMART site (<http://www.tricare.mil/tricaresmart/>); TMA will send a separate email notifying you when orders can be placed. Beneficiaries will be able to view and download the Tricare Pharmacy Program handbook from the Tricare Smart site. BCAC/DCAO priority contact information for ESI doesn't change. This information can be found in the Contacts section of the Customer Service Community Web site

RAO BULLETIN 1 October 2009

www.tricare.mil/customerservicecommunity/contacts.aspx. [Source: TMA Pacific msg 22 Sep 09 ++]

HEALTH CARE REFORM Update 13: Action in Congress heated up in mid-JUN as the Senate Finance Committee began considering more than 500 amendments to Chairman Max Baucus' (D-MT) draft legislation. Meanwhile, a group of 7 bipartisan moderate senators who have various concerns with the Baucus bill are collectively considering options to reshape health reform legislation once it reaches the Senate floor for action. In the House, leaders are negotiating to try to build a compromise plan from three different bills approved by three different committees. The Military Officers Association of America (MOAA) contacted members of Sen. Baucus' staff on 23 SEP about a provision in his plan that would assess a fee on insurers offering "cadillac" plans. MOAA received assurances that this initiative would explicitly exclude Tricare, TFL and VA coverage. A knowledgeable White House official MOAA contacted 24 SEP offered a similar assurance that "The President is committed to ensuring that any national health reform plan that may be enacted will explicitly exclude any changes for Tricare, Tticare For Life, or VA programs or beneficiaries." Further, in a colloquy between House Energy & Commerce Committee Chairman Henry Waxman (D-CA) and Veterans Affairs Ranking Minority Member Steve Buyer (R-IN), Waxman reassured Buyer that the House bill will not disadvantage veterans or military beneficiaries, and agreed to various modifications proposed to make those protections explicit. [Source: MOAA Leg Up 25 Sep 09 ++]

NATIONAL MUSEUM of the MARINE CORPS: Situated on more than 135 acres adjacent to Marine Corps Base Quantico, the National Museum of the Marine Corps depicts great events of American history from the perspective of Marines who participated in them and strives to help visitors from around the world understand the steadfastness and strength of the United States Marine Corps. The Museum encloses approximately 118,000 square feet, with an eventual expansion to nearly 181,000 square feet. The Museum's signature 210 foot stainless steel spire soars over the tree line and is clearly visible, day or night from I-95 and the surrounding area. Designed by the award-winning firm of Fentress Bradburn Architects, the National Museum of the Marine Corps emulates the iconic image of the raising of the American flag over Iwo Jima. Additionally, the spire also evokes notions of swords at salute, aircraft climbing in to the heavens or a howitzer at the ready. The dramatic composition of structural lines embodies the spirit of the Marine Corps, a poised balance of strength and stability. The building will be an architectural treasure to be cherished by all Americans.

Inside, era exhibit galleries, utilizing cutting edge multimedia technology, will take you onto the beach at Iwo Jima, through a frigid winter night on watch against possible attack in Korea, and into a hot "LZ" (landing zone) in Vietnam. Combining priceless artifacts, such as the original flag raised on Iwo Jima, with documentary films, combat art, and recordings of Marines telling their own stories, the galleries bring the wartime experiences of every Marine to life. The Making Marines Gallery immerses you in the unique experience of boot camp where common citizens are transformed into to elite warriors endowed with the Marine's warrior spirit. Tying the exhibits together, the Legacy Walk transports visitors through 200 years of Marine Corps history and is a wonderful introduction to the

RAO BULLETIN 1 October 2009

Marine experience if you are short on time.

Overlooking the Museum is the three acre Semper Fidelis Memorial Park, a place of remembrance and reflection dedicated to honoring the service of all Marines. Interwoven paths cross and meet at rally points, where monuments erected to honor various Marine Corps organizations and those who served in them provide places for visitors to pause and contemplate. Commemorative bricks line portions of the pathways through the park. Donated by family members and friends to forever attest the honor, courage, and commitment that embodies the Marine Corps, sales of these bricks support the operations of the National Museum of the Marine Corps. The museum is located at 18900 Jefferson Davis Hwy., Triangle, VA 22172 Tel:1(877) 635-1775 just off I-95, 36 miles south of Washington, D.C., and 76 miles north of Richmond, VA. Visitors can reach the Museum via public transportation from the Washington, D.C., area using either Amtrak or a combination of the regional Metrorail service and local bus lines. The schedule, however, is limited, and several connections are required. There is no charge for admission or parking at the Museum. It is open 09-1700 daily except Christmas Day. For complete details refer to www.usmcmuseum.org. Email info@usmcmuseum.org for additional info.

In addition to exhibits covering the USMC involvement on all conflicts they have recently unveiled the latest revisions to its Global War on Terror exhibit commemorating the eighth anniversary of the September 11, 2001, terrorist attacks. Artifacts from the World Trade Center and the Pentagon crash site -- an analog clock from the Pentagon stopped at 9:37 a.m., a Pentagon appointment book opened to Sept. 11, 2001, and personal belongings recovered from unidentified victims in the Ground Zero debris -- are among the items in the exhibit. The exhibit will be on display for about six months. After that time, the museum will continue its regular updates of photographs, paintings and artifacts of the Marine Corps' efforts in Iraq and Afghanistan. If you are anywhere in or planning to make a visit to the Washington, D.C. area a visit to the museum is a trip well worth the time it takes. [Source: www.usmcmuseum.org & NAUS Weekly Update 25 Sep 09 ++]

TRICARE WEIGHT OPTIONS: Tricare beneficiaries whose weight poses a serious health risk have surgical alternatives available to them. For those who medically qualify, Tricare covers gastric bypass, gastric stapling and gastroplasty procedures including vertical banded gastroplasty and laparoscopic adjustable gastric banding, commonly known as Lap-Band surgery. These procedures are covered for non-active duty beneficiaries who suffer from morbid obesity and meet specific medical criteria. For a Tricare beneficiary to medically qualify he or she must weigh 100 pounds or more over their ideal weight for height and bone structure, and the excess weight must be associated with a severe medical condition. Beneficiaries who weigh more than twice their ideal weight for height and bone structure are also eligible. Additionally, Tricare covers surgery for beneficiaries who had a previous intestinal bypass or other surgery for obesity and, because of complications, require a second surgery and procedures that have been proven safe and effective, and are accepted by the medical community," said John Kugler, Chief Medical Officer, Tricare Management Activity. "For some beneficiaries, gastric surgery may be the right course of action to preserve their health." Nonsurgical treatment of obesity, morbid obesity, dietary control or weight reduction, biliopancreatic bypass and gastric bubble or balloon for the treatment of morbid obesity are not covered by Tricare. Details of Tricare's coverage of surgical

RAO BULLETIN 1 October 2009

treatments for morbid obesity are available in Chapter 4, Section 13.2 of the Tricare Policy Manual, and can be found at <http://manuals.Tricare.osd.mil>.

Bariatric surgery represents a major and permanent change in the digestive system and beneficiaries are required to maintain a strict adherence to a specific dietary regimen, which may interfere with the operational deployment of active duty service members (ADSMs). Because of this, ADSMs are not allowed to have bariatric surgery and may be separated from the service if they choose to have the procedure. If an ADSM has bariatric surgery without Military Health System authorization—e.g., by using other health insurance carried by a spouse—he or she is permanently non deployable and may be considered for separation. Before gastric bypass or Lap-Band procedures are considered, Tricare encourages beneficiaries to use healthy diets and exercise to prevent obesity. Military personnel, retirees and their families can use the tools provided by Tricare at the Healthy Living Web site at www.Tricare.mil/getfit/ or the Defense Commissary Agency, www.commissaries.com, including dietary advice columns, recipes and information on making healthy food choices. The Department of Agriculture's "MyPyramid" tool at www.mypyramid.gov can help in creating personalized meal and physical activity plans.

Physical activity is important for physical health and weight management. Exercise reduces the risk of cardiovascular disease, diabetes and other diseases. Consistent physical activity is helpful in weight loss and helps prevent regaining the weight. The Centers for Disease Control and Prevention recommends 30 minutes of daily physical activity for adults and 60 minutes for children. Everyday activities provide opportunities for being more active. Visit the CDC Healthy Living Web Page at www.cdc.gov/healthyliving and try a few of these suggestions:

- Walk, cycle, jog, skate, etc., to work, school, the store or place of worship.
- Park the car farther away from your destination.
- Take the stairs instead of the elevator or escalator.
- Use leg power by taking small trips on foot to get your body moving.
- Take fitness breaks by walking or doing desk exercises instead of taking cigarette or coffee breaks.
- Perform gardening or home repair activities.

[Source: Tricare News Release 24 Sep 09 ++]

CENSUS 2010: The census is a count of everyone living in the United States every 10 years. It is mandated by the U.S. Constitution and the next one will be in the summer of 2010. Your participation in the census is required by law. The 2010 Census questionnaire will be one of the shortest in history, consisting of 10 questions. It should take less than 10 minutes to complete and federal law protects the personal information you share during the census. Census data are used to distribute Congressional seats to states, to make decisions about what community services to provide, and to distribute \$400 billion in federal funds to local, state and tribal governments each year. With preliminary work starting on the 2010 Census there are some basic cautionary notes for you to be aware of:

- If a U.S. Census worker knocks on your door, they will have a badge, a handheld device, a Census Bureau canvas bag, and a confidentiality notice. Ask to see their identification and their badge before

RAO BULLETIN 1 October 2009

answering their questions. However, you should never invite anyone you don't know into your home.

- Census workers are currently only knocking on doors to verify address information. Do not give your Social Security number, credit card or banking information to anyone, even if they claim they need it for the U.S. Census.
- While the Census Bureau might ask for basic financial information, such as a salary range, the Census Bureau will not ask for Social Security, bank account, or credit card numbers nor will employees solicit donations. Eventually, Census workers may contact you by telephone, mail, or in person at home.
- The Census Bureau will not contact you by email, so be on the lookout for email scams impersonating the Census. Never click on a link or open any attachments in an email that are supposedly from the U.S. Census Bureau.

