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**MEDICARE REIMBURSEMENT RATES 2010 UPDATE 04:** The Senate adjourned for the weekend on 26 FEB without clearing legislation to extend a range of federal programs set to expire 28 FEB. Thus, Congress failed to pass legislation by the mandated 28 FEB cut-off date to prevent a 21% decrease in Medicare physician reimbursement rates. It is anticipated that with implementation of the payment cuts there will be a drastic reduction in the number of physicians willing to treat Medicare and Tricare patients. Earlier, this month Congress passed a law allowing a 5 year fix without complying with the PAYGO rules. But they have not passed the bill itself. This bill was clearly intended to allow them to work on this and several other matters. However, it is not clear what will happen now. That bill would stop the scheduled 21% Medicare payment cut for doctors until 31 MAR. In the interim an extender bill H.R.4691 containing short extensions through 5 APR of federal laws that are to expire at the end of the FEB including health insurance subsidies for the jobless, COBRA for the unemployed, the Medicare Doc Fix, highway construction, the federal flood insurance program, and the compulsory copyright license used by satellite TV providers. On 25 FEB the bill passed the House by voice vote and they sent it on to the Senate. And there it stopped.

Senator Jim Bunning (R-KY) stayed late into the night refusing to allow the vote. He is insisting that the bill contain provisions that would pay for the extensions with economic stimulus funds (P.L.111-5). The Congressional Budget Office (CBO) estimates that H.R.4691 would increase the federal deficit by \$10.3 billion from fiscal 2010-2020. The bulk of the cost (\$6.9 billion) coming from the unemployment provisions. At this time there is no payment provided for the bill's provisions. With Bunning refusing to back down, Democrats likely will need to use the cloture process to overcome his objections. Completing those procedural steps would likely push final action on the measure into next week. Majority leader Harry Reid (D-NV) said he would continue his attempts to work out an agreement with Bunning to advance the "extenders" bill. On 26 FEB, Majority Whip Richard J. Durbin (D-IL) once again appealed to Bunning, asking for consent to clear the bill. But, as he did repeatedly Thursday until almost midnight, Bunning held firm and rejected the proposal. "If we can't find \$10 billion somewhere for a bill that everybody in this body supports, we will never pay for anything. So I continue my objection," Bunning said.

Bunning, who is retiring from the Senate when his term ends this year, insisted that the bill contain provisions that would pay for the extensions with economic stimulus funds. Reid had agreed to a vote on Bunning's amendment, but Bunning did not expect his colleagues to adopt it. Durbin ripped Bunning for using the bill as a forum to debate the national debt and defended treating the cost of the measure as emergency spending. "The simple fact of the matter is that this is an emergency situation and should be treated as such," Durbin said. This is a huge concern for all TRICARE beneficiaries. Especially TRICARE for Life (TFL) beneficiaries since Medicare is their first payer. Additionally, since TRICARE payment rates are based on Medicare rates this would affect all other TRICARE beneficiaries who receive any care outside of the MTFs. Without a permanent fix to the Medicare payment problem TRICARE beneficiaries will face real problems to finding new doctors. [Source: TREA Washington Update & GQ Politics news 26 Feb 2010 ++]

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**MILITARY DISCOUNTS UPDATE 01:** Lowe's Companies, Inc. recently announced that it is expanding its support of the military by offering a 10% discount 24/7 to all military personnel who are active, reserve, retired or disabled veterans and their family members, with a valid, government-issued military ID card. All other military veterans (non-disabled) will receive the 10% discount only on Memorial Day, Fourth of July and Veterans Day weekends. The discount is available on in-stock and Special Order purchases up to \$5,000. Excluded from the discount are sales via Lowes.com, previous sales, and purchases of services or gift cards. In addition, Lowe's has also extended benefits for its employees serving in the military and offers employment opportunities to military personnel after their military service has ended. Currently, more than 12,000 Lowe's employees are military veterans or reservists. [Source: EANGUS Minuteman 26 Feb 2010 ++]

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**DBIDS:** Retirees, survivors and their family members have begun registering their identification cards at Air Force installations worldwide as the service implements a new base-entry system that uses scanning devices to manage access. The Defense Biometric Identification System, or DBIDS, is already operational at some bases overseas and in the continental United States. Open registrations for DBIDS are under way at installations gearing up for this Air Force-wide initiative. Particular dates, times and locations vary by base so people should stay tuned to local media outlets, or contact their local Retiree Activities Office, for specific details. Actual registration takes only a few minutes, according to Air Force Security Forces officials. DBIDS uses automated processes to ensure only those with authorized access are allowed to enter the installation. Other benefits include giving guards visual and audible crosschecks to verify identities of those requesting access.

Guards scanning ID cards will see a red or green display at the bottom of their scanner screens. A red display will say "stop" and indicate why base entry is not authorized, giving up to 26 different messages. Besides showing if access is authorized or denied, the scanner allows a gate guard to see a detailed view that provides more information about the card holder. The photo of the card holder will be the image taken when the card was registered in the system. Although the actual scanning of the cards by guards only takes a few seconds, there may be some delays at gates as everyone gets used to the process. Retirees, survivors and their family members should stay tuned to local information outlets for details on the registration process taking place at their nearest Air Force installation. [Source: Afterburner Robert Goetz article Feb 2010 ++]

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**RETIREE JOINT BASING IMPACT:** Although the signs at some gates are changing, joint basing has had very little impact on services and support for retirees. In fact, things should only get better. Efficiencies and effectiveness are the driving forces behind joint basing. By pulling together the best of what each service has to offer, the best practices are being gleaned to become a joint base's standard. This means the best possible service to customers. Unlike normal Base Realignment and Closure actions, joint basing closes no installations meaning retirees living nearby will still have access to the same support they are used to receiving. Joint basing is being done in two phases. Phase 1 bases have already stood up and are fully operational. These joint bases include: McGuire-Dix-Lakehurst, Myer-Henderson Hall, Andrews-Naval Air Facility Washington, Little Creek-Fort Story, and Joint Region Marianas, which includes Andersen Air Force Base). Phase 2 bases will be transitioning people, real property and services to the joint base command over the next eight months. They should be fully operational by 1 OCT. The joint bases in Phase 2 include: Lewis-McChord, Anacostia-Bolling, Elmendorf-Richardson, Pearl Harbor-Hickam, Charleston, Langley-Eustis, and San Antonio involving Randolph, Lackland and Fort Sam Houston.

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The Air Force is involved in 10 joint-base actions, and is actually the “lead service” for six of them. For example, in San Antonio the Air Force is responsible for all of the support associated with the combined installations -- even the Army civilian employees at Fort Sam Houston will become Air Force civilian employees. One area that is impacting retirees is base decals for vehicles. Although a majority of Air Force bases stopped requiring and issuing decals years ago, other services still require them for access to their respective installations. Air Force retirees must comply with the entry requirements of each particular installation so they may need to get a visitor’s pass if the Air Force is not the lead service at a joint base. For example, at Joint Base Anacostia-Bolling where the Navy is the lead service, people must have vehicle access decals beginning Oct. 1. Drivers who frequent such installations may want to consider registering their vehicle at that installation, if they are allowed to do so. [Source: Afterburner article Feb 2010 ++]

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**ID CARD NUMBERS UPDATE 04:** Phase Two of the process to remove printed Social Security numbers from retiree identification cards set to begin early this year has been delayed until further notice. When a new plan is made available to the Services, information will be advertised through Air Force retiree news outlets and other public affairs media. There are more than 1,500 ID card centers worldwide. To find the nearest center, refer to the RAPIDS site locator at [www.dmdc.osd.mil/rsl/owa/home](http://www.dmdc.osd.mil/rsl/owa/home) . Officials urge cardholders to call first to ensure duty hours and determine what documents are required. People must present two forms of identification and one must be an unexpired federal- or state-issued photo ID. [Source: Afterburner article Feb 2010 ++]

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**PDMRA COMPENSATION PROGRAM:** National Guard soldiers from every state and territory and the District of Columbia are among those eligible for additional money from the Post Deployment Mobilization Respite Absence (PDMRA) compensation program, the National Guard Bureau has determined. The states and territories now are identifying their soldiers who are entitled to extra cash for serving long deployments overseas, according to information from the bureau. "The Army National Guard is providing the states with individual soldier information, such as names, ranks and days earned, and asking that the states validate their soldiers' eligibility for (PDMRA) compensation," said Lt. Col. Robert Ditchey, a bureau spokesman. Guard soldiers who mobilized between Jan. 19, 2007, and Aug. 18, 2007, and served longer than one year may be eligible to receive the PDMRA compensation. Payments are expected to go out starting in March and be completed in October. About 6,800 soldiers may be affected. Numbers range from single digits in some states to hundreds in others. Soldiers who have left the service honorably or retired are included under this authority. The Minnesota National Guard has created a PDMRA Web page [www.MinnesotaNationalGuard.org](http://www.MinnesotaNationalGuard.org) .and assembled a team to certify the list of Minnesota soldiers who may be eligible for the payments. The state's 34th Infantry Division served for 16 months in Iraq.. [Source: NGAUS eNotes 26 Feb 2010 ++]

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**VET JOBS UPDATE 14:** The nation’s largest organization of combat veterans is demanding changes in the \$15 billion jobs bill that passed the Senate on 24 FEB because veterans were left out of a package of tax credits and highway projects aimed at increasing employment. “Despite having more than 1.1 million unemployed veterans, the 60-page package failed to mention ‘veteran’ or ‘veterans’ even once,” said Justin Brown, a legislative associate with the Veterans of Foreign Wars. Brown was referring to HR 2847, the Hiring Incentive to Restore Employment Act, or HIRE Act, that passed the Senate by a 70-28 vote and is pending before the House. Speaking before the House Veterans’ Affairs Committee’s economic opportunity panel, which is considering legislation that would expand vocational training for veterans, Brown said the VFW “finds it unconscionable that American’s

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veterans, who have left their families, risked their lives and limbs and left civilian career pursuits behind to answer the nation's call, do not have the attention of Congress for this important matter." The unemployment rate for Iraq and Afghanistan combat veterans is almost 15.8%, higher than the average 10.6% overall unemployment rate, as well as the 11.8% rate for foreign-born U.S. citizens — a sore point among veterans groups such as the VFW.

There are things Congress could do as part of the jobs bill, Brown said. For example, an existing tax credit for employers is worth \$2,400 for hiring a veteran and \$4,800 for hiring a disabled veteran. That credit could be doubled and expanded to include more veterans, Brown said. The tax credit now applies only to veterans unemployed for four weeks or longer who were separated from the military after 25 FEB 08. At a minimum, eligibility should be extended to anyone separated from the military since 11 SEP 01, Brown said, and the number of weeks spent unemployed should not be considered. Brown also suggested an overhaul of the veterans rehabilitation and employment program to widen eligibility and to make it more accommodating by providing things such as child care services for veterans who are receiving training. Expanding grants and loans to veterans who own a small business or want to start one also could be included in the bill, he said. There is an opportunity to make changes in the HIRE Act when the House takes up the measure, but House passage is not a sure thing. There are objections to many of the provisions, such as which states would get the job-creating highway projects and proposed payroll tax relief for businesses that hire new workers over the next 10 years. House leaders hope for a quick agreement on a compromise, with a vote on the bill coming as early as next week — which might not be enough time for consideration of veterans-specific provisions.