[Source: NAUS Weekly Update 25 Sep 09 ++]

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PHILIPPINES U.S. TROOP PROTEST Update 01: The Philippine government on 23 SEP defended its agreement with the United States on visiting forces as "important, useful and relevant" even when majority of senators in the country call for the review of the treaty. Lawmakers and anti-US groups have demanded the scrapping of the pact following reports of alleged overstaying American troops who are aiding the Philippine military in hunting down Al-Qaeda-linked terrorists in Southern Philippines. "The Department of Foreign Affairs (DFA) respects the views of the Senate and will consider the comments and concerns they have expressed on the Philippines-United States Visiting Forces Agreement," the DFA said in a statement. According to the DFA, there were concerns raised that the Presidential Commission on the VFA (VFACOM), which is co-chaired by the Secretary of Foreign Affairs and the Secretary of National Defense, will initiate a review of the VFA. "The VFACOM shall present in due time appropriate recommendations based on the results of the review," the DFA said. In defense of the treaty, the DFA stressed that the VFA, which was signed in 1998, is indispensable to the nation's security. "The Philippines' relationship with the United States in general, and its defense and security cooperation in particular, constitute a strategic partnership that is long-standing and mutually beneficial. With no other country does the Philippines have such deep and diversified ties," it said. The DFA said the accord permits the AFP access to new defense technologies, systems, best practices, models and information that can be adapted to suit Philippine requirements. U.S. military presence in Mindanao, under the auspices of the VFA, has been credited to reducing terrorist threats in the region. The VFA governs the treatment of US servicemen in military units and defense personnel who are in the Philippine territory for short periods for joint military exercises approved by both the Philippine and US governments. It entered into force on 27 MAY 99, eight years after the closure of U.S. military bases in the Philippines in 1991. [Source: The American Legion Online Update 24 Sep 09 ++]

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VA COMBAT VET REFUNDS: Many veterans are eligible for a retroactive refund of co-payments they made for medical services and prescriptions associated with treatments related to their combat experience. The Veterans Health Administration (VHA) is currently reviewing medical records to determine which veterans are eligible for the refunds. The National Defense Authorization Act of 2008

RAO BULLETIN 1 October 2009

(Public Law 110-108) extended the period of enhanced enrollment eligibility and cost-free care for conditions that may be related to combat operations. The law allows any combat veteran, discharged from active duty on or after 28 JAN 03, to be eligible for Priority Group 6 enrollment up to five years after they leave the service. Combat veterans discharged before that date – who did not previously enroll in the VA health-care system – are also eligible for Priority Group 6 enrollment through 27 JAN 11. VHA plans on mailing letters in NOV 09 to veterans affected by the extended eligibility period, informing them they will receive refunds by the end of December. Combat veterans are encouraged to call VA's Health Resources Center toll-free with any questions at (800) 983-0932. [Source: The American Legion Online Update 24 Sep 09 ++]

VA BONUSES Update 04: Voters and veterans won't understand if the Veterans Affairs Department pays big performance and retention bonuses to its workers, members of a House subcommittee said 23 SEP. At a hearing that focused on a VA inspector general investigation into misuse of retention bonuses in the VA's information and technology division and into plans for 2009 senior executive service bonuses, lawmakers urged VA officials to make sure extra pay is kept to a reasonable amount and is paid based on performance directly tied to helping veterans. Deputy VA Secretary W. Scott Gould said revised rules for awarding executive bonuses cap payments at \$30,000, lower than previous years. But even a \$30,000 bonus can seem like a lot to someone who has no job or a low-paying job. "That is more money than a lot of people see in a year," said Rep. Phil Roe, (R-TN), who said he hopes the VA keeps economic conditions in mind as it sets payments. Roe, ranking Republican on the House Veterans Affairs subcommittee on oversight and investigations, said there are counties in his congressional district with an unemployment rate of 17% and where "we are shedding jobs like a dog sheds hair." Gould said new procedures are in place to make certain performance bonuses are earned, and agreed that the overall economic state of the country needs to be considered. "This is a time when we need to be sensitive to that," he said, while continuing to defend the idea of paying performance bonuses to top executives who do not receive annual pay raises. [Source: NavyTimes Rick Maze article 23 Sep 09 ++]

VA VISION CARE Update 03: A Veterans Administration probe that found eight veterans suffered potentially preventable vision loss while under the care of optometrists at a Northern California VA facility is prompting medical groups to call for a state investigation. The groups sent a petition Wednesday to the California Department of Consumer Affairs seeking an evaluation of the care received by the veterans at VA Palo Alto. The patients had glaucoma, a class of eye diseases that can lead to blindness. The California Medical Association, California Academy of Eye Physicians & Surgeons and American Glaucoma Society want the state to suspend a new state law set to take effect in January that would expand optometrists' ability to care for glaucoma patients. It's the latest salvo in an ongoing dispute between optometrists, who have four years of training, and ophthalmologists, who are medical doctors, over who should be allowed to treat the disease. "This illustrates what can happen when people who aren't qualified treat glaucoma," said James Ruben, a pediatric ophthalmologist who is president of the Academy of Eye Physicians & Surgeons. The Department of Consumer Affairs has

RAO BULLETIN 1 October 2009

received the petition and has 30 days to respond, spokesman Russ Heimerich said.

The VA Palo Alto Health Care System conducted an internal probe after physicians discovered in January that a 62-year-old male patient treated at the optometry unit suffered severe damage to his eyesight due to poorly controlled glaucoma. During the next three months, officials reviewed the records of all the patients at the optometry clinic. They found that, contrary to policy, 381 patients had been treated by optometrists alone, without support from an ophthalmologist. Of those, 23 were identified with progressive vision loss, and 87 were deemed to be at high risk for losing eyesight. Investigators found that the vision loss of eight veterans might have been mitigated if they had been seen by an ophthalmologist, said Stephen Ezeji-Okoye, deputy chief of staff at VA Palo Alto, who took part in the probe. The optometrists appeared to have been practicing beyond their scope, in violation of VA policy, he said. VA Palo Alto officials moved quickly to contact the patients, inform them of the problem and let them know their legal options, Ezeji-Okoye said. Hospital guidelines have since been rewritten to ensure that optometrists and ophthalmologists work closely together.

Three patients sued. One settled for \$87,000, and two other claims are pending. "It appears to be a wholesale failure internally at the VA, and it's sad because these individuals have lost eyesight in a situation where it could have been prevented," said Kim David Staskus, an attorney representing the veterans. The hospital also removed the chief of optometry, Curtis Keswick, from his administrative and clinical duties. Keswick, who has since retired, did not return phone and e-mail messages seeking comment. Another optometrist was removed from clinical duties pending a review by the VA's Human Resources and Regional Counsel.

Ezeji-Okoye said the best glaucoma care relies on both types of providers — the optometrist in the early screening and the ophthalmologists to further treat the complex disease. The medical groups calling for an outside investigation are citing the VA cases as examples of what can go wrong if optometrists' scope is expanded. The law's intent was to make it easier for patients in poor and rural areas to get the care they need, since optometrists are more widely available and generally less expensive to see than ophthalmologists. The California State Board of Optometry hopes to enact new guidelines for certifying optometrists to treat glaucoma by January. California already has certified 475 of the state's 7,000 licensed optometrists to treat glaucoma. Most of those certified are post-2008 graduates. The new law would allow other optometrists to seek certification. Mona Maggio, executive officer of the California State Board of Optometry, said she knew of no problems resulting from certified optometrists treating patients. She noted the optometrists at the VA facility were not certified. Many medical doctors are protesting the expanded role of optometrists, saying the new training guidelines don't give the doctors enough direct contact with patients. "Glaucoma is a very difficult disease to diagnose and manage," Ruben said. "We had to draw a line in the sand and say if you're going to treat glaucoma, you've got to have proper training." [Source: MarineCorpsTimes AP Juliana Barbassa article 23 Sep 09 ++]

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MEDICAID FRAUD: The former owner of a Manhattan pharmacy has been sentenced in Manhattan federal court to 78 months in prison. Yefry Burgos was also ordered to pay \$3,024,822 in restitution to the New York State Medicaid Program. Burgos pleaded guilty on 23 MAR to health care fraud for

RAO BULLETIN 1 October 2009

orchestrating a scheme to bill Medicaid for millions of dollars in medications that were not actually dispensed to Medicaid beneficiaries. Burgos, 33, of The Bronx, owned Coral Pharmacy, a now-defunct pharmacy located at 4126 Broadway in Manhattan. Between DEC 06 and JAN 08, Burgos was involved in a fraudulent scheme to bill Medicaid for prescription medications that were never dispensed. Burgos and Coral Pharmacy's manager, Lourdes Bastardo, purchased drug prescriptions from Medicaid beneficiaries for a fraction of the amount the Medicaid Program would reimburse to the pharmacy. To execute the scheme, Burgos visited banks where Coral Pharmacy maintained its accounts to withdraw, on approximately a daily basis, thousands of dollars in cash — delivering a substantial portion to Bastardo to buy the prescriptions. The pharmacy then submitted reimbursement claims to Medicaid for the full value of the drugs it falsely claimed were provided to Medicaid beneficiaries. Through this scheme, Burgos and Coral Pharmacy obtained the full value of the Medicaid reimbursement for the drug prescriptions, pocketing the difference between the reimbursement and the cash that they paid to the beneficiaries, prosecutors said. In sentencing Burgos, Judge William Pauley stated that the defendant was “a poster child for part of the problem with the health care system,” and “a predator who needed to be curbed. In addition to the prison term and forfeiture, the Judge sentenced Burgos to three years' supervised release. He was remanded to the custody of the U.S. Marshals. Bastardo, 55, of Galloway City, NJ, pleaded guilty to health care fraud on 11 SEP before Magistrate Judge Kevin Nathaniel Fox and is awaiting sentencing by Judge Pauley. [Source: North County Gazette article 23 Sep 09 ++]

MEDICARE FRAUD Update 23: A health care provider has pleaded guilty to taking part in a scheme to defraud the federal Medicare program out of \$18.4 million. The Department of Justice says in a statement that Suresh Chand of Detroit MI pleaded guilty in U.S. District Court to one count of conspiracy to commit health care fraud and one count of conspiracy to launder money. The statement says Chand operated four companies TriStar Rehab Services in Centerline; S.U.B. Rehabilitation and Physical Therapy Center Inc. in Dearborn; Continental Rehab Services Inc. in Warren; and Pacific Management Services Inc., also in Warren that purportedly provided physical and occupational therapy services between 2003 and 2007. It says he and others submitted claims to Medicare for therapy services that were never provided, and paid kickbacks to people for use of their Medicare numbers. Chand, a 44-year-old Oakland County resident, faces up to 30 years in prison and a \$750,000 fine when he is sentenced 13 JAN 10. [Source: Chicago Tribune AP article 29 Sep 09 ++].

HALL OF VALOR: On 9 SEP 09 MilitaryTimes updated its Hall of Valor website www.militarytimes.com/citations-medals-awards. The database now contains 26,142 valor award citations. Users can access individual veteran's citations and read or print the citation by the recipient's name, branch of service, or conflict. If a recipients complete name is unknown you can also search by whatever you have. The following Valor awards plus a picture of each are covered by this site:

- Medal of Honor. Presented by the President in the name of Congress, the Medal of Honor is the highest honor that can be bestowed upon any American. 3,468 citations available out of 3,468 ever

RAO BULLETIN 1 October 2009

awarded.

- Distinguished Service Cross. The DSC is our Nation's second highest award for military valor, behind only the Medal of Honor. The Distinguished Service Cross was established in 1918 to honor heroism of the highest degree that did not quite merit the Medal of Honor. The Navy Cross (Navy, Marines & Coast Guard) and the Air Force Cross all join the DSC as our Nation's second highest military award. 9,826 citations available out of 13,452 ever awarded.
- Navy Cross. Authorized 4 FEB 19, the Navy Cross was the Navy's third highest award for combat heroism and other distinguished services. On 7 AUG 42, Congress made the Navy Cross a combat only decoration with precedence over the Distinguished Service Medal, making it the Navy's second highest award ranking below only the Medal of Honor. It shares its position with the Army's Distinguished Service Cross and the Air Force Cross. 6,633 citations available out of 6,932 ever awarded.
- Air Force Cross. The Air Force Cross was established in 1960 to honor heroism of the highest degree that did not merit the Medal of Honor. Previously airmen of the Army Air Corps were awarded the Distinguished Service Cross for such actions. The medal became an exclusive award of the United States Air Force to replace the Army award for members of their own branch of service. The Navy Cross and the Distinguished Service Cross all join the Air Force Cross as the second highest U.S. military award. 194 citations available out of 194 ever awarded.
- Silver Star. The Silver Star is the third highest U.S. combat-only award. Established in 1918 as the Citation Star, in 1932 a provision allowed servicemen to receive it retroactively. It has been awarded for actions as far back as the Spanish-American War. 5,467 citations available out of 89,712 ever awarded.
- Distinguished Flying Cross. Awarded to U.S. and Foreign military personnel and civilians who have displayed extraordinary heroism while engaged in action against an enemy of the United States, in military operations involving conflict with a foreign force, or while serving with a friendly nation engaged in armed conflict against a force in which the United States is not a belligerent party. 8 citations available
- Bronze Star. Authorized on 4 FEB 44, the Bronze Star Medal is awarded to members of all branches of military service. The medal may be awarded either for meritorious service or for combat actions, in which case the "V" device is attached. 25 citations available.
- Marine Corps Brevet Medal. The Brevet Medal was considered to be the equivalent of the Navy Cross, although in precedence it ranked just behind the Medal of Honor since those receiving it had received field commissions as Marine Corps officers, under combat conditions, and had performed feats of distinction and gallant service. In 1940, the medal was declared obsolete, since the concept of brevet commissions was phased out of the United States military to be replaced by temporary and field commissions. 23 citations available out of 23 ever awarded.
- Defense Distinguished Service Medal. Established in 1970, the Defense Distinguished Service Medal is awarded by the Secretary of Defense for exceptionally meritorious service to the U.S. while assigned to a Joint Services Activity in a position of great responsibility. 4 citations available out of 263 ever awarded.
- Army Distinguished Service Medal. The ADSM is awarded for exceptionally meritorious service to the Government in a duty of great responsibility. 2,181 citations available out of 4,993 ever awarded.
- Navy Distinguished Service Medal. The NDSM is awarded for exceptionally meritorious service to the Government in a duty of great responsibility. 458 citations available out of 704 ever awarded.
- Air Force Distinguished Service Medal. Air Force Distinguished Service Medal is awarded for

RAO BULLETIN 1 October 2009

exceptionally meritorious service to the Government in a duty of great responsibility. 28 citations available out of 775 ever awarded.