Brown's comments came during a hearing to consider a variety of changes in veterans programs, including several aimed at expanding veterans education benefits. One includes a grant program in which an employer could receive up to \$20,000 to offset the salary of a veteran in an apprenticeship program that would lead to a job in an energy-related field. The chief sponsor of that bill, Rep. Harry Teague (D-NM) said he was trying to find a way to get veterans well-paying and lasting jobs in fields such as construction of energy-efficient buildings, renewable electric power, bio-fuels, oil and gas production and nuclear power. The concept has bipartisan support. Rep. John Boozman of Arkansas, the subcommittee's top Republican, said he wanted to work with Teague to provide grants to employers. "Let's put veterans to work," Boozman said. [Source: NavyTimes Rick Maze article 25 Feb 2010 ++]

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**VET JOBS UPDATE 15:** The House just passed an amendment introduced to H.R.2701 by Rep. Tim Walz (D-MN-01) to ensure that veterans, who are experts in keeping our country safe, are treated fairly in the security clearance process. "When determining if a veteran is granted a security clearance, I want to make sure the intelligence community makes those decisions based not only on suitability but also on the unique experiences these heroes had as a result of their service." Mr. Walz's amendment requires the intelligence community to train their security clearance adjudicators on all combat injuries, including PTSD, affecting combat veterans. H.R.2701, the Intelligence Authorization Act, supports our intelligence officers by improving oversight of covert actions, directing essential funding for efforts abroad, and boosting foreign language capabilities to ensure that officers have the critical tools they need to carry out operations around the world. [Source: EANGUS Minuteman 26 Feb 2010 ++]

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**FORECLOSURE UPDATE 04:** Surviving spouses of service members killed in Iraq or Afghanistan would be guaranteed one year of protection against the foreclosure or forced sale of their homes under legislation introduced Tuesday by Rep. Frank Kratovil Jr., D-Md. Kratovil's bill, H.R.4664, was referred to the House Veterans' Affairs Committee, which oversees the legal and financial protections provided by the Servicemembers' Civil Relief Act. The committee is working on a package of changes to that law that could be

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passed later this year. In 2008, as foreclosures in the U.S. were on the rise, Congress included in a broader economic recovery bill a new protection for mobilized National Guard and reserve members that prohibited foreclosure for up to nine months after their release from active duty. That provision, set to expire at the end of 2010, was approved as part of a compromise. Banks and lending institutions had expressed concern to lawmakers about Guard or reserve members being given a way to potentially use military duties to avoid financial responsibilities. Separate legislation pending in the House would extend the foreclosure moratorium for another five years. Kratovil's bill, the Mortgage Foreclosure Moratorium for Surviving Spouses Act of 2010, would extend the same foreclosure protection to surviving spouses of service members killed in Iraq or Afghanistan. The moratorium would remain in place for one year following the death, and would apply only to deaths directly related to service in Operations Iraqi Freedom or Enduring Freedom. In a statement, Kratovil's staff said the legislation is one of several ideas that came from recent meetings he had with veterans. [Source: AirForceTimes Rick Maze article 25 Feb 2010 ++]

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**GULF WAR SYNDROME UPDATE 11:** The Veterans Affairs Department says it will take a second look at the disability claims of what could be thousands of Gulf War veterans suffering from illnesses they blame on their war service, the first step toward potentially compensating them nearly two decades after the war ended. VA Secretary Eric Shinseki said the decision is part of a "fresh, bold look" his department is taking to help veterans who have what's commonly called "Gulf War illness" and have long felt the government did little to help them. The VA says it also plans to improve training for medical staff who work with Gulf War vets, to make sure they do not simply tell vets that their symptoms are imaginary — as has happened to many over the years. "I'm hoping they'll be enthused by the fact that this ... challenges all the assumptions that have been there for 20 years," Shinseki told The Associated Press in an interview.

The changes reflect a significant shift in how the VA may ultimately care for some 700,000 veterans who served in the Gulf War. They also could improve the way the department handles war-related illnesses suffered by future veterans, because Shinseki said he wants standards put in place that don't leave veterans waiting decades for answers to what ails them. Steve Robertson, legislative director of the American Legion and a Gulf War veteran who has struggled with his own health issues such as joint problems and chronic fatigue, said the decision is welcome news. "I can assure that there are Gulf War veterans who have been fighting this issue since 1991-92," Robertson said. "The ones I've talked to are very, very upset that they've had to fight this battle." Robertson said many veterans couldn't work because of health problems, but couldn't get medical help from the government because they couldn't prove their illnesses stemmed from their war service. "If you had an invisible wound it was kind of like come back when you have hard evidence that you got it in the theater of operation," Robertson said.

The decision comes four months after Shinseki opened the door for as many as 200,000 Vietnam veterans to receive service-related compensation for three illnesses stemming from exposure to the Agent Orange herbicide. About 175,000 to 210,000 Gulf War veterans have come down with a pattern of symptoms that include rashes, joint and muscle pain, sleep issues and gastrointestinal problems, according to a 2008 congressionally mandated committee that based the estimate on earlier studies. But what exactly caused the symptoms has long been unanswered. Independent scientists have pointed to pesticide and pyridostigmine bromide pills, given to protect troops from nerve agents, as probable culprits. The 2008 report noted that since 1994, \$340 million has been spent on government research into the illness, but little has focused on treatments. Last week, Shinseki and Sen. Jay Rockefeller (D-WV), a member of the Senate Veterans' Affairs committee, met privately in Charleston WV with several Gulf War veterans. In an interview after the meeting, Rockefeller told the AP that Shinseki's background as a former Army chief of staff made the changes possible. He said either the military has been reluctant over the years to release paperwork related to the war or kept poor records about exposures in the war zone, which made it harder

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for the veterans to prove they needed help. "The paperwork isn't very accurate, but the pain is very real," Rockefeller said.

Shinseki has publicly wondered why today there are still so many unanswered questions about Gulf War illness, as stricken veterans' conditions have only worsened with age. Last fall, he appointed a task force led by his chief of staff, John Gingrich, a retired Army colonel who commanded a field artillery battalion in the 1991 war, to review benefits and care for Gulf War veterans. The changes stem from the task force's work. Gingrich said he feels a personal stake because some of his own men who were healthy during the war are dealing with these health problems. Gingrich said the VA isn't giving a new benefit to Gulf War veterans, just making sure the claims they submitted were done correctly. "We're talking about a culture change, that we don't have a single clinician or benefits person saying 'you really don't have Gulf War illness, this is only imaginary' or 'you're really not sick,'" Gingrich said. A law enacted in 1994 allows the VA to pay compensation to Gulf War veterans with certain chronic disabilities from illnesses the VA could not diagnosis. More than 3,400 Gulf War have qualified for benefits under this category, according to the VA. The VA says it plans to review how regulations were written to ensure the veterans received the compensation they were entitled to under the law. The VA would then give veterans the opportunity to have a rejected claim reconsidered. The VA doesn't have an estimate of the number of veterans who may be affected, but it could be in the thousands. Of those who deployed in the Gulf War, 300,000 submitted claims, according to the VA. About 14% were rejected, while the rest received compensation for at least one condition. [Source: AP Kimberly Hefling article 26 Feb 2010 ++]

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**GI BILL UPDATE 72:** Student Veterans of America is recommending that people who must give back their \$3,000 GI Bill advances quickly assess their finances to determine the best way to repay the money. The Veterans Affairs Department has announced it will start reducing living stipends, beginning 1 APR, by \$750 per month to recoup the fall advance payments. Brian Hawthorne, legislative director for the student group, said people who cannot afford to have that much reduced from their monthly checks need to make other arrangements. "We are advising our members to look at their personal finances and ensure that they can afford that amount," Hawthorne said. "We are suggesting that if this amount will negatively impact their bottom line or their family situation, they should call right away. "It has been made very clear to us by VA that if it is too aggressive, they are willing to work with the student veterans that need to adjust the pace," Hawthorne said.

His comments come as Rep. Glenn Nye (D-VA), a member of the House armed services and veterans' affairs committees, is pressing VA to revise its recoupment plans. Nye says he worries that \$750 per month could prove too much for some veterans. Hawthorne said he doesn't want veterans to be alarmed. "It is important for vets to realize that this is not a one-size-fits-all plan, and that they are in control of it, if they choose to be by calling VA debt management." The automatic repayment applies only to those who received the \$3,000 advance payments last fall and are receiving spring payments under the Post-9/11 GI Bill. Anyone who received the pay advances who is not now drawing a monthly living stipend must make separate arrangements with VA to pay back the money. Flexible repayment terms have been promised by VA officials as long as the \$3,000 is recouped within 12 months. VA officials said the more than 122,000 people who received the \$3,000 advance payments have received at least one notice about repayment, and they are about to receive a second that will include details on how to contact VA to arrange a payment schedule. [Source: MarineCorpsTimes Rick Maze article 24 Feb 2010 ++]

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**U.S. WAR DOGS MONUMENT:** A new war memorial will pay tribute to dogs that have served with U.S. military units in wars. The Pentagon's approval of the location and design capped years of work by a

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Vietnam veteran John Burnam who worked with a war dog. A Vietnam War dog handler and president of the, met with military officials 15 JAN to finalize a design for the nation's first national war dog monument at Fort Belvoir, Va. Burnam said, "This monument represents all wars, all services and all dog handlers of all wars. It represents a piece of the military that hasn't really been memorialized." He started pushing for the monument in 2001 and has traveled the country to rally support for the project. The military has used dogs since World War II as scouts, trackers and guards. Dobermans landed with U.S. forces at Iwo Jima, while German shepherds helped liberate Sicily. During the Korean War, dogs served as sentries. Several thousand dogs served in Vietnam as trackers and scouts. Dogs have played an integral part in the War on Terror. In Iraq and Afghanistan, U.S. forces use dogs to detect roadside bombs or hidden weapon caches, often saving the lives of U.S. and NATO troops. Ron Aiello, Vietnam dog handler and president of the United States War Dog Association, said war dogs have saved thousands of lives while sometimes giving their own.

As a military monument, the project required approval from the departments of Interior and Defense and numerous congressional subcommittees. It also needed a congressional sponsor, which Burnam found in Rep. Walter Jones (R-NC). Jones introduced a bill calling for a national war dog monument in 2006. It was approved in 2008 as a part of the DOD budget. Jones said the monument has wide, bipartisan support in Congress. The memorial will be about 100 square feet. At its center will stand a bronze statue of a dog handler surrounded by statues of the four most common war dog breeds: Doberman pinscher, German shepherd, Labrador retriever and Belgian malinois. A granite wall etched with war dog images and history will be placed behind the statues. The monument foundation, a non-profit, will pay for the \$850,000 monument using donations. Burham said he hopes to break ground by Veterans' Day 2011, but donations for the monument have slowed because of the poor economy. For more information on the foundation and the monument refer to [www.jbmf.us](http://www.jbmf.us). [Source: Kansas city InfoZine Erich Hiner article 24 Feb 2010 ++]

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**HONOR FLIGHT NETWORK UPDATE 01:** Myrtle Beach organizer Bert Cassels announced 25 FEB that a flight to the National WWII Memorial in Washington D.C. has been scheduled for 10 NOV. Columbia-based Honor Flight South Carolina is working with Cassels to fly WWII veterans for a no charge day-trip to Washington, D.C. Cassels said, "This is a way to honor local veterans. A lot have not been to Washington, D.C., or seen the memorial they fought for or built." The Honor Flight Grand Strand/Myrtle Beach is the fourth region in South Carolina to be added to the national program. Flights have left from Columbia, Charleston and Kershaw, officials said. Cassels, who will be a guardian on the Columbia flight in April, said some of the vets may be in wheelchairs or disabled and need help traveling. To help with Myrtle Beach's fundraising efforts, Honor Flight South Carolina has split a \$10,000 donation from Verizon Wireless with the Grand Strand/Myrtle Beach chapter.

Fund raising efforts began in December for Honor Flight Southwest Minnesota. The first flight to Washington DC will be in the Spring of this year. It is anticipated that 110 to 120 WWII veterans and 50-60 guardians will fly on a chartered 737 for the two-day trip. Throughout the four most southwestern counties of Minnesota, fund raisers are being conducted in an attempt to raise \$136,000 to help provide a two-day trip at no charge to the vets for World War II Veterans who might wish to make a trip to Washington, D.C. to visit the World War II Memorial and the Korean War Memorial. The contingent would also attend ceremonies at Arlington National Cemetery.

Honor Flight works on trips for World War II veterans who want to visit their national memorial in Washington, D.C., but don't have the means to get there. Each trip costs about \$60,000, which covers the chartered flight, meals and a tour bus for veterans. About 100 people go on each flight. The trips are funded through donations and guardians, who pay \$500 to go and assist vets on the trips. For more information about the Myrtle Beach Honor



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Flight, contact Bert Cassels at (843) 957-8212. For more information or to participate in Honor Flight Southwest Minnesota, call (507) 220-0848. For further information on the Honor Flight Network program, call (937) 521-2400 or go to [www.honorflight.org](http://www.honorflight.org). [Source: SunNews.com Janelle Frost article 24 Feb 2010 ++]

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**VA PRIVATE INSURANCE BILLING:** A House subcommittee was warned 23 FEB that more aggressive billing of private insurers for health care received at veterans hospitals and clinics may be a way to cut costs — but it's also fraught with errors. Blake Ortner, a legislative aide with Paralyzed Veterans of America, said if Congress and the Obama administration “are going to continue to rely on massive collections estimates and dollars actually collected to support the VA health care budget, then serious examination of how VA is achieving these numbers is necessary.” According to 2011 budget documents, the Veterans Affairs Department collected \$2.7 billion from private insurers or veterans in 2009 and expects to collect \$3.3 billion in 2011 and \$3.6 billion in 2012. Ortner said PVA, an organization that focuses on service members with spinal cord injuries, “continues to be seriously concerned about reports of VA’s continued inappropriate billing of ... veterans for service-connected injuries as well as nonservice-connected veterans being billed multiple times for the same treatment.”

The problem, he said, is that many veterans pay the charges. The association “believes that many veterans are not aware of these mistakes and simply submit full payment to VA when a billing statement arrives at their home,” he said. “Inappropriate charges for VA medical services place unnecessary financial stress on individual veterans and their families,” he said in testimony before the House Veterans’ Affairs Committee’s health panel. “These inaccurate charges are not easily remedied, and their occurrence places the burden for correction directly on the veteran, their families or caregivers.” The national commander of Veterans of Foreign Wars raised similar concerns in early February when the Obama administration released its 2011 budget plan. Glen Gardner Jr., a Vietnam veteran, said he worries that increased collections from veterans’ private health insurance will result in higher premiums and fees for veterans if insurance companies try to pass along the costs — which means veterans would end up subsidizing their own injuries. Gardner also said veterans might have problems getting private insurance for themselves and their families, and employers might be reluctant to hire veterans if companies fear that they may end up paying higher insurance costs. [Source: MilitaryCorpsTimes Rick Maze 24 Feb 2010 ++]

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**MOBILIZED RESERVE 23 FEB 2010:** The Department of Defense announced the current number of reservists on active duty as of 23 FEB 2010. The net collective result is 1186 fewer reservists mobilized than last reported in the 15 JAN 09 Bulletin. At any given time, services may activate some units and individuals while deactivating others, making it possible for these figures to either increase or decrease. The total number currently on active duty from the Army National Guard and Army Reserve is 110,806; Navy Reserve, 6,574; Air National Guard and Air Force Reserve, 16,790; Marine Corps Reserve, 6,399; and the Coast Guard Reserve, 762. This brings the total National Guard and Reserve personnel who have been activated to 141,331, including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated may be found at <http://www.defense.gov/news/d20100223ngr1.pdf>. [Source: DoD News Release No.147-10 dtd 24 Feb 2010 ++]

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**VA CLAIMS BACKLOG UPDATE 35:** Veterans groups are launching a coordinated attack on Capitol Hill, joining forces to get benefits flowing more quickly to soldiers injured in Iraq and Afghanistan. The lobbying offensive comes as a new generation of the military begins heavily using veterans benefits — and right

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before Congress begins to set budget levels for fiscal 2011 for the Department of Veterans Affairs. "We're coordinating fires," said Paul Rieckhoff, president of the Iraq and Afghanistan Veterans of America, whose members were on the Hill last week. Representatives of Veterans of Foreign Wars of the United States and the Disabled American Veterans will be coming to Washington in the weeks ahead, and they're all pushing the same message: The Department of Veterans Affairs disability claims processing system is outmoded and ill-equipped to handle the next

generation of America's vets, including the 35,000 troops who have been wounded in the wars so far.

Veterans groups say tedious forms and a backlog of nearly 1 million claims mean that disabled veterans can be left waiting for months to find out about their disability compensation. "These folks are fighting overseas, and then they have to come home and fight red tape. It shouldn't be that hard," Rieckhoff said. "The average disability claim takes over 150 days. If you appeal, the average is two years. So you have disabled combat vets who are waiting two years for determination." By the VA's own admission, the problem is about to get worse. In 2011, Secretary Eric Shinseki estimates, there will be a 30 percent increase over the number of claims received last year — in part because of the department's expansion of benefits for Agent Orange-related complications. The VA's deputy press secretary, Drew Brookie, says the department is aware the system needs an overhaul. "There is a family member, husband, wife, son and daughter behind every veteran that uses VA benefits," he said. "VA does not take that responsibility lightly."

Brookie points to a number of initiatives launched by the VA — from increased hiring and training to pilot programs meant to streamline and speed the VA's decision making — as evidence that the department is committed to making improvements. The Obama administration has asked for an additional \$460 million in its fiscal 2011 budget proposal to address the claims backlog. The money would allow the VA to hire more than 4,000 new claims processors. Veterans groups want to be sure members of Congress hear the message. "Everybody wants to be on the side of veterans, but they need help," Rieckhoff said. "We're here to help them understand it's not just about numbers; it's about people." "We believe the president has committed to reducing backlog and so has Secretary Shinseki, but again we're not sure we're on the same page yet, even with the VA," said Joseph Violante, national legislative director of the DAV. "We want to make sure that through our efforts, members of Congress are educated." [Source: POLITICO Marin Cogan article 23 Feb 2010 ++]

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**VA HOMELESS VETS UPDATE 13:** Secretary of Veterans Affairs Eric Shinseki on 19 FEB promised a "full court press" to alleviate homelessness and other critical issues facing the 23.4 million veterans in the U.S. Shinseki emphasized that he and the Obama administration are committed to addressing programs of greatest concern to veterans: reducing the growing backlog of claims, improving health care facilities, creating more access to health care in rural areas, and helping more veterans, especially those who are homeless, get jobs and educational opportunities. "Ending homelessness among veterans involves a host of other things," he said. "It is about jobs. It is about education." Shinseki, a retired U.S. Army general who spent time at Fort Bliss during his military career, met in private with veteran leaders and U.S. Rep. Silvestre Reyes (D-El Paso), U.S. Rep. Ciro Rodriguez (D-San Antonio), and U.S. Rep. Harry Teague (D-NM). "The veterans came away satisfied that we have a partner," Teague said. "He openly addressed the hurdles that we face in the VA. He's not trying to sweep them under the carpet." [Source: El Paso Times article 20 Feb 2010 ++]

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**BURN PIT TOXIC EMISSIONS UPDATE 11:** As Veterans Affairs Department officials laid out a plan for the Institute of Medicine to look for links between certain symptoms and burn-pit exposure, they also quizzed Defense Department scientists about what they've already done in that regard. "We have a particular

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need to solve this as best as we can,” said Victoria Cassano, acting director of VA’s Environmental Agents Service. “You tell us what the science is. You tell us what the evidence is. Do we have enough to [move] forward with a presumption or not?” At the first meeting of the IOM’s Committee on the Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan, Cassano asked the panel to help VA determine if the symptoms of several sick service members could be linked to exposure to smoke from open-air burn pits in the war zones. If so, Congress could create a law saying veterans potentially connected could automatically receive a “presumption of service connection” for those ailments, similar to a law that assumes service connection for Vietnam Veterans whose diseases could have come from exposure to the defoliant Agent Orange in Vietnam.

After Military Times first began writing about the 24-acre burn pit at Joint Base Balad, Iraq, in late 2008, more than 500 people came forward to say they believe they had been sickened by the burn pits. Their issues range from respiratory — including more than 50 cases of bronchiolitis documented by a doctor at Vanderbilt University, as well as several cases of chronic bronchitis, asthma and chronic obstructive pulmonary disorder — to neurological conditions to cancer. R. Craig Postlewaite, the Pentagon’s acting director for force health protection and readiness, quickly went over a series of studies conducted by the Defense Department that found that air samples taken at Balad should cause no long-term health effects. But he acknowledged that respiratory issues had gone up in service members who had deployed — although not specifically chronic obstructive pulmonary disease or asthma. He also said a study of 25 serum samples showed no elevated levels of dioxin from service members at Balad. Postlewaite said that in the past, the onus has been on veterans to prove exposure for disability benefits purposes. “We’re trying to move beyond that,” he said, adding that the Defense Department is trying to be more open and transparent. Postlewaite did not discuss the research done at Vanderbilt University.

One of the scientists in charge of the air sampling at Balad several years ago, retired Air Force Lt. Col. Darrin Curtis, told Military Times the data from that sampling was “worthless” because the data-gathering equipment depended on weather patterns and power supplies that could not always be predicted or controlled. Postlewaite acknowledged some limitations on the data that is in hand. “We can’t assume everyone was exposed to the same concentrations,” he said. “We do acknowledge there are shorter-term effects, and that service members have reported long-term effects, as well. It is plausible that a smaller number of service members may be affected by longer-term health effects.” Commanders in Iraq and Afghanistan have said they will replace burn pits with incinerators wherever feasible, but some say it will not be possible, Postlewaite said. But as he and other Defense Department officials spoke, the questions began. Scientists worried that many of the military studies had not been peer-reviewed, that some had not been published, that a “study” of 25 serum samples shouldn’t be called a “study,” that the military had not conducted air-dispersion models to see where the smoke from the Balad burn pit might travel, and that even a couple of years’ worth of air sampling data would not qualify as enough to make any conclusions had the information been gathered in the U.S.

Coleen Baird, program manager for the Army’s Environmental Medicine Program, explained that the serum study was really just a pilot program to see if a broader study was warranted, and she agreed that she does not yet have enough data — which she has been saying all along, even as she has worked to gather more. She said military researchers still need to determine whether gathering air samples is even worthwhile, or if they should look in another direction. “We did it to see what we would find,” she said of the air sampling. Baird also said she believed the respiratory study Postlewaite mentioned used “very combined rates” that didn’t show a true picture of what was happening to troops in Iraq and Afghanistan.

- First, “deployed” meant anywhere without a permanent medical facility — so it could include places beyond Iraq and Afghanistan;
- Second, when she visited Iraq in the fall, medical providers told her that if troops believe their watery eyes or runny nose are caused by something — sand, wind or burn pit — they generally won’t go see a doctor.

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So most people who had ailments they now believe are connected to burn-pit exposure would not have been reported in databases for the study; and

- Third, she said, officials did, in fact, find a measurable increase in the rate of post-deployment chronic obstructive pulmonary disorder — from about 20 per 1,000 people-years to 30 per 1,000 people-years.

Rep. Tim Bishop, R-N.Y., also briefed the IOM committee about what Congress has done over the past year to try to ban the burn pits, create a registry of possibly exposed service members, and educate VA doctors about the potential exposures and symptoms. He read off a list of service members Military Times documented who lived in Balad's H6 housing area — one mile from the base's 10-acre burn pit, which was closed last October — who are now sick. "Our country's difficult experience with Agent Orange and the Gulf War have taught us we have to be vigilant," he said. "This study by the National Academies is an important step forward. My colleagues and I in Congress will continue to monitor this situation very closely." [Source: MarineCorpsTimes Kelly Kennedy article 24 Feb 2010 ++]

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**TAPS:** It's a song burned into the American consciousness, a tune that wafts over both sleep and death. And it's a piece that some believe hasn't been given the recognition it deserves. What has come to be known as 'Taps' --- 24 notes that floated from a Civil War encampment at nightfall to become the tune that sends to their final rests fallen troops, policemen and firefighters, departed veterans and even presidents of the United States --- may soon be given a more official place in the roster of national melodies. "My idea is to have [Taps] recognized as our National Song of Remembrance," said Jari Villanueva, a retired trumpet and bugle player for the U.S. Air Force Band who may very well be the country's leading authority on Taps. A veteran of more than 5,000 ceremonies at Arlington National Cemetery, Villanueva was an adviser on bugle calls for the movie 'Gods and Generals.' He has researched Taps, written about it, debunked myths about it (it was not found by a Union officer on the body of his son, a Confederate soldier) and offers what is probably the best history yet of the tune on a West Point Web site.

Now, along with fellow bugler Les Hampton, a Navy vet, Villanueva is working with a New York lawmaker to get Congress to officially recognize "Taps" as a song of remembrance. They hope to have this done in time for the 150th anniversary of "Taps" in 2012. As far as who would be officially eligible to have Taps played at their funeral if it does become the National Song of Remembrance, Villanueva takes a broad view. Besides troops and veterans, he said, police officers, firefighters, first responders, public health service workers --- even the Boy Scouts. "My feeling is if you rate a flag on your coffin you rate Taps." According to Villanueva, the music of Taps had its origins in "Extinguish Lights," an end-of-day bugle call adapted from a French tune. But in 1862, while encamped at Harrison's Landing, Va., Union Army Gen. Daniel Butterfield revised the tune - holding certain notes longer, etc. Taps was quickly picked up by other buglers in other units, and after the Civil War and became an official Army bugle call. Villanueva and Hampton met several years ago through playing memorial services and began thinking of ways to bring attention to the need for Taps players. The rising numbers of World War II and Korea vets passing away, as well as troop losses in Iraq and Afghanistan, has resulted in greater demand for buglers.