- Legion of Merit. Authorized in 1942, the Legion of Merit was the first U.S. decoration created specifically to honor citizens of other nations' service to the United States. The medal is awarded to members of the United Nations Armed Forces for exceptionally meritorious conduct in the performance of outstanding service to the United States. 3 citations available.
- Soldier's Medal. The Soldier's Medal was established in 1926 and denotes acts of heroism in a non-combat situation. It is awarded for heroic actions on behalf of fellow soldiers or civilians. 2 citations available.
- Navy and Marine Corps Medal. The Navy and Marine Corps Medal was established by an act of Congress on 7 AUG 42. The decoration may be awarded to service members who, while serving in any capacity with the Navy or Marine Corps, distinguish themselves by heroism not involving actual conflict with an enemy. 2 citations available.
- Airman's Medal. Established in 1960, the Airman's Medal holds the same level of prominence as the Soldier's Medal and the Navy and Marine Corps Medal. It is awarded for heroic actions in a non-combat situation or setting. 7 citations available.
- Air Medal. For meritorious achievement while participating in aerial flight or for a single act of heroism against an armed enemy. Established in 1942, the Air Medal is awarded for meritorious achievement in aerial operations, for heroic acts in aerial operations against an armed enemy, or for merit in operational activities. During the Vietnam War, for instance, a single award of the Air Medal denoted participation by ground troops in a requisite number of "Combat Air Assaults". 2 citations available.
- Army Commendation Medal. The Commendation Medal is awarded by local commanders, requiring the signature of an officer in the grade of O-6, allowing for a broad interpretation of the criteria for which the medal may be awarded. 2 citations available

[Source: www.MilitaryTimes.com Sep 09 ++]

MEDICARE RATES 2010 Update 01: The House on 24 SEP passed the "Medicare Premium Fairness Act" (H.R.3631) that would prevent Medicare premiums from rising sharply for about 11 million senior citizens. The vote was 406-18. The legislation would block a big increase in Medicare Part B premiums for the affected seniors, who account for about 27% of those enrolled in the health insurance program for the elderly and disabled. They are in jeopardy of a steep increase in their monthly premiums because of complexities in federal law and the likelihood that Social Security recipients won't get a bump in their benefits next year to cover the cost of the premium increase. Politically, the legislation would spare Democrats from having Medicare premiums climb sharply for new enrollees and seniors with incomes above \$85,000 (\$170,000 for couples) as they put together an overhaul of the health care system that has some seniors deeply worried. A "hold harmless" provision in federal law will shield the other 73% of Medicare beneficiaries from having to pay the Part B premium increase if there is no increase in their Social Security benefits. The Senate is expected to act on the premium bill soon. The bill would cost \$2.8 billion and would be offset by reducing the Medicare Improvement Fund, which the Health and Human Services Department uses to make improvements to Medicare Part A and Part B. [Source: CQ Today Midday Update 24 Sep 09 ++]

RAO BULLETIN 1 October 2009

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TFL & MEDICARE: If you are Medicare eligible or 65 years of age or older, and you want Tricare for Life (TFL) overseas to pay for your healthcare costs, you MUST enroll in Medicare Part B. If you do not, you will lose your TFL coverage and benefits! Medicare will not pay for healthcare services overseas, but TFL does pay for services. However, if you are not enrolled in Medicare Part B, TFL will not pay for your healthcare costs. If you are 65 years of age or older but not eligible for Medicare you may still be eligible for TFL. Contact the Social Security Administration and apply for Medicare eligibility. If you are denied, send the Letter of Denial to the DEERS Office by calling the DSO Telephone Center at 1-800-538-9552 or for the hearing impaired (TTY/TDD): 1-866-363-2883. You may also visit Tricare's DEERS web site, www.Tricare.mil/deers. For information about Medicare Part B, beneficiaries may visit the Social Security Administration web site, www.ssa.gov, or call 1-800-772-1213. Beneficiaries may also visit the Medicare web site, www.medicare.gov. Those residing in the Pacific area having questions, can also contact the Tricare Area Office Pacific (TAOP) office.

TFL is available to all Tricare and Medicare dual-eligible Uniformed Services beneficiaries, regardless of age, including retired members of the National Guard and Reserve who are in receipt of retired pay, family members, widows/widowers and certain former spouses. Dependent parents and parents-in-law are not eligible for TFL. Uniformed Services beneficiaries entitled to Medicare Part A are required by law to have Medicare Part B coverage to retain their Tricare benefits with one exception. Active duty family members entitled to Medicare Part A are not required to purchase Medicare Part B coverage. When the active duty service member retires, family members must have Medicare Part B coverage in place upon the date of retirement to avoid loss of Tricare benefits. There are no enrollment fees for TFL. Eligible Medicare-Tricare beneficiaries must pay Medicare Part B premiums if other than active duty family member. TFL beneficiaries may receive care in MTFs on a space-available basis.

The Department of Defense (DoD) encourages beneficiaries to purchase Medicare Part B when they are first eligible. Although beneficiaries may delay Medicare Part B sign up to eight months in certain circumstances, they will not be covered by Tricare until Part B coverage begins. Beneficiaries that do not sign up for Medicare Part B when first eligible will pay a 10% surcharge for each 12-month period that they delayed signing up. Beneficiaries should confirm that their Medicare status is current in the Defense Eligibility and Enrollment Reporting System (DEERS) by calling the DSO Telephone Center at 1-800-538-9552 or for the hearing impaired (TTY/TDD): 1-866-363-2883. Beneficiaries may visit Tricare's DEERS web site, www.Tricare.mil/deers to learn how to update their personal information. Beneficiaries are signed up for Medicare Part B during their initial enrollment period which begins three months before the month the beneficiary turns 65 and ends three months after the month beneficiaries turn 65. NOTE: Although the eligibility age for full Social Security benefits is changing, the eligibility age for Medicare is not.

Beneficiaries who do not sign up for Medicare Part B when first eligible may sign up for Part B during the general enrollment period that occurs 1 JAN through 31 MAR of each year. When beneficiaries enroll in Part B during the general enrollment period, Part B and TFL coverage begin 1 JUL of that year. Beneficiaries with group health plan coverage based on their current employment or that of a

RAO BULLETIN 1 October 2009

family member are not required by Medicare to sign up for Part B. They may sign up for Medicare Part B without paying the surcharge for late enrollment as long as they were covered by an employer group health plan or they may delay signing up for up to eight months after employment or health plan coverage ends, whichever comes first. Although Medicare does not require beneficiaries with group health coverage to sign up for Part B, you must purchase Part B to maintain your Tricare eligibility.

In the United States, for healthcare services received from a provider that accepts Medicare, the provider first files claims with Medicare. Medicare pays its portion and electronically forwards the claim to Wisconsin Physicians Services (WPS), the TFL claims processor. TFL sends its payment for Medicare-covered services directly to the provider. Beneficiaries receive a Medicare summary notice from Medicare and TFL explanation of benefits (EOB) from the TFL contractor indicating the amounts paid.

- For Medicare and Tricare covered services, Medicare pays first and the remaining beneficiary liability may be paid by TFL.
- For services covered by Tricare but not by Medicare, TFL pays first and Medicare pays nothing. Beneficiaries are responsible for the Tricare fiscal year deductible and cost shares.
- For services covered by Medicare but not Tricare, Medicare is the first payer and TFL pays nothing. Beneficiaries are responsible for Medicare deductibles and coinsurance.
- For services not covered by Medicare or TFL, Medicare and TFL pay nothing. Beneficiaries are responsible for the entire bill.

Beneficiaries with Other Health Insurance (OHI), such as Medicare supplement or employer-sponsored medical coverage, may use TFL. By law, Tricare pays claims only after all other OHIs have paid. Typically, after Medicare process a claim (either approving or denying it) the claim is automatically forwarded to the beneficiaries OHI. Once the OHI process the claim, the beneficiary will then need to file a paper claim with Tricare for any out-of-pocket expenses. Tricare may reimburse the beneficiary if the services provided are covered by Tricare. Paper claims must be submitted to WPS using a DD Form 2642, www.Tricare.mil/claims/dd_2642, along with a copy of the provider's itemized bill, the Medicare summary notice and the EOBs from all OHIs. TFL claims must be filed within one year from the date the care was received. For claims status, information and OHI updates, beneficiaries may:

- Call WPS TFL Beneficiary Services at 1-866-773-0404 (TDD users should call 1-866-773-0405).
- Contact a local Beneficiary Counseling and Assistance Coordinator by using the locator at www.Tricare.mil/bcaacdao.
- Log on and create an account at www.Tricare4u.com.

Eligible beneficiaries living overseas may use Tricare Overseas Program (TOP) TFL as long as they are entitled to Medicare Part A and Part B. TOP TFL coverage is the same as Tricare Standard. Medicare does not typically provide health care coverage overseas; therefore, TOP TFL will be the primary payer and the beneficiary will be responsible for the Tricare fiscal year deductible and cost shares. However, Medicare does pay for health care services received in U.S. territories (Guam, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands and, for purposes of services rendered onboard ship, in the territorial waters adjoining the land areas of the United States). In these locations, TOP TFL acts as the second payer after Medicare, just as with the stateside TFL program.

RAO BULLETIN 1 October 2009

If beneficiaries get medical care from a provider that accepts Medicare in one the U.S. territories, their provider may file the claim with Medicare. Medicare then processes the claim and forwards the claim to Tricare for payment of the remaining amount. Tricare automatically sends payment to the beneficiary's provider. No action is required by beneficiaries. They will get a Medicare summary notice from Medicare and an EOB from WPS indicating the amounts Medicare and Tricare paid. When seeking reimbursement for care received in locations not covered by Medicare, beneficiaries must file their own claim(s). Paper claims are submitted to the Tricare Overseas claims processor using a DD Form 2642, along with a copy of the provider's itemized bill and any EOBs from all OHIs; no Medicare summary notice is required. The TOP TFL claims filing address is: Tricare Overseas, P.O. Box 7985, Madison, WI 53707-7985. For more information on processing overseas claims, beneficiaries may use the following resources:

- The Tricare Overseas claims processor, www.Tricare.mil/overseas .
- A local Tricare Service Center (TSC).
- A Beneficiary Counselor and Assistance Coordinator (BCAC).
- Tricare Claims tracking web site, www.Tricare4u.com .

Unlike Medicare Parts A and B, purchase of a Medicare Part D prescription drug plan is not required to retain Tricare eligibility. For the most up-to-date information on Medicare prescription drug coverage, beneficiaries may refer to the Medicare Part D web site www.Tricare.mil/medicarepartd. For More Information beneficiaries can contact the TFL contractor, WPS/TFL, by calling 1-866-773-0404 or by mail sent to: WPS TFL, P.O. Box 7890, Madison, WI 53707-7890. Beneficiaries may also visit Tricare's TFL web site, www.Tricare.mil/tfl or the TFL contractor web site, www.Tricare4u.com.
[Source: Tricare Pacific notice Sep 09 ++]

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VA DISABLED VET BENEFITS: The Department of Veterans Affairs (VA) provides a range of benefits for veterans. However, certain benefits have specifically been created to assist disabled veterans:

- Disability compensation provides a monthly cash benefit to veterans whose disabilities resulted from injury or disease contracted in or aggravated by military service. The amount is based on the level disability.
- The Vocational Rehabilitation and Employment (VR&E) program is designed to help veterans with service-connected disabilities prepare for, find, and keep suitable jobs. Assistance is also available to help veterans with living skills.
- Automobile and special adaptive equipment grants are available to certain disabled veterans and servicemembers to purchase new or used automobiles (or other conveyances) to accommodate a disability.
- Clothing allowances are designed for certain veterans entitled to receive compensation for a service-connected disability for which he or she uses a prosthetic or orthopedic device.
- Housing grants are provided for constructing an adapted home or modifying an existing home to meet the adaptive needs of certain veterans and servicemembers. There are three grant programs available for permanent residences, and two of the three grant programs are also available for temporary residences.

RAO BULLETIN 1 October 2009

- Service Disabled Veterans' Insurance (S-DVI) is life insurance for veterans who have received a service-connected disability rating by the VA.

The Congressional Research Service has published a report on these benefits which covers eligibility, legislative history, and the application process. The report titled "Veterans' Benefits: Benefits Available for Disabled Veterans" is available for review at http://209.85.48.22/9056/110/0/p1012284/CQcrs_VetsBens4DisabledVets.pdf. A copy of the report can also be seen as an attachment to this Bulletin. This report will be updated as new information becomes available. [Source: CRS Christine Scott/ Carol Davis report 31 Jul 09 ++]

GI BILL Update 56: VA has announced the Montgomery GI Bill payment rates for the 2009-2010 academic year. On 1 OCT the rates for a full time student will be increased to \$1,368 per month from \$1,321 a month. VA has also updated the Tuition and Fee rates for Students attending school in Massachusetts. They will now get up to \$330 per credit hour, which is an increase from \$71. [Source: NAUS Weekly Update 18 Sep 09 ++]

GI BILL Update 57: The Department of Veterans Affairs (VA) announced 23 SEP that it has provided certificates of eligibility to nearly 200,000 applicants for the new Post-9/11 GI Bill. Over 61,000 payments totaling over \$50 million to schools and students have been issued since the 1 AUG 09, implementation of the new program. The Post-9/11 GI Bill authorizes the most extensive educational assistance opportunity since the passage of the original GI Bill in 1944. The maximum benefit allows every eligible Veteran, Servicemember, Reservist, and National Guard member an opportunity to receive an in-state, undergraduate education at a public institution at no cost. Since VA began accepting Veterans' applications on 1 MAY 09 and school enrollment certifications on 6 JUL 09, approximately 277,000 applications for eligibility determinations and/or school enrollment certifications have been received for the Post-9/11 GI Bill. During this same period, VA received over 603,000 applications for other education benefit programs, such as the Montgomery GI Bill; processed more than 503,000 of those applications; and authorized payments to students totaling over \$1 billion.

VA's current average claims processing time for Post-9/11 GI Bill claims is 35 days. This number temporarily increases during the fall term as most Veterans begin their school year. Moving forward, VA's goal is to process Veterans' initial claims in less than 25 days and re-enrollments in subsequent terms in an average of 10 days. VA has over 900 personnel processing education claims. To address the large fall enrollment workload, employees are working overtime, and VA has rehired retired claims processors to provide additional processing support. VA also contacted schools directly to address questions or concerns about the new program, and sent letters to schools to keep them updated on VA's progress in implementing the new program. Post-9/11 GI Bill students should be aware that a full housing allowance payment will not be issued until after the first full month of enrollment. Students beginning school in August will receive a pro-rated housing payment in September, and a full payment beginning 1 OCT 09. Additional information about VA education benefits can be found at

RAO BULLETIN 1 October 2009

<http://www.gibill.va.gov/> or by calling 1-888-GIBILL-1, where over 100 call agents are standing by to assist Veterans' with their questions and concerns. [Source: VA News Release 23 Aug 09 ++]

GI BILL Update 58: Mandatory overtime has been ordered for Veterans Affairs Department claims processors working on Post-9/11 GI Bill certifications as the VA digs out from an avalanche of more 277,000 claims. More people also have been added to answer the VA's GI Bill hotline, which students complain often has a wait of an hour or longer. Keith Wilson, chief of the VA's education service, said he knows delayed tuition payments to schools and late book and living allowances for students have left many veterans disappointed and some very angry. "We are doing everything we can," Wilson said. He cautioned, however, that things may get worse before they get better. VA is taking an average of 34 days to process a claim, with about 2,300 to 2,400 claims being completed each day. As requests for eligibility certification from veterans and separate enrollment certifications from institutions continue to be filed, the time to process claims may temporarily increase. While more than 277,000 Post-9/11 GI Bill claims have been received, most are requests to certify eligibility of a service member, veteran, or the spouse or child of a service member. Only about 28,000 enrollment certifications have been filed for students actually attending school. Wilson said he does not know if there is a backlog of enrollment certifications sitting at institutions of higher learning that might account for the big difference. "If anyone is holding on to enrollment certs, I hope they send them forward right away," he said.

"Progress is being made on claims, despite what students and schools might think", Wilson said. Of the 277,000 claims received so far, VA has processed 205,000. That includes payments for living stipends and book allowances to about 13,000 veterans and tuition payments covering about 20,000 students, he said. However, the U.S. government has failed to send promised college tuition checks to tens of thousands of veterans of the Iraq and Afghanistan wars before they returned to school this fall, even after being warned that it was inadequately staffed for the job. The Veterans Affairs Department blamed a backlog of claims filed for GI Bill education benefits that has left veterans who counted on the money for tuition and books scrambling to make ends meet. Many are depleting their savings and borrowing money from his parents to make up for thousands of dollars the government promised. Fewer than 11% of the veterans have received the funding. Housing payments issued at the end of the month are intended to cover the previous month's costs," so vets "are not due money for SEP housing costs until 1 OCT. That day we find out just how serious this problem is.

According to the Iraq and Afghanistan Veterans of America (IAVA) it has been contacted by thousands of veterans who have not received their benefits and that they are forced to take out loans or pay the money out of their pockets. "This is absolutely unacceptable," the group said. "The men and women who so courageously served our country in Iraq and Afghanistan deserve better." Paul Rieckhoff, executive director of IAVA says that more people are needed to cut through this bureaucracy. Wilson said, "Taking into account the complexity of this bill, we've done about as well as could have been done," although that "doesn't alleviate our concern that we're not meeting everybody's expectations. Back in March, the VA's inspector general warned that the agency didn't have enough manpower to launch the new GI Bill. The late-payments episode is the latest in a string of embarrassing cases of VA

RAO BULLETIN 1 October 2009

failures for the nation's veterans. Earlier this year, it was discovered that three VA medical centers failed to properly sterilize endoscopes." More recently, the agency sent letters to 600 veterans erroneously telling them they had been diagnosed with Lou Gehrig's disease. And last year, the VA was embroiled in numerous scandals involving tests and medical experiments on veterans in which officials failed to follow certain standards. [Source: Various 25 Sep 09 ++]

GI BILL Update 59: Secretary of Veterans Affairs Eric K. Shinseki announced the Department of Veterans Affairs (VA) has authorized checks for up to \$3,000 to be given to students who have applied for educational benefits and who have not yet received their government payment. The checks will be distributed to eligible students at VA regional benefits offices across the country starting 2 OCT 09. "Students should be focusing on their studies, not worrying about financial difficulties," Secretary Shinseki said. "Education creates life-expanding opportunities for our Veterans." Starting Friday, 2 OCT, students can go to one of VA's 57 regional benefit offices with a photo ID and a course schedule to request advance payment of their education benefits. Because not all these offices are located near students, VA expects to send representatives to schools with large Veteran-student bodies and work with Veteran Service Organizations to help students with transportation needs. A list of those VA regional offices is available at www.vba.va.gov/VBA/benefits/offices.asp. "I'm asking our people to get out their road maps and determine how we can reach the largest number of college students who can't reach us," VA's Under Secretary for Benefits Patrick Dunne said. "Not everyone has a car. Not everyone can walk to a VA benefits office." Although VA does not know how many students will request emergency funds, it has approximately 25,000 claims pending that may result in payments to students. The funds VA will give to students now are advance payments of the earned benefits for education benefits. This money will be deducted from future education payments. VA officials said students should know that after this special payment, they can expect to receive education payments on the normal schedule -- the beginning of the month following the period for which they are reimbursed. "This is an extraordinary action we're taking," said Shinseki. "But it's necessary because we recognize the hardships some of our Veterans face." More than 27,500 students have already received benefits for housing or books under the new Post-9/11 GI Bill, or their schools received their tuition payments. [Source: VA News Release 25 Sep 09 ++]

VA EDUCATION WORKLOAD: Following is a breakdown as of the Veterans Benefit Administration's (VBA) current workload, claim status, and associated processing times in providing Education benefits to veterans:

Post-9/11 GI Bill Workload

- VA has received 277,403 claims for Post-9/11 GI Bill benefits (249,668 eligibility determinations and 27,735 enrollment certifications). Eligibility determinations often also contain an enrollment certification that is processed simultaneously.
- VA has completed action on nearly 205,074 of those claims (189,597 eligibility determinations (and simultaneous enrollment certifications) and 15,477 enrollment certifications).

RAO BULLETIN 1 October 2009

- On average, it takes approximately 34 days to process a claim for Post-9/11 GI Bill education benefits.
- The time to process claims may increase temporarily (as it does each year) as incoming claims related to fall enrollment increase during September and October.
- Schools have been informed to continue submitting enrollment certifications in a timely manner.
- VA Currently has 72,329 claims pending for Post-9/11 GI Bill benefits (60,071 eligibility determinations and 12,258 enrollment certifications).

Total Education Workload

- VA has received 603,656 Non-Chapter 33 education claims (106,219 eligibility determinations and 497,437 enrollment certifications). Eligibility determinations often also contain an enrollment certification that is processed simultaneously.
- VA has completed action on 503,323 of those claims (65,170 eligibility determinations (and simultaneous enrollment certifications) and 438,153 enrollment certifications).
- VA currently has 172,662 total education claims pending (101,120 eligibility determinations and 71,542 enrollment certifications) for all VA education benefits including the Post-9/11 GI Bill, the Montgomery GI Bill, the Reserve Education Assistance Program, and Dependents Education Assistance. Eligibility determinations may also contain an enrollment certification that is processed simultaneously.
- On average, it takes approximately 35 days to process a claim for Montgomery GI Bill education benefits.
- The time to process claims may increase temporarily (as it does each year) as incoming claims related to fall enrollment increase during September and October.