Several years ago the military began making a bugle insert that played Taps available to veterans groups. The discrete device plays the notes while the "bugler" --- standing away from the grave site --- holds the instrument to his lips and pretends to play. "It's something that's used a lot now. It is disappointing, but sometimes no one bothers to look for a live bugler. It's a matter of convenience." Villanueva said. While brainstorming the fake bugler problem they hit on the idea of elevating Taps to an official national song. Hampton said Rep. John Hall (D-NY), has been working with them to frame legislation. According to Villanueva, the earliest official reference to Taps for a military funeral is found in Army regulations from 1891. But he says it was doubtlessly used unofficially long before then, though still called 'Extinguish Lights'. Later still officials from other countries came up with their own

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versions of Taps, some sounding very much like the Army's. A French general wrote 'Aux Morts' ('To the Dead') --- after hearing Taps, Villanueva said; it sounds much like Taps and has the same number of notes. The Germans came up with a solo trumpet call later, as did the Italians. The British wrote and adopted "The Last Post" ; after "Taps" became known, and that song is now played by all Commonwealth countries for its fallen troops and veterans, Villanueva said. As part of their efforts to raise awareness of "Taps," the two have set up an online petition and hope to get as many names in support as possible. They're also producing a CD that will include 'Extinguish Lights,' Taps, and other tunes that were inspired by Taps. [Source: Military.com article 23 Feb 2010 ++]

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**KOREAN WAR VETS:** The Friends of American Veterans of Korean War (FAVKW) are extending an invitation to their annual 'Appreciation Dinner, Ceremony, Concert and Dancing, Symposium and Prayer' in honor of American Veterans of Korean War. More than 800 veterans and their spouse attended the 2009 Appreciation Event held in Las Vegas. This year's event will be held 13-14 JUN 2010 at The Orleans Hotel, 4500 W. Tropicana Ave., Las Vegas (1-800-675-3267, [www.orleansncasino.com](http://www.orleansncasino.com)). Attendees do not have to be a member of the KWVA. All vets who served in Korea from 1945 to present are eligible to participate. FAVKW will be inviting as many 1000-1200 American Korean War veterans from across the USA. They plan to provide a full accommodation for one night and two days (June 13: lunch, dinner and room/ June 14: breakfast and lunch) to veterans and their spouses if they come to the venue by their own expense for transportation. If you are interested in attending you should directly inform FAVKW by 31 MAR 2010 via one of the below means. In early MAY they plan to send the formal invitation to all of those who informed their participation. To read the letter announcing this event and a complete a complete itinerary of events refer to the FAVKW Invitation Letter attached to this Bulletin:

- Mail to: FAVKW, 9636 Garden Grove Blvd. Suite 17, Garden Grove, CA 92844
- Phone Call to: Mrs. Sunny Lee (1-562-922-3656) or Mr. Do-young Kim (1-714-452-3006)
- E-mail to: [gasiri0112@yahoo.com](mailto:gasiri0112@yahoo.com)

[Source: KWVA Secretary Frank E. Coheel letter dtd 15 Jan 2010 ++]

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**JOHN D. BOWER VETERANS SCHOLARSHIP:** A 1975 graduate of Lynchburg College has given \$250,000 to his alma mater to create a scholarship fund for veterans. Dr. John D. Bower is encouraging others to follow his lead, promising another \$250,000 if donors can match that amount. If that challenge is met, Lynchburg College said it will create a veterans center on campus. Bower is a retired medical doctor who served four years in the Navy before attending Lynchburg College. The Veterans Scholarship Fund will provide annual scholarships to eligible veteran students with a 3.0 grade point average or higher. [Source: NavyTimes AP article 19 Feb 2010 ++]

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**MILITARY STOLEN VALOR UPDATE 15:** Michael P. McManus, a 44-year-old former Army private first class who served from 1984 to 1987 was arrested 5 FEB for stolen valor. His fraud was revealed when Mary Schantag learned of McManus when a friend's brother sent her photos he took of McManus at the 12 DEC inauguration for Houston Mayor Annise Parker. The goateed man was decked out in a formal Army uniform with a dozen medals pinned to his jacket and a Commander of the British Empire medallion hanging around his neck. Schantag posted photos of the man to the P.O.W. Network site and sent them to This Ain't Hell, where the photo was posted at the center of a mock "wanted" poster. To blogger Mark Seavey, the "general" was an obvious fraud. Seavey's fellow bloggers at the conservative "This Ain't Hell" posted a photo of the alleged faker online,

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dead set on smoking him out. “Wearing two Distinguished Service Crosses and a Combat Infantry Badge with two stars, is analogous to saying someone is a pitcher for the Red Sox and a quarterback for the Patriots,” said Seavey. “If that person existed, you would know about them.” The blog post led to tips, angry comments, media attention and ultimately the McManus arrest. It’s not a first for Seavey and the blog’s volunteer staff. Seavey said they have exposed about a dozen others who have claimed unearned medals or insignia, and publicized other cases. Seavey and his fellow bloggers are among a cadre of self-appointed stolen-valor police.

One of these is Mary Schantag, co-founder of the P.O.W. Network. Schantag and her husband, disabled Vietnam veteran Charles Schantag, founded the P.O.W. Network 20 years ago to record the biographies of prisoners of war online. The work’s flip side became weeding out and exposing people who have lied about their military service. The Web site, [www.pownetwork.org](http://www.pownetwork.org), maintained from their Missouri home, includes a “phonies index” of more than 3,000 alleged cases of stolen valor. The couple collects information and attempts to verify it through official channels and volunteer researchers. When they suspect fraud, they send the information to the FBI and post it online. “We get 10 or 15 of these in a row sometimes,” she said. “[McManus] is not unusual, not in claiming the rank. We have dozens we have turned over to the FBI and we’re still waiting,” said Schantag. Fakers typically make complex or impossible claims and like to pose as elite troops, Schantag said. “We see Marine-recon-sniper-Navy-SEALs. Now, come on,” she said. “There are 300 reported fake SEALs for every real SEAL who has ever graduated [Basic Underwater Demolition/SEAL] training. It crosses every boundary, every rank, every race, every job. We get preachers turned in, we get active-duty military turned in.”

Mark Seavey’s day job is news media manager for the American Legion, but he blogs about stolen-valor cases and other military topics in his spare time for This Ain’t Hell. For Seavey, whose blog dubbed McManus “Gen. Ballduster McSoulpatch,” the first big break was an anonymous tip saying the man’s name is Michael P. McManus. From there, readers pointed Seavey toward references to McManus across the Internet. These included several online profiles of McManus, which contained conflicting information about his rank, separation date and record. “He claimed to do every job in the military that I could find, and the time frames sometimes covered each other up,” said Seavey. “He retired at least twice at two different levels, according to his story. At one point he was out in 2004, and another he retired in February 2008.” Among the information online, McManus claimed that he was on Gen. Colin Powell’s personal security detail, that he came out to Powell as a homosexual and that Powell retained him anyway. Separately, in the context of his opposition to “don’t ask, don’t tell,” he claimed to have been discharged for being gay.

Seavey said that he has started to see a trend in which fraudsters lie about their service records to further their personal or political agendas, either for or against the war, or targeting military policies. After This Ain’t Hell reported on McManus, the Houston press followed suit. That, in turn, prompted the local FBI to investigate and arrest McManus, according to a law enforcement official. It emerged that McManus has been caught before making false claims about himself. In 2002, he faced federal charges for impersonating an air marshal and an Army major while trying to board a flight in New Orleans. McManus faces five new accusations of violating federal law related to wearing the unauthorized military uniform, the military badges and insignia. If convicted, he faces up to three years in federal prison and \$120,000 in fines. On 9 FEB, a federal judge set McManus’s bond at \$25,000 and set special conditions for his release. McManus must continue “mental health treatment,” submit to a drug screening every 45 days and refrain from the use of credentials and identification documents or wearing of any U.S. or international uniform. [Source: ArmyTimes Joe Gould article 22 Feb 2010 ++]

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**AIRLINE BAGGAGE FEES:** There's no evidence that airlines will cut baggage fees as their business recovers. Delta on 12 JAN boosted its fees for domestic travel to \$23 for the first checked bag and \$32 for

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the second one, up from \$15 and \$25, respectively. That's if you pay in advance online. At the airport, those fees rise to \$25 for the first bag, \$35 for the second one. It's not much better at other airlines. US Airways charges the same as Delta for domestic flights at the airport but offers a slightly bigger discount for online payment. American and United charge \$20 for the first bag, \$30 for the second (although United offers a \$5 per bag discount for online payment). Of the major airlines, only Southwest charges no fee for the first or second item of checked luggage. So what can you do to avoid baggage fees? Here are three suggestions:

- 1.) **Pack light so that everything fits in a single carry-on suitcase.** There are several good websites, complete with suggested packing lists, that can help whittle down that three-bag trousseau. For a comprehensive, life-changing look at packing try OneBag.com. Also, check out suggestions at <http://www.career-intelligence.com/management/HowToPackLight.asp> or [www.reidsguides.com/t\\_pa/t\\_pa\\_packing\\_list.html](http://www.reidsguides.com/t_pa/t_pa_packing_list.html). True, you may have to seriously adjust your travel lifestyle. But packing light can be excellent practice, since Americans are already having to do more with less in most areas of their economic lives. "I don't think I've ever paid a bag fee," says Doug Dymont, travel speaker and author at OneBag.com, who travels with a single carry-on weighing about 20 pounds. He suggests that people make a permanent packing list for a lifetime of travel. Although the list varies a little from trip to trip depending on the destination's climate, "it's amazing how quickly you can learn to make that list surprising short," he adds.
- 2.) **Ship excess clothes ahead of time.** A large priority mail flat-rate package will hold two-thirds of what a carry-on does and only cost \$14.50 (\$13.95 online) to ship across the country. The post office offers two to three-day delivery to most domestic destinations. It should be noted that the postal service doesn't **guarantee priority mail delivery within a specified time.**
- 3.) **Fly Southwest (or JetBlue, which doesn't charge for the first checked bag).** Of course, that means you won't be able to fly to certain cities like Atlanta, Cincinnati, Honolulu, or Memphis. In cases like Miami and Washington, D.C., the airlines serve airports that aren't too far away from the city limits, although the ground transportation might cost you more than the price of a checked bag.

[Source: Christian Science monitor Laurent Belsie article 12 Jan 2010 ++]

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**VET CEMETERY MISSOURI:** The Missouri Veterans Commission has created a network of Veterans cemeteries so that every Missouri Veteran will have reasonable access to a Veterans cemetery. Interment services are provided to Veterans, their spouses, and eligible dependent children. There is no charge for any of the services provided. These services include opening and closing of the grave, provision of a concrete grave liner, full military honors for the Veteran, and perpetual care. In order to maintain uniformity, upright granite markers are provided by the cemetery. Those who choose cremation have the choice of in-ground burial or placement within a columbarium niche. Interment services are conducted Monday through Friday on hourly intervals. Scheduling is coordinated by the funeral home and Veterans cemetery. If you have specific questions about scheduling procedures, contact the nearest State Veterans Cemetery. Pre-registration for future planning purposes is available for Veterans and their eligible family members. As well as pre-planning for future burial at each of the veteran cemeteries. This can be done by contacting the state veterans' cemetery nearest you or by submission of the pre-certification application available for download at [www.mvc.dps.mo.gov/Cemeterys/forms/forms.htm](http://www.mvc.dps.mo.gov/Cemeterys/forms/forms.htm). State Veterans cemetery contact information is:

- Bloomfield: 17357 Stars and Stripes Way, Bloomfield MO 63825 Tel: 573-568-3871/3421F Email: [Ken.Swearengin@mvc.dps.mo.gov](mailto:Ken.Swearengin@mvc.dps.mo.gov).
- Fort Leonard Wood (Temporary Office): 194 Eastlawn Avenue, Suite A, P.O. Box 960, St. Robert, MO 65584 Tel: 573-336-4291/4403F Email: [Leah.Piland@mvc.dps.mo.gov](mailto:Leah.Piland@mvc.dps.mo.gov).

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- Higginsville: 20109 Business Hwy. 13, Higginsville MO 64037 Tel: 660-584-5252/955F Email: [Jess.Rasmussen@mvc.dps.mo.gov](mailto:Jess.Rasmussen@mvc.dps.mo.gov).
- Jacksonville: 1479 County Road 1 675, Jacksonville MO 65260 Tel: 660-295-4237/4259F Email: [Gerry.Hodge@mvc.dps.mo.gov](mailto:Gerry.Hodge@mvc.dps.mo.gov).
- Springfield: 5201 South Southwood, Springfield MO 65804 Tel: 417-823-3944/0252F Email: [Steve.Maples@mvc.dps.mo.gov](mailto:Steve.Maples@mvc.dps.mo.gov).