Other Statistics of Interest

- As of 16 SEP 09, approximately 33,000 payments totaling nearly \$16 million dollars were paid to chapter 33 participants (for both books and supplies and housing allowance)
 - As of 16 SEP 09, over 20,000 payments for tuition and fees were paid to schools, totaling over \$36 million.
 - As of 31 AUG 09, approximately 13,000 veterans have received payments for chapter 33.
 - As of 31 AUG 09 VA has authorized payment of \$997 Million in non-Chap 33 education benefits.
 - Total education claims received: 881, 059.
 - Total payments as of 16 SEP 09 for post 9/11: 52 million
- [Source: VA News Release 23 Aug 09 ++]

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STATE VET ORGANIZATION SUPPORT: The AP reported 23 SEP that, "Michigan is poised to slash aid to groups that help military veterans get disability and pension benefits." On 22 SEP, a "legislative conference committee voted...to cut \$1 million, or 25%, of funding for the American Legion and other veterans' service organizations in the state budget that starts 1 OCT 09. The groups help veterans file claims and navigate a maze of paperwork" and Federal bureaucracy. Advocates are not surprised by the reduction because Gov. Jennifer Granholm already had cut \$1 million in the fiscal year that ends next week." [Source: AP article 23 Sep 09 ++]

RAO BULLETIN 1 October 2009

REFERRAL BONUS Update 05: A couple of years ago, Congress passed the law which allowed the services to pay military members a \$2,000 bonus for referring recruits for enlistment. This was billed as a "test program," and only the Army chose to implement it. Under previous law, the program is set to expire on 30 SEP 09. The House version H.R.2647 of the National Defense Authorization Act presently being decided on in conference committee would extend the program for three more years. The Senate version S.1390 includes a provision to extend the program for one year. At this time, it looks like the Senate version will be passed into law. [Source: About.com: U.S. Military Rod Powers article 19 Sep 09 ++]

PENNSYLVANIA VETERANS' HOMES Update 01: A Pennsylvania newspaper reported 19 SEP that an inspection at the Delaware Valley Veterans Home in Philadelphia last year found conditions endangering the welfare of residents. Inspectors found dried blood and feeding tubes on the floors, and one patient's leg had to be amputated after maggots were seen falling from his foot, the Pittsburgh Tribune-Review said, citing a report obtained through a federal Freedom of Information Act request. The report by the Wisconsin-based Long Term Care Institute concluded that the facility, the bed count of which has been cut from 240 to 120, "failed to provide a sanitary and safe environment for their residents." It cites substandard treatment of wound care and multiple concerns regarding nursing competencies. There was a significant failure to promote and protect their residents' rights to autonomy and to be treated with respect and dignity," the report concluded. VA spokesman Dale Warman told the paper in an e-mail that many steps had been taken to improve care. A corrective action plan updated on 29 JUN including the hiring of consultants and additional staff and remedial training and retraining programs for staff, officials said.

The report said no action was taken on one unnamed veteran, even though his toes had turned black, until maggots were observed falling out of the resident's foot, at which point an amputation was ordered. One inspector reported seeing a nurse use the wrong medication despite a week-old order from a physician changing the prescription, the report said. Some patients had substantial weight loss, including one veteran who lost 51 pounds for unknown reasons. "The potential for dehydration for these residents presents immediate jeopardy," the report said. An internal investigation was triggered three months before the report was issued when David Allen, 56, a mute and disabled Vietnam veteran, choked to death on solid food although he was supposed to be on a soft-food diet. His death was not mentioned in the report, but the VA said in a statement that the contracts of two agency nurses were terminated and other staff members were given additional training on swallowing difficulties "as well as the effects of behavioral medications." [Source: MarineCorpsTimes AP article 19 Sep 09 ++]

SWINE FLU Update 01: Research suggests the H1N1 virus can still spread many days after a fever goes away. When the coughing stops is probably a better sign of when a swine flu patient is no longer

RAO BULLETIN 1 October 2009

contagious. The federal Centers for Disease Control and Prevention has been telling people to stay home from work and school and avoid contact with others until a day after their fever breaks. New research suggests they may need to be careful for longer — especially at home where the risk of spreading the germ is highest. Swine flu also appears to be contagious longer than ordinary seasonal flu, several experts said. Gaston De Serres, a scientist at the Institute of Public Health in Quebec presented one of the studies 14 SEP at an American Society for Microbiology conference. He said, "This study shows you're not contagious for a day or two. You're probably contagious for about a week," The conference was the first big meeting of infectious disease experts since last spring's emergence of swine flu, which now accounts for nearly all of the flu cases in the United States. More than 1 million Americans have been infected and nearly 600 have died from it, the CDC estimates.

It is unclear whether the new research will lead the CDC to rethink its advice on how long people with swine flu should hole up. Long breaks from school and work do not seem worth it for a virus that now seems to cause mostly mild illness, said the CDC's flu chief, Nancy Cox. Swine flu is spreading so widely now that confining the sick does less good, she said. "We tried to have our guidance balance out all of these factors," she said. "It's just virtually impossible not to have virus introduced into settings such as schools and universities." Doctors know that people can spread ordinary seasonal flu for a couple of days before and after symptoms start by studying virus that patients shed in mucus. The first such studies of swine flu are just coming out now, and they imply a longer contagious period for the novel bug. "It's probably realistic that this virus sheds much longer than seasonal flu," said Dr. Jonathan McCullers, an infectious diseases specialist at St. Jude Children's Research Hospital in Memphis, Tenn. Three reports suggest this is so:

- De Serres and other researchers in Canada took nose and throat swabs from 43 patients with lab-confirmed flu and dozens of other sick family members. On the eighth day after symptoms first appeared, 19 to 75% showed signs of virus remaining in their noses, depending on the type of test used. "This proportion appears to be very big, and it is," but it's not clear how much virus is needed to actually spread flu, so the lower number is more reliable, he said.
- Dr. David C. Lye reported on 70 patients treated at Tan Tock Seng Hospital in Singapore. Using a very sensitive test to detect virus in the nose or throat, he found that 80% had it five days after symptoms began, and 40% seven days after. Some still harbored virus as long as 16 days later. How soon they started on antiviral medicines such as Tamiflu made a difference in how much virus was found, but not whether virus was present at all.
- Dr. Guillermo Ruiz-Palacios of the National Institutes of Medical Science and Nutrition in Mexico, where the first cases of swine flu were detected, noted infected people "shed the virus for a very, very long time," often for more than a week after the start of symptoms, he told the conference. This was especially true of obese people, and patients who started on medicines longer than two days after symptoms first appeared.

The new reports suggest a longer contagious period for swine flu, but how long is not clear, Cox said. Even with it in your nose, "you might not be shedding enough virus to infect other people," she said. That is why signs like coughing may matter more, De Serres said. "Contagiousness varies, not only with the presence of the virus, but the other symptoms that would make you transmit," he said. Swine flu symptoms can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills

RAO BULLETIN 1 October 2009

and fatigue, and sometimes diarrhea and vomiting. Young children may be cranky, less playful or not eat as much as normal, the CDC advises. The agency's advice to stay home for a day after fever breaks does not apply to health care settings. There, confinement for seven days from the start of symptoms or until they go away, whichever is longer is still advised. People who have had swine flu should cover their mouths when they cough or sneeze and wash their hands a lot once they do return to work and school, the CDC says. [Source: AP Medical Writer Marilyn Marchione, AP Medical Writer Marilyn Marchione, 14 Sep 09 ++]

VETERANS' COURT Update 02: On 16 SEP 09 House Veterans' Affairs Committee (HVAC) Chairman Bob Filner (D-CA) led a roundtable discussion on judicial courts that only hear cases involving veterans and provide judges greater latitude in sentencing for non-violent crimes. Modeled after drug and mental health treatment courts, judges are able to order counseling, substance abuse treatment, mentoring, job training, housing assistance, and job placement services as alternatives to incarceration. With both Democratic and Republican HVAC members in attendance, participants discussed their efforts to help veterans avoid jail by connecting them to necessary treatment and support. "Today's roundtable is intended to open up the broader thought process of how to help veterans fully integrate into society after service in the military," said Chairman Filner. "I believe that we have a social responsibility to help those who have served our nation. We failed our veterans after their service in Vietnam and we cannot fail again. Veterans' treatment courts provide an opportunity for a more humane response to those that bring the war home with them. We sent these kids to war - and war has affected their mental and psychological condition. Providing support for returning veterans is an obligation we owe to those who have sacrificed so much for our country."

The US Department of Justice estimates 10% of the one-and-a-half million people arrested last year served in the US military. Currently, Veterans' Treatment Courts operate in New York, Alaska, California, Oklahoma, Illinois, and Pennsylvania, with other states working to establish similar programs. Highlights of the different courts include partnering veterans with mentors who are veterans, appointing public defenders who encourage active veteran participation in the court room, ensuring that veterans get the appointments they need for VA services, and addressing underlying problems like substance use, unemployment and homelessness. Judges relayed that their goal is to run a demanding program that requires personal responsibility and renewed discipline. Defendants are veterans of Iraq, Afghanistan, Desert Storm, Vietnam, and even the Korean War. Participants noted that the costs of veterans' courts are significantly lower than the costs of incarceration. "These courts save money, but more importantly, they save lives," said Chairman Filner.

"Nearly two million veterans have returned from combat operations in Iraq and Afghanistan. Often, veterans struggle to adjust to the sudden loss of military camaraderie. Some return with anxiety, post-traumatic stress, or other psychological wounds of war and may self-medicate with drugs and alcohol. Others return with physical injuries that require prescription drugs that can lead to addiction. When veterans suffer from substance dependency disease, jobs are lost, marriages tested, and families suffer. Understandably, illegal actions can result in less than honorable discharges from the military - but then these veterans are prevented from accessing the VA services they so obviously need. I applaud the hard

RAO BULLETIN 1 October 2009

work and healing spirit of the experts here today. As veterans graduate from these programs, our grateful nation stands behind them and celebrates their bravery once again." Currently, efforts are being made to establish another veterans court in Sonoma County, California. So far, the effectiveness of veterans courts is based on limited results but in...New York, where the first one was established, only two out of 100 vets failed the program. [Source: Rep. Bob Filner press release 17 Sep 09 ++]

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VA ADVISORY COMMITTEES: Advisory committees are used extensively by the Department of Veterans Affairs (VA) to provide advice and guidance on a wide variety of programs that deliver benefits and services to our Nation's veterans. Advisory committees operate as another component of the "people's voice" in our democratic form of government. Some of VA's advisory committees have been mandated by Congress to ensure that federal laws, as carried out by the executive branch, are meeting their intended goals. Other VA committees have been created by the Secretary of Veterans Affairs to assess specific VA policies or programs. Advisory committee members are generally acknowledged, by VA's leadership and members of the veterans' affairs committees in Congress, as "consumer representatives" of those millions of beneficiaries whose lives are affected each year by VA programs. Advisory committees must operate in compliance with the Federal Advisory Committee Act (FACA). Advisory committee meetings at VA are generally open to the public, and notices of those meetings are published in the Federal Register.

One of VA's principal objectives in managing its advisory committees is to ensure that committee members appropriately reflect the diversity of American society and the veterans' population. Committee members are expected to have the technical, scientific and programmatic expertise demanded by the committees' areas of interest and emphasis. Committee members are also expected to offer unbiased advice and to comply with all federal ethics standards. To review the mission of each committee along with the minutes and all reports issued to date refer to <http://www1.va.gov/advisory/page.cfm?pg=1>. Following is a list of the committees that are currently active:

- Advisory Committee on Cemeteries and Memorials
- Clinical Science Research and Development Service Cooperative Studies Scientific Evaluation Committee
- Advisory Committee on Disability Compensation
- Veterans' Advisory Committee on Education
- Veterans' Advisory Committee on Environmental Hazards
- Advisory Committee on Former Prisoners of War
- Genomic Medicine Program Advisory Committee
- Geriatrics and Gerontology Advisory Committee
- Research Advisory Committee on Gulf War Veterans' Illnesses
- Advisory Committee on Gulf War Veterans
- Health Services Research and Development Service Merit Review Board
- Advisory Committee on Homeless Veterans
- Joint Biomedical Laboratory Research and Development and Clinical Science Research and

RAO BULLETIN 1 October 2009

Development Services Scientific Merit Review Board

- Blue Ribbon Panel on VA-Medical School Affiliations
- Advisory Committee on Minority Veterans
- National Research Advisory Council
- Advisory Committee on Prosthetics and Special Disabilities Programs
- Advisory Committee on the Readjustment of Veterans
- Veterans' Advisory Committee on Rehabilitation
- Rehabilitation Research and Development Service Scientific Merit Review Board
- Veterans' Rural Health Advisory Committee
- Special Medical Advisory Group
- Advisory Committee on Structural Safety of Department of Veterans Affairs Facilities
- Department of Veterans Affairs Voluntary Service National Advisory Committee
- Advisory Committee on Women Veterans

[Source: www.va.gov Sep 09 ++]

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ENLISTMENT: There is no right granted to anyone to serve in the United States Military. The respective military departments do have the absolute right to reject you for any reason it deems appropriate. Regardless of how recruiting commercials may "sell" the military, it is not a "jobs program." It's serious business, involving the security of the United States of America, and our country's national interests. Congress and the courts have held that Title VII of the Civil Rights Act of 1964, which ensures all individuals are treated equally before the law with respect to civilian employment, does not apply to the military profession. No less than seven major Supreme Court decisions support this. As such, the military doesn't accept just anyone who wants to join. You must be qualified, under current federal laws and regulations and/or you must receive an approved waiver for the condition which may make you disqualified. General qualifications to enlist in the military which must be met apply to Age, Citizenship, Number of Dependents, Credit and Finances, Single Parents, Applicants Married to Military Members, Education, Drug/Alcohol Involvement, Criminal History, Sexual Preference, Height/Weight Standards, Medical Physical, and Miscellaneous Provisions which apply to an individual's personal habits, preferences, or background. One source on details for each of these can be found at <http://usmilitary.about.com/od/joiningthemilitary/a/enlstandards.htm>.. [Source: About.com: U.S. Military Rod Powers article 19 Sep 09 ++]

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COLA 2010 Update 08: Inflation rose 0.3% in August, but remains 2% down for the first 11 months of FY2009. Since August is the mid-point of the annual July-September COLA calculation period, that 2% should be about where the index for FY2009 ends up. That confirms no COLA for 2010, and that the 2011 COLA countdown will start about 2% in the hole. [Source: MOAA Leg Up 18 Sep 09 ++]

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VA DISABILITY COMPENSATION Update 06: The Senate VA Committee held a hearing 17 SEP,

RAO BULLETIN 1 October 2009

their third such hearing this session, on calculation of compensation for service-caused disabilities. Senator Daniel Akaka (D-HI), Committee Chairman, said recent studies suggest some vets are undercompensated while others may be overcompensated, and that a "deliberate approach" is needed in reforming the system. Sen. Richard Burr (R-NC) pointed out that the Veterans Disability Benefits Commission (2007) and the Dole - Shalala Commission both concluded that the rehabilitation aim of the VA disability program was not being met. Those studies also recommended that veterans should be compensated not only for lost earnings capacity but for lost quality of life. Government witnesses, researchers and advocacy groups offered different perspectives:

- Dr. George Kettner, PhD, President of Economic Systems, Inc. testified that veterans with PTSD experience greater earnings loss than veterans with physical disabilities. For example, veterans with a 100% rating for PTSD earn 92% less than their physically disabled counterparts. For other mental disorders, earning loss can be even more significant.
- LTG Terry Scott, USA-Ret., who chaired the VA Advisory Committee on Disability Compensation, testified that his committee has informally recommended to VA Secretary Shinseki that the Deputy Secretary [Scott Gould] should be tasked to oversee a "systematic review and update process" for the VA Schedule of Rating Disabilities (VASRD) and a permanent staff to accomplish that "high priority" task. Scott also said that quality of life compensation should be limited to "clearly defined and very serious disability." Scott noted that it takes about one year to do a complete review of one of the 15 body systems in the VASRD. He urged that work get started to review and update three or four body systems per year and that the work should be done internally by the VA.
- Lt Col John Wilson, USAF-Ret., testifying for the Disabled American Veterans, pointed out that the VA's strategic plan doesn't address revising the VASRD, so tactical execution of the task could be questionable.

MOAA believes strongly that the VA rating system needs to be modernized, with priority emphasis on improving rating criteria for TBI, PTSD and other behavioral wounds that occur in military service. For more information or to watch the webcast of the hearing, go to the Senate VA website at <http://veterans.senate.gov/>. [Source: VFW Washington Weekly & MOAA Leg Up 18 Sep 09 ++]

VA VET CONTAMINANT EXPOSURE Update 06: The Department of Veterans Affairs (VA) Office of Inspector General inspected every VA medical site with endoscopic equipment, independently verifying the success of a national program VA instituted to ensure safe and sterile procedures for reprocessing endoscopic equipment across the country. The VA Office of Inspector General report, dated 17 SEP 09, shares findings from 129 medical sites inspected across the country. Only one discrepancy was found, a typographical error in certification paperwork. The study came about because in late 2008 and early 2009, VA found that inconsistencies in the sterilization of endoscopes at three medical centers led to possible infection risks among 10,000 patients. VA facilities rapidly notified patients of the risk and offered testing. Since that time, VA has been able to contact over 99% of these patients. Of those tested fifty-six patients potentially screened positive for infections, though it is uncertain whether the endoscopes are the source. The national information line at 1-877-345-8555 is available for patients and their families who have concerns..

RAO BULLETIN 1 October 2009

VA instituted a national review of facilities in FEB 09, to ensure all VA medical sites are trained on proper endoscope use and cleaning procedures. VA then established a new policy for the reprocessing of reusable medical equipment, including certification of staff, to prevent future incidents. VA has also currently taken over forty disciplinary actions related to this event. Following the completion of this national effort, the Office of the Inspector General inspected every VA medical site with endoscopic equipment for compliance with manufacturers' instructions and VA's national policy on endoscopic equipment and procedures. This report is available at www.va.gov/oig/54/reports/VAOIG-09-02848-218.pdf. [Source: VA News Release 18 Sep 09 ++]

VIETNAM MEMORIAL WALL Update 03: Established in 1979, the Vietnam Veterans Memorial Fund (VVMF) is dedicated to preserving the legacy of the Vietnam Veterans Memorial in Washington, D.C., promoting healing and educating about the impact of the Vietnam War. Authorized by Congress, its most recent initiative is building The Education Center at The Wall, an underground facility near the Memorial that is designed to help visitors discover the stories of those named on The Wall and celebrate the values embodied by all service members who served in all of America's wars. The VVMF is seeking photographs of the more than 58,000 fallen service members whose names are inscribed on its black granite wall.

The organization plans to incorporate the pictures in the memorial's planned underground Education Center. Persons with photos they wish to share can contact any FedEx Office store. FedEx Office will provide scanning services in its over 1,600 FedEx Office Print and Ship Centers. The images will be scanned and eventually displayed in The Education Center at The Wall. The Education Center is an underground facility that will be built near the Vietnam Veterans and Lincoln Memorials. The pictures being collected will form its centerpiece: a larger-than-life wall of photos that will showcase pictures of those we lost during the Vietnam War on their birthdays. When having a photo scanned at a FedEx Office location, contributors will be asked to fill out a form on which they will identify the person whose photo they are providing and share a remembrance of that person. The form and photo will then be scanned and uploaded to a special site where all of the photos will be housed. For more information on the project refer to the fund's Web site at <http://www.vvmf.org/>. [Source: VVMF Press Release 17 Sep 09 ++]

MEDICARE FRAUD Update 22: Have you heard about the zombie doctors? Last year, a Senate report revealed that in the previous seven years, the federal Medicare program had paid as much as \$92.8 million for about a half-million claims submitted in the names of doctors who were six feet under. The charges were for medical supplies, ranging from wheelchairs to prescription drugs. One pair of scam artists in Florida used the Medicare identification numbers of dead docs to bilk \$1.3 million from the government—also known as we the taxpayers. It's not like this was a hard crime to spot. More than 50,000 of the bogus claims involved doctors who had been deceased for at least ten years. Despite a warning from the Department of Health & Human Services (HHS) in 2001 about exactly this problem,

RAO BULLETIN 1 October 2009

tough safeguards were never put in place. Here's another good one: the podiatrist who allegedly billed the government for treating people with no feet. Dr. David Quang Pham was indicted in St. Louis this past June for charging the government for nonexistent procedures that he backed up with phony notes (Pham has pleaded not guilty). As an unforgettable press release from the local U.S. Attorney's office put it, "Dr. Pham submitted reimbursement claims for treating the feet of patients whose feet had been amputated prior to the dates of service." And once again, it was the taxpayer who had to, er, foot the bill.

Unfortunately, the bigger issue here is no joke. Prosecutors across the country are scrambling to keep up with an epidemic of fraud and abuse in our public health-care system. As President Obama seeks to reform health care, honest people can disagree about the best approach. But there's no disputing one important truth: Shocking amounts of money are stolen by crooked doctors and scammers, and that's driving up costs for all of us. The National Health Care Anti-Fraud Association estimates that more than \$60 billion a year is lost to fraud—or 3% of federal health-care spending. Think of how all that money could improve, extend, or outright save lives. Sadly, though, the shameless scammers are only getting more audacious. Take the case of Michael De Jesus Huarte. Huarte and his co-conspirators set up 14 health-care clinics to treat illnesses like cancer and AIDS and billed the government for \$70 million in Medicare and Medicaid reimbursements. But those clinics had no real patients. Working with seven associates, prosecutors alleged in June, Huarte paid people for their personal information, which he then entered into government forms. Two of his clinics, in greater New Orleans, were empty storefronts with handwritten business signs. Says acting U.S. Attorney for South Florida Jeffrey Sloman, the case has "taken health-care fraud to a new level. The breadth and scope of the scheme is different from what we've ever seen before."

Last year, Alex Acosta, then the U.S. Attorney for South Florida, had his agents inspect 1,581 medical equipment companies. "We had really tough standards," he says. "Are they open? Do they have a telephone? Four hundred and ninety-one of them failed." The companies, all told, had billed Medicare for \$97 million. In another case, agents found that a "pharmacy" supposedly selling nebulizers for asthmatics was actually a broom closet. The pharmacist was an air-conditioning repairman, Acosta says. But worse than con artists posing as medical professionals are the doctors who put their patients through unnecessary procedures for a little extra cash. In Michigan, dermatologist Robert Stokes routinely removed minor skin blemishes he claimed were cancerous, terrifying his patients and jacking up his reimbursements from Medicare and Blue Cross of Michigan. Stokes is now serving a ten-and-a-half-year prison term. In Oregon, doctor Randall Smith billed insurers for a bogus procedure he performed on a patient to relieve her pelvic pain: massaging her "trigger points," which soon led to intercourse. That earned him just two months in prison. In SEP 05, Pennsylvania dentist Alireza Asgari pleaded guilty to performing unnecessary root canals on his patients, including four on one woman who didn't need them.