### Guidelines for burial in a state veteran's cemetery are:

- Death occurred while on active duty.
- Veteran must have been discharged under conditions other than dishonorable.
- Vetdrams must have served 24 consecutive months on active duty or the full period for which called to active duty for service after 7 SEP 80 for enlisted and after 16 OCT 81 for officers.
- Reservists or members of the National Guard who are eligible for retired pay as a result of 20 years creditable service are entitled to interment in a Missouri State Veterans Cemetery. Reservists and members of the National Guard who are called to active duty by Presidential Executive Order and who satisfactorily complete the period for which they are called to duty are eligible.
- Citizens who served in the armed forces of a government allied with the United States during wartime may be eligible.
- Any Veteran convicted of a federal or state capital crime is barred from burial in a Missouri State Veterans Cemetery. This prohibition also includes those Veterans who commit capital crimes but avoid conviction due to death or flight.
- Former spouses whose marriage to an eligible Veteran was terminated by divorce are not eligible for burial in a Missouri Veterans cemetery.
- There is no residency requirement for interment in a Missouri Veterans Cemetery.
- If unsure of your eligibility status, contact the nearest cemetery director above.

Missouri has four National cemeteries which are maintained by the Veterans Administration. For information on burial in a National cemetery refer to [www.cem.va.gov](http://www.cem.va.gov) or call the numbers provided below:

- Jefferson Barracks National Cemetery: 2900 Sheridan Road, St. Louis, MO 63125 Tel: (314) 845-8320/8355F. This cemetery has space available to accommodate casketed and cremated remains.
- Jefferson City National Cemetery, 1024 East McCarty Street, Jefferson City, MO 65101 Tel: (314) 845-8320/8355F. This cemetery is closed to new interments.
- Springfield National Cemetery, 1702 East Seminole Street, Springfield, MO 65804 Tel: (417) 881-9499/7862F. This cemetery has space available for cremated remains and may be able to accommodate casketed remains in the same gravesite of previously interred family members.
- Union Confederate Monument Site, Union Cemetery, 227 E. 28th Street Terrace, Kansas City, MO 64108. There are no interments at the monument site

[Source: [www.mvc.dps.mo.gov/Cemeterys/Info/info.html](http://www.mvc.dps.mo.gov/Cemeterys/Info/info.html) Feb 2010 ++]

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**AMERICA'S LEAST DEADLY HOSPITALS:** When contemplating major surgery, many people go to whatever hospital their family doctor recommends. Others chose a hospital for its star surgeon or because they've seen billboard ads touting its specialties. Either way, it can be a fatal mistake. Every year 100,000 people die in hospitals because of preventable complications or hospital-acquired infections. Many more suffer serious harm as a result of well-intended treatments gone awry. Modern care has become so complex that there are lots of things that can go wrong. Teamwork, checklists and attention to detail are crucial at preventing bad



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outcomes. Having a skilled cancer surgeon won't help you if you get a nasty post-surgical infection--and the staff at the hospital doesn't catch it in time. HealthGrades, a hospital rating company based in Golden, Colo., has singled out 269 hospitals across the country with unusually low mortality and complication rates for 26 different procedures and diagnoses. These include treatment for heart failure, pneumonia, stroke, as well as hip and knee replacement operations, back surgery and stent procedures. The hospitals represent the top 5% in the country at preventing mortality and complications. The hospitals have a 29% lower mortality rate and 9% lower complication rate compared with all other hospitals. The rankings are based on data from 40 million patients on Medicare who were hospitalized between 2006 and 2008.

HealthGrades estimates that if every hospital performed as well as those in the top 5%, it could potentially save 150,132 lives and prevent 13,104 complications in the Medicare population. "There's huge variation in quality," says Dr. Rick May, vice president of clinical consulting for HealthGrades. "Patients need to be careful about evaluating their health care providers before handing over their lives and health." The most surprising part of the list is how many big-name academic hospitals are not on it. Johns Hopkins Hospital and various hospitals affiliated with the University of Pennsylvania weren't good enough to qualify. Harvard's Massachusetts General Hospital and Cedars-Sinai Medical Center in Los Angeles were on the list last year but didn't make the cut this year. May says that prestigious academic centers tend to build a reputation on cutting-edge research and excelling at the unusual, like solving rare cases and treating exotic diseases. They may not always excel at less glamorous basic procedures and treatments, he argues. Regional hospitals were heavily represented in the study, and many of them were part of a larger chain. These included Methodist Hospital in San Antonio, Texas, Good Samaritan Hospital in Dayton, Ohio, and Christiana Hospital in Newark, Del. One advantage of having sister hospitals, says May, is that they can compare data and strive to emulate each other when the outcomes are good:

- Jan Hess, vice president of St. Luke's Hospital in Chesterfield, Mo., says its work on preventing post-operative infections landed it on HealthGrades' list for the eighth consecutive year. When the hospital realized one patient per month was contracting ventilator-associated pneumonia, it worked on strategies to eliminate the problem. Among other tactics, the hospital staff began elevating beds at least 45 degrees and suctioning patients frequently to avoid fluid build-up. There have been no cases of ventilator pneumonia since November 2006.
- The Reading Hospital and Medical Center in West Reading, Pa., has almost halved the average time that heart attack patients have to wait between when they arrive and when a catheter is inserted to open up a blocked artery. National guidelines recommend a standard of 90 minutes, but at Reading the median time in 2009 was 54 minutes. That efficiency can save heart muscle. "We really don't have any magic solutions," says Debra Levengood, assistant vice president of quality management at Reading. "It's a constant effort." The hospital, which specializes in cardiac and stroke care, has also taken other steps such as transmitting electrocardiograms before a patient arrives in the emergency room so that doctors can quickly devise a treatment plan.

Thirty-six states had at least one hospital on the HealthGrades list. Dr. Jerod Loeb, executive vice president at the hospital accrediting organization Joint Commission, says that composite rankings like the HealthGrades score should only be used as a starting point. A hospital could be good on average but do a bad job at the particular type of surgery you need. In addition to its composite rankings, HealthGrades offers consumers access to its online database so they can see whether or not a hospital exceeded or beat predicted mortality and complication rates for particular procedures. To identify hospitals in your area go to [www.healthgrades.com/find-a-hospital?intcid=WLCM-Hosp](http://www.healthgrades.com/find-a-hospital?intcid=WLCM-Hosp) and insert your zip code, and then select the treatment you anticipate needing. The Centers for Medicare and Medicaid Services also ranks hospital performance on its Web site Hospital Quality Compare at [www.hospitalcompare.hhs.gov/Hospital/Search/SearchMethod.asp](http://www.hospitalcompare.hhs.gov/Hospital/Search/SearchMethod.asp). Above all, says Loeb, patients should seek

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information from multiple sources. "It is increasingly clear there is no one single metric that one should use when choosing a health care provider," he says [Source: Forbes.com Rebecca Ruiz article 26 Jan 2010 ++]

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**HEALTH CARE AVAILABILITY UPDATE 01:** Lack of insurance or timely access to your regular doctor doesn't have to mean going without needed health care. If you're uninsured and seeking stop-gap medical care before you find coverage again, you can triage your way to better health by understanding the trade-offs of several care options, experts say. A retail clinic, urgent-care or community health center may be a suitable fit, depending on the severity of your medical need and your personal preferences. A broad spectrum of care is available, from the limited offerings of a retail clinic to the high-end capacity of an emergency department, said Ateev Mehrotra, a policy analyst at Rand Corp. and a professor at the University of Pittsburgh School of Medicine. They're all places you don't need an appointment, there's open extended hours and they're there to treat people who can't get in to see their regular provider. If you have a regular doctor you'd like to keep seeing but fear you can't pay full price because of lost coverage, give the doctor a chance to work out a charity care arrangement, payment plan or possible treatment changes to lower costs. Most doctors will try to work with patients to assure their continuity of care. Physicians also value that personal relationship that develops. Still, a shortage of primary-care physicians has left many scrambling to keep up with patient demand. The wait time for appointments can be a deal-breaker, forcing patients to look elsewhere for care. Some places to are:

- **Retail clinics.** Convenience and expense are two reasons uninsured patients who suspect they have a routine, minor ailment such as the flu, strep throat, simple bronchitis or a skin condition should consider visiting a retail clinic, Mehrotra said. Retail clinics also typically offer vaccinations and physicals for school, camp or sports on a walk-in basis, and they're open evenings and weekends. They're located in national chain stores such as Walgreens and CVS/pharmacy as well as hospital systems. They're staffed by nurse practitioners or physician assistants who can diagnose, treat and prescribe medication. Unlike emergency rooms and other health-care settings where there's no way to know how much the final bill will be, retail clinics post their prices on a menu board and often online. Patients "know exactly what they're going to pay. CVS/pharmacy stores, for example, have 500 MinuteClinics in 25 states. They're all open seven days a week and have weekday evening hours, and the average cost of treatment is \$62. Retail clinics offer a quality of care equivalent to that of urgent-care centers and private doctor's offices, according to a 2009 study from Rand Corp. Its typical patients are young adults with no regular health-care provider. Limitations are patients looking for a doctor or on-site X-ray or lab facilities won't find them at retail clinics, and many won't treat babies and toddlers younger than 18 months.
- **Urgent-care centers.** These offer care that's more comprehensive care than at retail clinics but not as complete as in hospital emergency departments. They also don't take appointments but offer doctors and treatment for mid-level problems such as simple fractures, sprains, bruises, burns and cuts requiring stitches. Many also treat asthma and bladder infections. "Our goal is to get people in, treated and out within an hour," said Jim Greenwood, chief executive of Concentra, a Dallas-based health-care and wellness provider that owns and operates more than 300 urgent-care clinics in 40 states. Transparent pricing also has caught on at Concentra, which shows in English and Spanish the cost of three levels of service, which typically range from \$95 to \$190. Concentra's urgent-care centers are located closer to where people work than where they live, and many have extended hours to accommodate people's work schedules. Back pain is one of the top reasons patients seek care there, and each center is staffed with a doctor and a physical therapist, Greenwood said. "The beauty of our model is the physician and the physical therapists are communicating," he said. "They know if the patient is getting better or not with physical therapy." Limitations are that like retail clinics, urgent-care centers typically don't treat infants. Costs are 30% to 40% higher than at retail clinics, reflecting more staff training and resources, Mehrotra said.

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- **Community health centers.** These are nonprofits that are used to serving uninsured people and those with low incomes. They charge patients on a sliding fee scale according to federal guidelines and based on a person's ability to pay. "It's a good place to come and feel welcome without being embarrassed if you don't have the insurance or you don't have the money," said Lolita Lopez, president of Westside Family Health Care in Wilmington, Del. Many health centers help patients with chronic conditions such as diabetes manage their ailments so they don't end up in costly emergency rooms. Community health centers don't consider themselves one-shot deals. They offer an array of primary and preventive care, sometimes including dental clinics, optometry, pediatric and obstetric/gynecology services under one roof. They often function as a medical home, a place where a patient can come back over time as their medical needs change. "Their focus is on continuity of care while retail clinics, urgent care and ERs are treating one problem and don't necessarily have to see you again," Mehrotra said. Limitations are most community health centers require appointments and documentation of income. Wait times can be long as resources are stretched thin.
- **Hospital emergency rooms.** Always open and stocked with life-saving equipment and personnel. Doctors say patients with potentially serious symptoms such as a high fever, shortness of breath or chest pain should seek care there without delay. About half of ER patients are admitted to the hospital. Of all the above options, the ER is by far the most expensive place to receive medical care, and patients with less urgent needs can face long waits before being treated.

[Source: MarketWatch Kristen Gerencher article 17 Feb 2010 ++]

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**ARIZONA MEMORIAL UPDATE 01:** On 19 FEB thousands of visitors poured into the first phase of a new USS Arizona Memorial Visitor Center, designed to replace the old buildings that have sunk nearly three feet into the unsteady ground around Pearl Harbor. The new visitor center offers a new bookstore that's nearly twice the size of the old one, an education and research center, a snack bar, administrative offices, addition of more and larger bathrooms, and a centralized ticketing operation so visitors can more easily attend the other World War II-era attractions around what's commonly referred to as the USS Arizona Memorial: the USS Bowfin Museum, USS Missouri Memorial and Pacific Aviation Museum-Pearl Harbor. By congressional proclamation, the USS Arizona Memorial has been renamed the "**World War II Valor in the Pacific National Monument.**" Its land-based visitor center also will get a new name, but for now it's being called the "USS Arizona Memorial Visitor Center replacement and expansion project."