The Justice Department and HHS have finally stepped up efforts to crack down on such abuse. Since last October, they've won 300 convictions and recovered nearly \$1 billion. But most watchdogs agree that's just a start. More funding and investigators are needed. New laws and regulations are needed too. In JAN 07, Medicare shut down 18 medical equipment suppliers in Florida after investigators discovered they were phony. But the companies were reinstated on appeal, only to be indicted several

RAO BULLETIN 1 October 2009

months later, after they had been paid another \$5 million in taxpayer money. Loopholes that allow quick reinstatements—often after just a sworn statement from owners—must be closed. With health-care reform at center stage, it's a perfect opportunity to take action. But the government has dropped the ball before. In the 16 years that his group has been around, says Dennis Jay, executive director of the Coalition Against Insurance Fraud, fraud prevention has gone from abominably bad to very weak. He adds, "It still has a long, long way to go for taxpayers to feel comfortable that their dollars are being well spent." True change may take some time. But here's one small step Washington could take right away to restore some confidence: Make sure that doctors collecting our dollars still have a pulse. What you can do about all this fraud:

- Blow the whistle. The feds have set up a website where you can report Medicare and Medicaid fraud: stopmedicarefraud.gov.
 - Show your support. A few U.S. senators are focusing on health-care fraud, including Republicans Mel Martinez of Florida and John Cornyn of Texas, who have proposed a Seniors and Taxpayers Obligation Protection (STOP) act to implement new fraud-prevention practices. Call Martinez at 202-224-3401 and Cornyn at 202-224-2934 and tell them to keep fighting.
 - Learn more. Review the National Health Care Anti-Fraud Association <http://nhcaa.org/eweb/StartPage.aspx> and the Coalition Against Insurance Fraud <http://insurancefraud.org> (check out its Hall of Shame) sites to keep close tabs on fraud cases and what the authorities are doing about them.
- [Source: ReadersDigest.com Michael Crowley article 18 Sep 09 ++]

MEDICARE FRAUD Update 23: A health care provider has pleaded guilty to taking part in a scheme to defraud the federal Medicare program out of \$18.4 million. The Department of Justice says in a statement that Suresh Chand of Detroit MI pleaded guilty in U.S. District Court to one count of conspiracy to commit health care fraud and one count of conspiracy to launder money. The statement says Chand operated four companies TriStar Rehab Services in Centerline; S.U.B. Rehabilitation and Physical Therapy Center Inc. in Dearborn; Continental Rehab Services Inc. in Warren; and Pacific Management Services Inc., also in Warren that purportedly provided physical and occupational therapy services between 2003 and 2007. It says he and others submitted claims to Medicare for therapy services that were never provided, and paid kickbacks to people for use of their Medicare numbers. Chand, a 44-year-old Oakland County resident, faces up to 30 years in prison and a \$750,000 fine when he is sentenced 13 JAN 10. [Source: Chicago Tribune AP article 29 Sep 09 ++].

CREDIT CARD DESTRUCTION: In a world of escalating identity theft, one man's trash is another man's excuse to help himself to a new line of credit. Taking a few half-hearted swipes with the scissors to your old credit cards just won't cut it anymore. Dumpster divers intent on looking for account numbers do not need much -- experts say even shredded cards can be pieced together by an earnest thief. Anything you put out on the street, you're saying, 'Have at it,'" said Jim Stickley, author of "The Truth About Identity Theft" and a security expert who has done more than his share of picking through

RAO BULLETIN 1 October 2009

trash to identify security breaches for various corporate clientele. Much of the identity theft that touched nearly 10 million Americans last year is preventable by a few simple measures that take less than a minute of your time. With average identity fraud losses hovering around \$5,000 per person, taking a minute to destroy your credit cards and sensitive documents is a no-brainer. Here are six tips for doing it right. You might also want to go to www.creditcards.com/credit-card-news/video-cutting-up-a-credit-card-1457.php?aid=ff3b74cd to view a 90 second video covering these steps:

1. Properly Cut Up Your Credit Cards - Scissors can do a fine job of destroying a credit card -- provided that you use them correctly. After suffering from several cases of both credit card and identity fraud, blogger Jim Wang of Bargainengineering.com developed his own system for cutting his cards that involves slicing each set of four numbers into six pieces (see the "How to destroy a credit card video" for a demonstration). Make sure you also cut through your signature and the on the card.
2. Shredding Your Cards and Documents - Shredders can also do the trick -- but be sure your shredder is specially designed to handle credit cards and has a cross-cutting function. These are typically twice the price of a normal shredder but less than \$100 -- worth the price to protect your credit.
3. Be sure to destroy magnetic stripes and chips - Wang advises that people take an extra step to deactivate the card's magnetic stripe and, if present, its RFID chip. To scramble the data in the magnetic stripe, run a very strong magnet along the stripe on the back of the card. Apply scissors or a hammer to the chip embedded in the card, since "all the information stored on the card is also stored on the magnetic stripe and the chip itself," he said. This takes just a few extra seconds.
4. Trash tip: Bag the pieces separately - Another step you can take to prevent curbside identity theft is to deposit the pieces of your destroyed credit cards in different trashcans around your house. The idea is that some receptacles are emptied more frequently than others, so if half of your destroyed credit card goes to the curb with the kitchen trash one week, the other half will go out with your office trash another week. This makes it nearly impossible for a thief to piece together your entire account number.
5. The recycling myth: It's not safer than trash - It's an unexplainable yet prevalent myth that recycling bins are somehow safer than trash bins for credit cards, statements and other sensitive documents, Stickley said. They are not. At a recycling center, materials pass through a conveyor belt and human employees manually pick through items to make sure that only recyclable materials get through. Stickley said that confidential information could easily be taken off the conveyor belt by someone who's looking for it. "Recycling does not mean safer," he said. If you want to recycle an item containing your account information, be sure to shred it first -- preferably with a cross-cut shredder, and follow the steps for bagging the pieces separately for maximum security.
6. Fire: The foolproof method - Of course, one way to completely eliminate any chance of credit card or identity theft is to incinerate all credit card-related documentation. Though it might not be the most earth-friendly activity, credit cards can be melted down, along with credit card statements, applications and blank checks from credit card companies. "We use our bills for kindling -- all our bills go into a bag right next to our fireplace," Stickley said.

[Source: Wallet-Pop Cynthia J. Drake article 9 Sep 09 ++]

NVVRS & NVVLS: In 1985, Congress commissioned the National Vietnam Veterans Readjustment Study (NVVRS) to assess the problems Vietnam Veterans had upon returning home from the war. The

RAO BULLETIN 1 October 2009

most important overall conclusion of the NVVRS was that across over 100 life-adjustment indices, the majority of Vietnam veterans appeared to have successfully readjusted to postwar life, and the majority were at the time of the study experiencing few symptoms of psychological disorders. However, the NVVRS also revealed that a substantial minority of Vietnam theater veterans were suffering from a variety of psychological problems and experiencing a wide range of life-adjustment problems (e.g., marital problems, work difficulties). Unfortunately, only a small number of these veterans actually sought treatment from mental health providers. Some of the results of the study were:

Post Traumatic Stress Disorder

- 15.2% of all male Vietnam theater veterans (479,000 out of 3,140,000 men who served in Vietnam) are current cases of PTSD.
- 8.1% of all female Vietnam theater veterans (610 out of 7,200 women who served in Vietnam) are current cases of PTSD.
- 30.9% of all male Vietnam theater veterans have had full-blown PTSD at some point in their lives. 22.5% have had partial PTSD at some point in their lives.
- 26.9% of all female Vietnam theater veterans have had full-blown PTSD at some point in their lives. 22.5% have had partial PTSD at some point in their lives.
- Almost 1,700,000 Vietnam theater veterans have experienced "clinically serious stress reaction symptoms."

Marital Issues - 40% of Vietnam theater veteran men have been divorced at least once (10% had two or more divorces), 14.1% report high levels of marital problems, and 23.1% have high levels of parental problems.

Crime and Alcohol or Drug Abuse

- Almost half of male Vietnam veterans currently suffering from PTSD have been arrested or in jail at least once, 34.2% more than once, and 11.5% have been convicted of a felony.
- The estimated lifetime prevalence of alcohol abuse or dependence among male theater veterans is 39.2%, and the estimate for current alcohol abuse or dependence is 11.2%.
- The estimated lifetime prevalence of drug abuse or dependence among male theater veterans is 5.7%, and the estimate for current drug abuse or dependence is 1.8%.

The NVVRS sample is arguably the most representative group of Vietnam veterans to be studied to date. Thus, the results are critically important in understanding the effect of the Vietnam War on veterans. Such an understanding is important in developing and applying mental health treatments to those who continue to suffer from PTSD or other psychological/readjustment problems. Using the NVVRS data, recent researchers have confirmed that premilitary, during military, and postmilitary variables all have strong influences on who develops PTSD, and these variables likely also influence who maintains PTSD. An important message for veterans already exposed to combat violence is that social support plays a critical role in reducing PTSD symptoms and increasing one's level of functioning.

On 16 SEP, Secretary of Veterans Affairs Eric Shinseki announced plans to begin additional research by the VA to better understand the health consequences of service in Vietnam. "The National Vietnam

RAO BULLETIN 1 October 2009

Veterans Longitudinal Study (NVVLS) will allow VA to pursue another valuable research tool,” Secretary Shinseki said. “The insight we gain from this study will help give us an understanding of how to better serve America’s veterans.” The new study will supplement research already underway at VA, including studies on PTSD and on the health of women Vietnam veterans. This is a follow-up study to a previous one concluded in 1988. VA has begun work to solicit bids to conduct the study, which is expected to run from 2011 through 2013. [Source: Nat Center for PTSD Fact Sheet 24 Feb 08 & NAUS Weekly Update 18 Sep 09 ++]

VA DISABLED VET CAREGIVERS: The Caregiver and Veterans Health Services Act (S.801) would establish an unprecedented permanent program to train, support and assist caregivers of disabled veterans. It improves care and treatment for veterans living in rural areas and enables VA to reimburse eligible veterans for emergency care in non-VA facilities. If approved, it would also allow reimbursement for transportation, lodging and subsistence of family members or caregivers of veterans. A new cost estimate of the bill by the Congressional Budget Office indicates it is expected to cost about \$66 million in 2010 for travel benefits to the family members and caregivers of veterans for treatment-related trips. However, costs would grow as people learn of the benefit. The first year, about 34,000 people would get travel benefits, but that would rise to about 150,000 a year at a cost of \$1.2 billion a year by 2014. The expense may make some lawmakers balk at the benefit, but the cost estimate says it expects family members or caregivers to travel in the same vehicle as the veterans, so they would not get extra mileage reimbursement. The government’s cost would be about \$130 per day for an average of 15 days, which still adds up to \$1.2 billion when fully implemented. [Source: NavyTimes Veterans section 1 Sep 09 ++]

TAX BURDEN for IDAHO 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 Idaho:

State Sales Tax: 6% (prescription drugs exempt); Some Idaho resort cities, counties and auditorium districts have a local option sales tax in addition to the state sales tax which could add an additional 3%.

Fuel & Cigarette Tax:

- Gasoline Tax: 25 cents/gallon
- Diesel Fuel Tax: 25 cents/gallon
- Cigarette Tax: 57 cents/pack of 20

Personal Income Taxes:

- Tax Rate Range: Low - 1.6%; High – 7.8%.
- Number of Brackets: 8 (Lowest - \$1,272; Highest - \$25,441). For joint returns, the taxes are twice the

RAO BULLETIN 1 October 2009

tax imposed on half the income. A \$10 filing tax is charged for each return and a \$20 credit is allowed for each exemption.