With the opening of the new, unnamed center construction began on the second phase — on the grounds of the old center — for a total cost of \$58 million. Phase two is scheduled for completion by 7 DEC, the 69th anniversary of the Japanese attack. The actual memorial that straddles the remains of the USS Arizona was built in 1962. The original visitor center opened in 1980 on 11 acres of soil that had been dredged to expand the Halawa Basin area. When it opened, the center was designed to sink no more than 18 inches into the reclaimed soil, but instead it dropped more than 30 inches, causing water to seep into the basement and erode the concrete structure. It also was designed to accommodate only 2,000 visitors each day — not the 4,500 tourists and residents who actually show up at Hawai'i's No. 1 tourist attraction, which does not charge for admission. The new center was built on top of 180 pilings driven 200 feet into the soil; the pilings are designed to keep the new facility stable, said Tom Fake, regional project director for the National Park Service, which runs the USS Arizona Memorial. When the second phase is finished, the 23,600-square-foot visitor center will be almost twice as large as the old one and will sit on 6 additional acres, for a total area of 17.4 acres. The second phase will include exhibits aimed at looking beyond the Japanese attack, with titles such as "Road to War," "O'ahu 1941," and "Attack and Aftermath." It's intended to open in time for the annual anniversary commemorating the Japanese attack, which has been held at Pearl Harbor's Kilo Pier. This year, the ceremony will return to the visitor center's back lawn, which will be three times larger.

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Until the visitor center is complete, tourists will view a 23-minute movie about the Pearl Harbor attack outdoors instead of in the old theater, which will be renovated and upgraded with digital equipment. An undulating roof design that's part of the first phase is intended to improve the air flow outside for visitors, who will look beyond an outdoor exhibit of the Arizona's anchor out toward Pearl Harbor and the Arizona Memorial. "We designed it with comfort in mind for the visitors," Fake said. "We provided lots of shade, lots of seating areas." U.S. Sen. Daniel K. Inouye (D-HI) was instrumental in securing both federal and private money for the new visitor center. "We've been waiting for this a long time — a building that we hope will never sink," Inouye told The Advertiser after the ceremony. "More importantly, this building will bring all the forces together — not just the Arizona, but the Missouri, the Bowfin, all the heroes. That's the way it should be." [Source: Honolulu Advertiser Dan Nakaso article 19 Feb 2010 ++]

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**VIETNAM VETERANS DAY:** Some Vietnam War veterans are fighting for a day of their own. They have persuaded several state legislatures and dozens of cities to designate Vietnam Veterans Day and are lobbying others for a symbol of the gratitude and respect they believe they were denied when they came home from an unpopular war. "We served with honor and we want people to know that," says Bill Albracht, 61, secretary of the Vietnam Veterans of America (VVA) chapter in the Quad Cities area of Iowa and Illinois. "We were ridiculed and defamed ... and we took it. Now we're trying to set the record straight." The U.S. honors all of its war veterans on 11 NOV. Several area cities passed proclamations making 30 MAR Welcome Home Vietnam Veterans Day. Some advocates say the last U.S. troops left Vietnam on 30 MAR 73; others say the correct date is 29 MAR and support recognizing Vietnam War veterans on that day. Neither group is seeking a national holiday that gives federal workers the day off. "People really just want some recognition," says John Rowan, national VVA president.

In SEP 09, California Gov. Arnold Schwarzenegger signed legislation making 30 MAR Welcome Home Vietnam Veterans Day. "They're still a lost generation out there in many ways," says Assemblyman Paul Cook, a Republican and Vietnam War veteran. José Ramos, 60, a Vietnam veteran in Whittier, Calif., helped lead the effort in his state. Working for appreciation for vets helps him cope with the war's still-vivid scars, he says. "I'm really proud, but my nightmares are my nightmares," he says. Dann Dunham, 60, a Vietnam veteran in Crossville, Tenn., who organizes efforts to commemorate Vietnam War vets on 29 MAR, says at least eight states have passed proclamations and there are active campaigns in others. Veterans in Ohio are working for passage of legislation there. "It doesn't cost anything, it's so simple — how could anyone be against it?" says Paul Hauke, 61, a Vietnam War veteran from Sandusky, Ohio. Donald Lanthorn, with the Ohio American Legion, testified in a legislative committee against the proposed 29 MAR holiday there, in part because William Calley, the Army officer who led the 1968 My Lai massacre in Vietnam, was convicted on that date in 1971. "We're not convinced," Lanthorn says, that a separate day of recognition for Vietnam War vets is needed, but "we're not attempting to demean their service." Diane Finnemann will mark the third Vietnam veterans observance next month in Minnesota, where her lobbying helped win passage in 2008. Her brother Wallace Schmidt, a Vietnam War vet who had post-traumatic stress disorder, committed suicide in 1972. [Source: USA TODAY Judy Keen article 19 Feb 2010 ++]

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**WEST VIRGINIA VET CEMETERY UPDATE 01:** A second West Virginia cemetery for military veterans has the green light, thanks to a land donation from Dow Chemical Co. and the likelihood of \$13 million in federal dollars. Gov. Joe Manchin and U.S. Sen. Jay Rockefeller announced 18 FEB that the state has signed an agreement with Midland, Mich.-based Dow, which is donating 350 acres in Institute, an unincorporated area near Charleston. Rockefeller says final federal approval, which will come with a grant to build the cemetery, is

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likely a few months away. The cemetery will be named in honor of the late West Virginia veteran Don Kinnard. Work on the new veterans cemetery is expected to begin later this year. . Rockefeller said the grant from the Veterans Administration is the largest ever for a cemetery. He called it a fitting tribute to the state's veterans. The cemetery would be the second veterans burial site in West Virginia, along with the Grafton National Cemetery in Taylor County. Manchin and Rockefeller say the new site will meet a longtime demand for a veterans cemetery close to southern West Virginia. [Source: AP article 19 Feb 2010 ++]

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**FILIPINO VET INEQUITIES UPDATE 18:** The US Department of Veterans Affairs (USDVA) had approved the applications of 12,846 eligible Filipino World War II veterans as the deadline for the filing of applications for one-time lump sum payments ended on 16 FEB. The US Embassy in Manila said that a total of about P7.2 billion had been paid to qualified veterans or their widows under the Filipino veterans equity compensation provision of the American Recovery and Reinvestment Act of 2009 that US President Barack Obama signed early last year. For one week before the deadline, the USDVA held 22 outreach events in partnership with the Philippine Veterans Affairs Office (PVAO) around the Philippines to encourage veterans to file the claims. USDVA-Manila Director Jon Skelly and his staff were also interviewed on TV and radio many times to explain the benefits and the process, and to remind veterans of the application deadline. The USDVA office remained open on Feb. 15, when other embassy offices were closed for the George Washington's Birthday Holiday. USDVA teams were also stationed at PVAO in Quezon City.

About half of the nearly P7.2 billion in one-time benefits paid out so far has gone to Filipino WW II veterans with American citizenship. The other half went to Filipino veterans who are not US citizens. To date, of some 40,000 applications received, around 7,000 are duplicate applications, and 14,500 cases remain pending. Those cases will be adjudicated without delay, so that qualified veterans will get their benefit as quickly as possible. The USDVA-Manila staff includes 222 Filipino employees, working hard every day to serve these honored veterans, Skelly said. Veterans who have already applied for this one-time benefit will receive an acknowledgement receipt from the USDVA. There is no need to obtain additional military service information unless requested by the USDVA. "We continue to pay around \$8 million monthly in previous and continuing benefits to Filipino veterans and their family members," Skelly said. [Source: Philippine Daily Inquirer Cynthia Balana article 19 Feb 2010 ++]

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**OPERATION IRAQI FREEDOM:** On 1 SEP 2010 Operation Iraqi Freedom (OIF) will officially become Operation New Dawn (OND) to recognize the continued progress that is being made in the country. In a 17 FEB memo approving the name change to Gen. David Petraeus, the commander of U.S. Central Command, Defense Secretary Robert Gates said the change sends a strong signal that "our forces are under a new mission. It also presents opportunities to synchronize strategic communications initiatives, reinforce our commitment to honor the Security Agreement, and recognize of evolving relationship with the Government of Iraq." [Source: VFW Washington Weekly 19 Feb 2010 ++]

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**RETIREE VOLUNTARY RECALL UPDATE 02:** All the services have created programs for military retirees who want to return to duty. And many retirees are jumping at the chance. At the present time 974 Army enlisted members and officers volunteered to return to active duty after retirement. Since 9/11, 3,077 Army retirees have voluntarily returned to some period of active duty. Any Army retiree who has served at least 20 years of service and is under the age of 70 can apply for recall. Of course there is a rigorous fitness,

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security and need analysis before they are accepted. The other services have much smaller and more specialized recall programs. The Air Force established a voluntary program in JAN-DEC 09 for officers only(!) and had 386 retirees return. Last year the Navy had 378 retired personnel and officers return to duty. The Navy says that most of them had very specialized skills- examples Doctors and Chaplains. The Marines had a small recall program for 300 senior non-commissioned officer positions FEB 08 to FEB 09 which were all filled. [Source: TREA Washington Update 19 Feb 2010 ++]

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**AIR FORCE ENLISTED VILLAGE UPDATE 02:** Air Force Enlisted Village (AFEV) was founded in 1967 to provide a safe, secure and dignified place for indigent surviving spouses of retired Air Force personnel. The Village's primary goal and focus is to "Provide a Home," and financial assistance to these women. The surviving spouse with the greatest need is cared for first and none are refused assistance due to financial status. Surviving spouses requiring financial assistance live here among peers sharing memories of Air Force life without the stigma normally associated with subsidized housing facilities. AFEV officials are reaching out to people interested in moving to their retirement communities by waiving certain fees. Two-bedroom upstairs apartments are available at Teresa Village. Advance fees are being waived for new residents who sign a lease before 15 APR. Advance fees will also be waived for new residents of Bob Hope Village who sign a lease before 15 APR. For more information regarding Air Force Enlisted Village communities, contact the admissions office at (850) 651-9422 to discuss eligibility requirements, or visit the Air Force Enlisted Village website [www.afenlistedwidows.org](http://www.afenlistedwidows.org).

AFEV is composed of Teresa Village in Fort Walton Beach, Fla., and Bob Hope Village in nearby Shalimar. Both are only minutes from Eglin Air Force Base and Hurlburt Field. Located on the Bob Hope Village campus is Hawthorn House, a 64-apartment assisted living two-story facility which features all the amenities of a top-of-the-line complex. Bob Hope village consist of 224 one-bedroom apartments and 32 two-bedroom apartments. Each apartment comes equipped with appliances, but you bring your furnishings to make it your own. There is a swimming pool, hot tub, and a 29,000-square foot Community Center. Teresa Village has a combination of two-story apartments and single level buildings plus a swimming pool and a 4,920-square foot Community Center. There are 101 two-bedroom first and second floor apartments; eight one-bedroom first floor apartments and seven three-bedroom houses. There are no elevators, so residents must be able to negotiate stairs. Each apartment comes equipped with appliances, but you bring your furnishings to make it your own. For both villages there is a monthly fee which covers water, sewer, garbage, maintenance, security costs and basic cable. Electricity, telephone, premium cable and internet services are the resident's responsibility.

Surviving spouses applying for long-term residence at Bob Hope or Teresa Villages must be at least 55 years of age, have a valid identification card and must be able to live independently. Those who can no longer safely live on their own are now able to be at home in the Hawthorn House. Surviving spouse of enlisted members who served in other branches of the military are admitted on a space-available basis, but aren't eligible for financial assistance. Temporary housing is available to spouses of enlisted members who die or who are killed on active duty. Adult dependents - typically parents of active duty members or their spouses - are eligible for permanent housing on a space-available basis. For Admission to both villages all applicants must be ambulatory, able to live independently and possess a valid military ID card. Additional documents required for all admissions include:

- Marriage Certificate
- Spouses Birth Certificate
- Proof of Retirement – Orders or DD214
- Death Certificate of Sponsor (surviving spouses only)

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Enlisted Air Force retired couples become eligible when the retired member is 55 and the spouse is at least 55. Surviving spouses whose enlisted sponsors served in other branches of the service are admitted when space is available; however, they are not eligible for financial assistance. Younger applicants in need, whose active duty sponsor has just died, may be admitted for up to one year. Applicants are encouraged to complete the required Admission Form (including all medical information and doctor's signature) and submit them as soon as they meet the age criteria since applicants are placed on the waiting list in order of completed application date. There are two waiting lists—one for surviving spouses and one for couples. Surviving spouses requesting financial assistance should contact the Admissions Department at (850) 651-9422 for more information. In case of a dire need situation, some of the criteria may be waived for admission to any of the villages. To receive an application for admission to Bob Hope Village or Teresa Village, or for more information, call the AFEV's admissions department at (850) 651-9422 or (800) 258-1413.

Application forms for admission for Hawthorn House can be downloaded at [www.afenlistedwidows.org/repository/HawthorneHouseApplication.pdf](http://www.afenlistedwidows.org/repository/HawthorneHouseApplication.pdf). Hawthorn House applicants must also submit a medical form signed by a physician within 60 days of moving in. The form can be downloaded at [www.afenlistedwidows.org/repository/HH%20Medical%20Form.pdf](http://www.afenlistedwidows.org/repository/HH%20Medical%20Form.pdf). Widows of retired Air Force enlisted members may be eligible for subsidized rent. Surviving spouses requesting financial assistance should contact the Hawthorn House Admissions Department at (850) 651-3013 for more information. (Note: Special dietary needs can be met by the facility). Hawthorn House applicants must be:

- Free of any communicable disease which is likely to be transmitted to other residents or staff; however, a person who is HIV (Human Immunodeficiency Virus) positive may be admitted if otherwise eligible.
- Able to perform activities of daily living with supervision or assistance, if necessary.
- Able to transfer with assistance if necessary.
- Capable of taking his or her own medication with assistance from trained staff if necessary; the facility may accept a resident who requires medication administration if the facility has appropriately licensed staff, or the resident contracts with an appropriately licensed third party to administer medication.
- Not a danger to self or others.
- Not require 24-hour professional mental health care.
- Not be bedridden.
- Not have stage 3 or 4 pressure sores.
- Not require certain skilled nursing services, or 24-hours nursing supervision.
- Be determined appropriate by the facility manager.

[Source: [www.afenlistedwidows.org](http://www.afenlistedwidows.org) Feb 2010 ++]

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**VA FRAUD WASTE & ABUSE UPDATE 27:** It took the Department of Veterans Affairs 18 years to discover it was sending monthly benefits checks to a dead person. By the time it was discovered, Gilbert C. Harges of Newport News had cashed \$191,000 in checks sent to his mother between 1990 and 2008. Harges, 54, pleaded guilty in Newport News federal court this month and faces up to 10 years in prison. Jim O'Neill, assistant inspector general for investigations with the Department of Veterans Affairs' Inspector General's Office, said 382 people have been arrested and \$40 million has been recovered since his office began a program 10 years ago to match Social Security data on dead people with the list of VA beneficiaries. "More often than not, it's a surviving family member who's not entitled to any of the money, but nonetheless converts it for their own use," O'Neill said. He characterized the \$191,000 bilked by Harges as one of the larger such cases he's seen, though he's seen larger.

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Sometimes the crimes are more egregious than simply cashing checks earmarked for a now-deceased loved ones. In some cases, corpses have been found in people's homes, with loved ones not reporting the deaths so as to keep the checks coming. Some people have even been killed to get at their checks. Other times, O'Neill said, there's no ill-intent, and the monthly paychecks are simply being deposited in a dead person's account. "Sometimes there's no malice and the money is just piling up," he said. "We've been able to recover a lot of that money." It might have taken 19 years, but they finally figured it out. Harges admitted bilking the federal government out of \$191,669 in paychecks to his deceased mother — then blowing much of the money on drugs and booze. Harges deposited 221 monthly Department of Veterans Affairs benefit checks in his mother's name, according to a statement of facts that he agreed to as part of his guilty plea in Newport News federal court this month. Harges' mother, Layuna F. Harges, was entitled to receive the checks after the death of her husband, veteran Jack Harges. But the payments were supposed to stop when she died in FEB 90. Instead, Gilbert Harges forged his mother's signature on the checks, deposited the money into a Bank of America savings account they held jointly, "and later withdrew the funds from the account and used them for his own purposes," according to the statement of facts.

When the VA sent questionnaires to the family's home in both 1992 and 2000 inquiring about his mother's marital status, he forged his mother's signature, indicating she had not remarried. The checks could have been reduced or stopped if she had remarried. In AUG 09, he was interviewed by agents with the Veterans Affairs' Office of Inspector General. "He ... admitted spending all the money and stated most of the money was spent on crack cocaine and alcohol, at least through 1999," said the statement of facts. "He knew his actions were wrong ... and characterized his actions as embezzlement." Though Harges admitted as part of his guilty plea to depositing and using all 221 checks, he pleaded guilty to forging only one — a \$1,091 check dated 1 JUL 08. Under the plea bargain, the \$191,669 that he took is subject to forfeiture. He'll be sentenced 7 MAY by U.S. District Judge Mark S. Davis. [Source: Newport News daily Press Peter Dujardin article 16 Feb 2010 ++]

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**GI BILL UPDATE 70:** About 122,000 people now have received word from the Veterans Affairs Department that they must start paying back the \$3,000 advance payments of Post-9/11 GI Bill benefits they received late last year. A second warning letter will come this week, officials said. The advance payments were made beginning 2 OCT, when it became clear VA would be late paying living stipends and book allowances to students using the new program for the fall term. Applications for the emergency payments ceased on 8 FEB, and VA officials said they see no need to offer them for the spring term because there are no similar delays in benefits payouts. Those who are receiving spring term GI Bill benefits will be given the option of having payments recouped at a rate of \$750 a month from the monthly living stipends, which means the advance pay received during the fall term would be repaid in four months. Under that option, deductions would begin 1 APR. If they are not receiving GI Bill living stipends for the spring term, those who received the \$3,000 will have to make alternative payment plans.

Generally, VA wants the \$3,000 back, interest free, within one year, and requires a monthly payment plan, which would mean monthly payments of \$250. The names of anyone who does not respond to VA's request for recoupment will be turned over the Treasury Offset Program, which can garnish salaries or tax refunds to collect money owed the federal government. Debt waivers will be considered, VA officials said, using standard procedures that require filling out a financial status report and making a written appeal that collecting the debt would be unfair or create a financial hardship. As of 5 FEB, VA received spring semester Post-9/11 GI Bill enrollments from 167,000 student veterans and already has paid more than 147,000 students. That includes everyone whose application was received by 19 JAN, officials said. [Source: MarineCorpsTimes Rick Maze article 16 Feb 2010 ++]



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**GI BILL UPDATE 71:** The VA has announced the reopening of the GI Bill telephone hotline. The number is 1-888-GIBILL-1 (1-888-442-4551). Starting 17 FEB the phone line is open 07-1700 CST Monday through Friday. The VA says that improvements have been made. When it first stood up there were tremendous delays and 90% of the calls never went through. Furthermore it was operating only three days a week. As a result numerous veterans never were able to speak to an education counselor. If a student or school is calling from outside of the United States and can't use the non-toll number they should call the VA's Buffalo N.Y. regional office for help. There non-toll numbers are: (716) 857-3196 or (716) 857-3197 and then chose "option one" when asked. [Source: TREA Washington Update 19 Feb 2010 ++]

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**TSP UPDATE 27:** With the European economy in turmoil, the Thrift Savings Plan's international fund has continued to dip, dropping an additional 2.11% since January, according to TSP administrators. During the Federal Retirement Thrift Investment Board meeting on 16 FEB, Tracey Ray, the TSP's chief investment officer, said the economic situation in Europe -- including the current budget crisis in Greece -- was contributing to the decline of the I Fund. The fund, invested in international companies, fell 5.17% in January, dropping 7.17% overall so far in 2010. Although battered by the financial crisis in 2008, the I Fund had been making steady progress, gaining 30% in 2009. Many TSP enrollees continue to invest in the international fund. In AUG 09, the I Fund received 9% of monthly TSP contributions, and it currently represents about 8% of the overall TSP balance. The other TSP funds are holding steady or have increased slightly in February, according to the board. But in January nearly all the funds, except those invested in government securities and fixed income bonds, took a hit. Ray said the decline was due in part to uncertainty in the market surrounding the confirmation of Ben Bernanke to another term as chairman of the Federal Reserve and proposals for financial regulation of banks.

Board members also discussed ways to increase participation in the TSP, which has seen a recent uptick in past months but overall has declined during the past decade. In SEP 99, the TSP participation rate among employees in the Federal Employees Retirement System was 86.3%; in JAN 2010 it was 82.4%. Non-enrollees are collecting the 1% contribution which the government automatically provides to FERS employees. But since they are not contributing their own funds to the TSP, they aren't eligible for the government's 3% match. Beginning in August, new government employees automatically will be enrolled in the TSP, as a result of legislation passed by Congress last year. TSP Executive Director Greg Long said he hoped that automatic enrollment eventually will increase the plan's participation rate to more than 90%. "What I anticipate is not so much a huge jump, but the beginning of the wave," Long said. But automatic enrollment will not have an effect on about 400,000 current federal employees who are not participating in the program. The agency already has sent brochures about the TSP to those employees, and plans to follow up with more promotional material. Long said the agency board would try to push the message that the government's matching contributions are "free money," but also would have to respect those who believe that they can't afford to enroll. [Source: GOVExec .com Alex M. Parker article 16 Feb 2010 ++]

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**VA SEXUAL TRAUMA PROGRAM UPDATE 02:** Veterans seeking treatment for sexual trauma suffered in the military may have been improperly charged co-payments by the Veterans Affairs Department, according to a new report from the VA inspector general. The report, issued 4 FEB, has resulted in a change in billing practices and a promise that anyone charged for mental health counseling or treatment for physical health conditions could get his or her money back. Counseling and treatment at no cost to those seeking it, mental or physical, is available for male or female veterans for sexual trauma that occurred while on active duty or during National Guard and reserve duties. Unlike disability-related health issues, which veterans often must prove are service-connected, veterans seeking treatment for injury, illness or psychological conditions relating to sexual

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trauma do not have to provide any documentation or evidence that they reported the incident that caused the trauma. All veterans can receive the care; they don't even have to be eligible for veterans' benefits or be enrolled in the veterans' health care system.

More than 65,000 patients were treated by the VA for sexual trauma in fiscal 2009, according to the report. The investigation of improper co-payments was launched at the request of Sen. Daniel Akaka, the Senate Veterans' Affairs Committee chairman, who had received specific complaints about sexual trauma victims being charged co-payments for visits and medication at a VA outpatient clinic in Austin, Texas. A review found that of 250 veterans treated for sexual trauma, 86 were billed for services. While investigators looked only at the Texas clinic, the problems could have happened elsewhere, the report says. "I am concerned that some veterans may still be charged for care they should receive for free, unnecessarily adding complications to the recovery process," Akaka said in a statement. "However, I am pleased that VA's leadership is ordering changes system-wide as the Inspector General recommended. I will continue to monitor this issue." He also made a point of thanking the veteran who initially complained about being charged. "If she had not stood up for her fellow veterans, these national changes would not be in the works. Once again, this veteran has served her country well," he said. The woman was not identified by name by Akaka or in the report. [Source: Marine CorpsTimes Rick maze article 5 Feb 2010 ++]

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**CA VET LEGISLATION UPDATE 04:** The following is a listing of some pending veteran related bills that have been introduced in the California Legislature. Veterans are encouraged to contact their state legislators to express their support of this legislation. Complete information on all state legislation involving veterans' issues is available at <http://www.califveterans.com>:

- **AB 498 Vehicles:** special interest license plates and decals (Mary Hayashi, Hayward). Would permit a veteran who is eligible to have the ex-POW license plate, which does not cost the usual state registration fees, to instead use the veterans organization special license plate and still be exempt from paying the fees. The bill is scheduled for its first committee hearings during the coming week. It has been passed by the Assembly and has been referred to the Senate Committee on Transportation and Housing. There could be attempts to generate opposition in the Senate because the bill could require administrative changes by the DMV, and it is expected to apply to only a relatively few veterans.
- **AB 1088 Taxpayer contributions:** California Veterans Fund (Nathan Fletcher, San Diego). Would restore the donations which were previously authorized on the income tax check off list for the Veterans Quality of Life Fund, to help support the welfare and recreation activities at the California Veterans Homes. This bill has also been passed by the Assembly. Its next stop is expected to be the Senate Committee on Veterans Affairs which would be expected to pass it. However, the bill will also have to go to the Senate Committee on Revenue and Taxation which could be a difficult hurdle.
- **AB 1644 Veterans remains.** (Jim Nielsen, Biggs). Would allow specified entities in possession of the cremated remains of a veteran to release the remains to a veterans' service organization, if specified conditions are met. Would require the veterans' service organization to take all reasonable steps to inter remains received and would exempt the organization from storage charges or additional charges of interment. Referred to Assembly Committees on Veterans Affairs and Judiciary.
- **AB 1703 State Nursing Assumption Program of Loans for Education: veterans homes.** (Stephen Knight, Lancaster). Would expand the program by which the State assumes part of the repayment of student loans for students in an education program for registered nurses when the student agrees to work, following graduation, in a state facility such as a veterans home – or a state prison or psychiatric hospital. If the student completes 5 or more years of employment at a veterans home, the state would assume repayment of the entire student loan.