- Personal Exemptions: Single - \$3,200; Married - \$6,400; Dependents - \$3,200. Idaho allows personal exemption or standard exemption as provided in the Internal Revenue Code.
- Standard Deduction: Single - \$6,250; Married filing jointly - \$11,000 (age 65 and older).
- Medical/Dental Deduction: Federal amount
- Federal Income Tax Deduction: None
- Retirement Income Taxes: Social Security income and Tier 1 and Tier 2 Railroad Retirement benefits are exempt from taxes. Taxpayers may receive a partial tax exemption for civil service and military retirement income received after age 65 (62 if disabled). Out-of-state government pensions are fully taxed. For details refer to http://tax.idaho.gov/answers_IIT.htm#4.
- Retired Military Pay: Follows federal tax rules.
- Military Disability Retired Pay: Retirees who entered the military before 24 SEP 75, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.
- VA Disability Dependency and Indemnity Compensation: VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.
- Military SBP/SSBP/RCSBP/RSFPP: Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

Property Taxes - Taxable property is assessed at its full market value. A general property tax is imposed for local purposes and is limited to 1% of market value. The state property tax is suspended as long as the sales and use tax are in effect. There is no intangible personal property tax. A homeowner's primary residence is eligible for an exemption of 50% of the assessed value of the home, up to a maximum of \$104,471 (2009). If you are a qualified Idaho homeowner, you may be eligible for the circuit breaker program. To qualify you must own and occupy the home as your primary residence; you must meet income requirements and must be either age 65 or older, a widow(er), blind, former POW, fatherless or motherless minor, or a qualifying disabled person. This program may reduce property taxes on your home and up to one acre of land by as much as \$1,320. For more information on property and other taxes, refer to <http://tax.idaho.gov/propertytax/propertytax.htm> & http://tax.idaho.gov/propertytax/PTpdfs/EBR00062_PropTaxForHomeowners_WEB_011209.pdf or call (208) 334-7733 or (800) 972-7660.

Inheritance and Estate Taxes - At the current time Idaho does not have an inheritance tax, gift tax or an estate tax.

For further information, refer to the Idaho State Tax Commission site <http://tax.idaho.gov/index.html>. Information for newcomers is available at http://tax.idaho.gov/pdf/EBR00220_newcomers_10-03-06.pdf. Tax helpline is 1(800) 972-7660. [Source: www.retirementliving.com Sep 09 ++]

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RAO BULLETIN 1 October 2009

MILITARY HISTORY ANNIVERSARIES: Significant September 16-30 events in U.S. Military History are:

- Sep 16 1942 - WWII: The Japanese base at Kiska in the Aleutian Islands is raided by American bombers
- Sep 16 1950 - Korea: The U.S. 8th Army breaks out of the Pusan Perimeter in South Korea and begins heading north to meet MacArthur's troops heading south from Inchon.
- Sep 16 1972 - Vietnam: South Vietnamese troops recapture Quang Tri province in South Vietnam from the North Vietnamese Army.
- Sep 16 1967 - Vietnam: Siege of Con Thien Began.
- Sep 17 1778 - The Treaty of Fort Pitt is signed. It is the first formal treaty between the United States and a Native American tribe (the Lenape or Delaware Indians).
- Sep 17 1862 - Civil War: The Battle of Antietam, the bloodiest day in U.S. history, commences. Fighting in the corn field, Bloody Lane and Burnside's Bridge rages all day as the Union and Confederate armies suffer a combined 26,293 casualties
- Sep 17 1862 - Civil War: The Allegheny Arsenal explosion results in the single largest civilian disaster during the war.
- Sep 17 1900 - Philippine-American War: Filipinos under Juan Cailles defeat Americans under Colonel Benjamin F. Cheatham at Mabitac.
- Sep 17 1902 - Latin America Interventions: U.S. troops are sent to Panama to keep train lines open over the isthmus as Panamanian nationals struggle for independence from Colombia.
- Sep 17 1944 - WWII: Allied Airborne troops parachute into the Netherlands as the "Market" half of Operation Market Garden.
- Sep 18 1947 - The United States Air Force becomes an independent service.
- Sep 18 1964 - Vietnam: North Vietnamese Army begins infiltration of South Vietnam.
- Sep 18 1964 - Vietnam: U.S. destroyers' fire on hostile targets.
- Sep 19 1777 - American Revolution: : First Battle of Saratoga/Battle of Freeman's Farm/Battle of Bemis Heights.
- Sep 19 1862 - Civil War: Battle of Iuka - Union troops under General William Rosecrans defeat a Confederate force the most significant Union defeat in the Western Theater of the American Civil War.
- Sep 19 1918 - WWI: American troops of the Allied North Russia Expeditionary Force receive their baptism of fire near the town of Seltso against Soviet forces.
- Sep 19 1994 - Latin America Interventions: Operation Uphold Democracy began (Haiti).
- Sep 20 1863 - Civil War: The 2 day Battle of Chickamauga ends in the most significant Union defeat in the Western Theater of the War.
- Sep 20 1965 - Vietnam: Seven U.S. planes are downed in one day.
- Sep 21 1780 - American Revolution: Benedict Arnold gives the British the plans to West Point.
- Sep 21 1944 - WWII: U.S. troops of the 7th Army, invading Southern France, cross the Meuse River.
- Sep 21 1961 - Maiden flight of the CH-47 Chinook transportation helicopter.
- Sep 22 1776 - American Revolution: American Captain Nathan Hale is hanged as a spy by the British in New York City; his last words are reputed to have been, "I only regret that I have but one life to give for my country."
- Sep 23 1779 - American Revolution: The American navy under John Paul Jones, commanding from Bonhomme Richard, defeats and captures the British man-of-war Serapis.
- Sep 23 1780 - American Revolution: British Major John André is arrested as a spy by American

RAO BULLETIN 1 October 2009

soldiers exposing Benedict Arnold's change of sides.

- Sep 23 1945 - The first American dies in Vietnam during the fall of Saigon to French forces.
- Sep 24 1780 - American Revolution: Benedict Arnold flees to British Army lines after his plot to surrender West Point is exposed by the arrest of British Major John André.
- Sep 25 1915 - WWI: An allied offensive is launched in France against the German Army.
- Sep 25 1929 - Jimmy Doolittle performs the first blind flight from Mitchel Field proving that full Instrument Flying from take off to landing is possible.
- Sep 25 1944 - WWII: Surviving elements of the British 1st Airborne Division withdraw from Arnhem in the Netherlands, thus ending the Battle of Arnhem and Operation Market Garden.
- Sep 26 1777 - American Revolution: The British army launches a major offensive, capturing Philadelphia.
- Sep 26 1950 - Korea: General Douglas MacArthur's American X Corps, fresh from the Inchon landing, links up with the U.S. Eighth Army after its breakout from the Pusan Perimeter.
- Sep 27 1950 - Korea: U.S. Army and Marine troops liberate Seoul, South Korea.
- Sep 28 1906 - Latin America Interventions: U.S. troops reoccupy Cuba, stay until 1909
- Sep 29 1789 - Congress votes to create a U.S. army.
- Sep 29 1864 - Civil War: Union troops capture the Confederate Fort Harrison, outside Petersburg VA.
- Sep 29 1899 - Veterans of Foreign Wars (VFW) was established.
- Sep 30 1949 - Cold War: The Berlin Airlift is officially halted after 277,264 flights.
- Sep 30 1950 - Korea: U.N. forces cross the 38th parallel as they pursue the retreating North Korean Army.

[Source: Various Sep 09 ++]

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MILITARY HISTORY ANNIVERSARIES: Significant October 1-15 events in U.S. Military History are:

- Oct 01 1951 - 24th Infantry Regiment, last all-black military unit, deactivated
- Oct 01 1957 – Cold War: B-52 bombers begin full-time flying alert in case of USSR attack
- Oct 02 1944 – WWII: Battle of Aachen Germany begins. Fighting for the city took place between 13–21 October.
- Oct 03 1940 - U.S. Army forms airborne (parachute) troops.
- Oct 03 1993 – Somalia Intervention: Battle of Bakhara Market, Mogadishu, Somalia
- Oct 05 1813 - War of 1812: U.S. victory at the Battle of the Thames in Ontario broke Britain's Indian allies with the death of Shawnee Chief Tecumseh and made the Detroit frontier safe.
- Oct 05 1965 – Korea: U.S. forces in Saigon receive permission to use tear gas
- Oct 05 1966 - Vietnam: Hanoi insists the United States must end its bombings before peace talks can begin.
- Oct 05 2001 – GWOT: Operation Enduring Freedom began in Afghanistan.
- Oct 06 1971 – Vietnam: Operation Jefferson Glenn ends. The last major operation in which US ground forces participated.
- Oct 07 1777 - American Revolution: Americans beat Brits in 2nd Battle of Saratoga & Battle of Bemis Hts.
- Oct 07 2001 – GWOT: The U.S. invasion of Afghanistan starts with an air assault and covert

RAO BULLETIN 1 October 2009

operations on the ground.

- Oct 08 1950 – Korea: Chinese Communist Forces begin to infiltrate the North Korean Army.
 - Oct 08 1862 – Civil War: The Union is victorious at the Battle of Perryville, the largest Civil War combat to take place in Kentucky.
 - Oct 08 1968 – Vietnam: U.S. forces in launch Operation Sealord, an attack on North Vietnamese supply lines and base areas.
 - Oct 09 1950 – Korea: The invasion of North Korea begins when U.N. forces led by the 1st Cav Div cross the 38th parallel and begin attacking northward towards the capital of Pyongyang.
 - Oct 10 1845 - The U.S. Naval Academy is founded at Annapolis MD.
 - Oct 10 1941 – WWII: German U-boat torpedoes U.S. destroyer Kearney.
 - Oct 10 1944 – WWII: U.S. takes Okinawa
 - Oct 10 1966 - Vietnam: U.S. Forces launch Operation Robin in Hoa Province south of Saigon to provide road security between villages.
 - Oct 11 1776 - American Revolution: Benedict Arnold's Lake Champlain fleet defeated by the British.
 - Oct 12 1861 – Civil War: Confederate ironclad Manassas attacks Union's Richmond.
 - Oct 12 1942 – WWII: In the Battle of Cape Esperance near the Solomon Islands (Guadalcanal) U.S. cruisers and destroyers decisively defeat a Japanese task force in a night surface encounter.
 - Oct 12 1943 – WWII: The U.S. Fifth Army begins an assault crossing of the Volturno River in Italy.
 - Oct 12 2000 - Bombing of the USS Cole by Al-Qaeda terrorists
 - Oct 13 1775 - American Revolution: The US Navy was established when the Continental Congress authorizes construction of two warships.
 - Oct 13 1812 – War of 1812: At the Battle of Queenston Heights a Canadian and British army defeats the Americans who have tried to invade Canada.
 - Oct 13 1942 – WWII: In the first of four attacks two Japanese battleships sail down the slot and shell Henderson field on Guadalcanal in an unsuccessful effort to destroy the American Cactus Air Force.
 - Oct 14 1773 - American Revolution: The United Kingdom's East India Company tea ships' cargo are burned at Annapolis, Maryland.
 - Oct 14 1952 – Korea: Battle of Hill 598 (Sniper Ridge).
- [Source: Various Sep 09 ++]

VETERAN LEGISLATION STATUS 27 SEP 09: For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th Congress refer to the Bulletin's Veteran Legislation attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-

RAO BULLETIN 1 October 2009

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 27 Sep 09 ++]

HAVE YOU HEARD:

A Charger's fan had 50 yard line tickets for the Super Bowl. A man came down and asked if anyone is sitting in the seat next to him. "No", he said, "the seat is empty". "This is incredible", said the man. "Who in their right mind would have a seat like this for the Super Bowl, the biggest sporting event in the world, and not use it?"

Somberly, the fan said, "Well...the seat actually belongs to me. I was supposed to come here with my wife, but she passed away. This is the first Super Bowl we have not been together since we got married in 1967."

"Oh I'm sorry to hear that. That's terrible. But couldn't you find someone else - a friend or relative or even a neighbor to take the seat?" The fan shook his head, "No. They're all at the funeral."

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

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