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- **AB 1787 Veterans cemetery.** (William Monning, Santa Cruz). Current law establishes an Endowment Fund to receive donations for the start up of a state veterans cemetery at the site of the former Fort Ord Army Base in Monterey County. This bill would now direct the California Department of Veterans Affairs to design, develop and construct the California Central Coast State Veterans Cemetery at this site.
- **AB 1829 Military decorations: fraud.** (Paul Cook, Yucaipa. Coauthors, Assembly: Joel Anderson, La Mesa; Tom Berryhill, Modesto; Wesley Chesbro, Eureka; Chuck DeVore, Irvine; Bill Emmerson, Redlands; Nathan Fletcher, San Diego; Danny Gilmore, Hanford; Kevin Jeffries, Riverside; Ted Lieu, Torrance; Brian Nestande, Palm Desert; Roger Niello, Sacramento; Anthony Portantino, Pasadena; Jim Silva, Huntington Beach; Cameron Smyth, Santa Clarita; and Audra Strickland, Camarillo. Coauthors, Senate: Lou Correa, Santa Ana; and Mark DeSaulnier, Antioch.) Provides that any person who, orally, in writing, or by wearing any military decoration, falsely represents himself or herself to have been awarded any military decoration, as specified, with the intent to defraud, is guilty of a misdemeanor. AB 282 by Assembly member Cook, adopted in October 2007, originally provided for the same penalty, but that bill was amended during committee hearings to make the offense merely an infraction. This bill is another attempt to make the offense a more serious affair.
- **Veterans Day.** Senator Jeff Denham, Chairman of the Senate Committee on Veterans Affairs, is expected to announce the introduction of a new bill which would require that Veterans Day be observed on the actual date on which the holiday falls (as opposed to a Monday or Friday). Actually, there is currently such a law in the Education Code but some of the State universities have not been observing it. Also, last November, the State Legislature moved the observance of the holiday from Wednesday to Monday to permit the members to take a 3-day weekend.

**Note:** Each year, the VFW Department of California offers a *Legislative Day at the Capitol* program in Sacramento. Attendance at this program is open to all VFW members. The program includes a seminar on current legislative issues, and the presentation of the *Legislator of the Year* awards. Attendees also attend hearings by the Legislature's Committees on Veterans Affairs. The scheduling of this program is based on the Calendar of the State Legislature and will vary from year to year. This year it is scheduled on April 20, starting at 9:00 am, at the Sutter Club in Sacramento. [Source: VFW Department of California Bill Manes, Chairman, Legislative/PAC Committee msg. 16 Feb 2010 ++]

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**CAMP LEJEUNE TOXIC EXPOSURE UPDATE 09:** The Department of Defense (DOD)'s refusal to accept responsibility for the health effects of exposure to contaminated water at Camp Lejeune has left veterans and their dependents (many without health care) out in the cold while a Congressional Tug-of-War is ongoing on how to deal with it. Both the Senate and the House have introduced bills to provide the needed health care, but the differences between the bills will require bipartisanship compromise. The Senate bill includes environmental hazards at all military installations (except for those in Iraqi and Afghanistan) while the House bill covers only Marine Corps Base Camp Lejeune, North Carolina. Other differences are potential deal breakers. The Senate bill requires that DOD provide health care through its Tricare insurance program while the House bill gives the VA the responsibility for both veterans and dependents health care.

The Senate Committee on Veterans Affairs voted 28 JAN along party lines 9 to 5 in favor of an original bill sponsored by Senator Daniel Akaka (D-HI) to provide health care through the DOD Tricare insurance program to Camp Lejeune veterans and dependents and exposed to environmental hazards from the contaminated base water wells. The Akaka bill, "Examination of Exposures to Environmental Hazards During Military Service Act of 2010" S. \_\_\_\_ (no number assigned) requires that DOD provide compensation or health care to other veterans and

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dependents of other military installations whenever an Advisory Board found evidence of exposure to environmental hazards. On review of the Akaka bill some conclusions which can be made are:

- For Camp Lejeune, eligible individuals would receive health care through DOD's TRICARE insurance program. The bill gives DOD the authority to compile a list of eligible individuals exposed to environmental hazards at Camp Lejeune. Look for short list. It makes more sense to give this responsibility to a neutral party like the Agency for Toxic Substances and Disease Registry (ATSDR).
- For other military installations, the bill establishes an Advisory Board with authority to submit a report with a recommendation that DOD should provide compensation or TRICARE health care benefits to veterans and their dependents exposed to environmental hazards. One obvious problem is this gives DOD the discretionary authority to reject Advisory Board's recommendations.
- Unlike other military installations, Camp Lejeune veterans and dependents are not given the choice of financial compensation or TRICARE health benefits. TRICARE requires eligible individuals to pay insurance premiums. There's no provision in the bill to waive health insurance premiums.
- For Camp Lejeune only, the bill provides a "Sunset" provision, which states that "eligibility for benefits under this section shall terminate on the date that is 5 years after the date of the enactment of the Act." This assumes that all Lejeune veterans and dependents on the base when the water wells were contaminated have been notified of their eligibility for Tricare health benefits within 5 years.
- The bill establishes an Advisory Board and Science Review Panel with scientists with backgrounds in environmental exposure or environmental exposure assessments, health monitoring or other related fields would be an integral part of the administrative process. The Advisory Board (except for Camp Lejeune) is responsible for providing expert advice relating to exposures of current and former members of the Armed Forces and their dependents. If there's no evidence of exposure, the board makes a recommendation of such a finding to VA and DOD. Although no specifically addressed in the bill, the VA could use the board's findings to deny a veteran's disability claim.
- With exception of Camp Lejeune where health care to eligible individuals is mandatory, the Advisory Board only has authority to submit reports with recommendations that DOD should provide compensation or TRICARE health care benefits to veterans and dependents exposed to environmental hazards. These recommendations could be dismissed by DOD who can readily provide scientific arguments supporting denial of compensation or health care.
- There's no provision in the bill to review the independence of scientists. For example, scientists who are employed by defense contractors or universities with DOD contracts or grants should be excluded from the Advisory Board and Science Review Panel. Logically, it makes sense to have an independent advisory board with access to scientists with environmental exposure backgrounds to evaluate military hazard claims. Without a major change in attitude on the part of DOD, it makes little sense to give DOD discretionary authority to make decisions about compensation or health care benefits.
- The bill excludes exposure to an environmental hazard at a military installation during a period when imminent danger pay is authorized. Thus, an Iraqi veteran who has been exposed to the toxins from the burn pits and is experiencing a breathing problem should file a disability claim with the VA. The C&P exam should include a Pulmonary Function Test (PFT) and as Jim Strickland, Veterans Advocate, noted "that will be an important baseline marker for your future."

Senator Akaka noted that "Based on what I have seen, it appears clear that elements in the Department of Defense have been less than forthcoming in addressing these concerns [potential exposures to toxic substances at Camp Lejeune. That failure does not relieve the Defense Department of its responsibility, nor mean that the burden should be placed on the Veterans Affairs Department." The Senate Veterans Affairs Committee (SVAC) has jurisdiction over the Department of Veterans Affairs. The Akaka bill will be reported by SVAC and go on the Senate calendar. There is no requirement that the Senate Armed Services Committee (SASC) be involved. It's

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possible that SASC will seek to be involved but that has not happened to date, according to a Congressional source. The problem is the SASC's leadership supports DOD, according to another Congressional source. Also, it would take from 2 to 4 months to produce a Committee report on the Akaka bill, assuming the SASC does not object. If the jurisdictional issues raises its ugly head, don't look for a quick passage of legislation. By making DOD the provider of health care and introducing the possibility of SASC objection, the Akaka bill is in danger of being a "dead duck."

Senator Akaka's bill is not the first Congressional attempt to address the need for medical care for those injured by the health effects of exposure to contaminated water at Camp Lejeune. Senator Richard Burr (R-NC), Ranking Minority member of the Senate Veterans Affairs Committee, in JUL 09 introduced S-1518, "Caring for Camp Lejeune Veterans Act of 2009." The Department of Veterans Affairs is the designated health care provider in this bill. However, Senator Burr's bill could not clear the Senate Committee on Veterans Affairs. Senator Burr vowed to continue the fight and to attach his bill to any bill on the Senate floor, whenever the occasion arose. Acknowledging DOD's hostility to providing health care benefits, Senator Burr commented: "The committee's vote today [January 28th] supposes that somehow by Immaculate Conception health care will appear for these veterans and their families." A companion bill H.R.4555 "The Janey Ensminger Act," was introduced in the House on 2 FEB by Representative Brad Miller (D-NC). It requires the Department of Veterans Affairs to provide health care to veterans and their family members who have experienced adverse health effects as a result of exposure to contaminated well water at Camp Lejeune. The bill is named after Janey Ensminger, age 9, daughter of retired Marine Master Sergeant Jerry Ensminger who died from leukemia after exposure to contaminated drinking water at Camp Lejeune.

Camp Lejeune is not the only base where veterans and their dependents were at risk for exposure to environmental hazards. There are 130 military installations on the National Priority List (EPA Superfund list) and 1,400 military sites contaminated with trichloroethylene (TCE)—a degreaser widely used by the military and industry for many years and a major pollutant in water systems throughout the United States. Scientists with the National Research Council (NRC) admit that "evidence exists that people who lived or worked at Camp Lejeune Marine Base in North Carolina between the 1950s and 1985 were exposed to the industrial solvents trichloroethylene (TCE) or perchloroethylene (PCE) in their water supply." The NRC report funded by the Navy stated that, "...strong scientific evidence is not available to determine whether health problems among those exposed are due to the contaminants." Among these health conditions are birth defects, childhood leukemia, liver damage, and male breast cancer. Other scientists disagree with the NRC report's findings, expressing disappointment that the NRC report which took two years in the preparation "reached puzzling and in some cases erroneous conclusions." [Source: Robert O'Dowd Salem-News.com 10 Feb 2010 ++]

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**CAMP LEJEUNE TOXIC EXPOSURE UPDATE 10:** The Navy has agreed after months of fighting to fund a study into the health effects of past water pollution at Camp Lejeune on Marines. The Department of the Navy says in a letter 18 FEB to the federal Agency for Toxic Substances and Disease Registry it will pay more than \$1.5 million for the work. The study will look at whether there are higher mortality rates for Marines who served at the base during the years the water was contaminated. North Carolina Sens. Richard Burr and Kay Hagan had urged the Navy to fund the study. The two lawmakers were behind legislation passed by the Senate in September preventing the military from dismissing claims related to water contamination before studies are completed. [Source: MarineCorpsTimes AP article 19 Feb 2010 ++]

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**CAMP LEJEUNE TOXIC EXPOSURE UPDATE 11:** For what appears to be the first time, a former resident of Camp Lejeune, N.C., has been permitted to move ahead with a claim against the Marine Corps for years of water contamination that she says led to the development of her non-Hodgkin's lymphoma. The U.S. Department of the Navy, which includes the Marines, this week lost its bid to dismiss the case of Laura J. Jones of Iowa, who lived at Camp Lejeune from 1980 to 1983 as the spouse of a Marine officer. In 2005, more than two decades after she left North Carolina, Jones was diagnosed with non-Hodgkin's lymphoma. According to her personal injury claim in federal court, Jones had never heard about the years of contamination that plagued the well water at Lejeune. She accuses the military of recklessly allowing families to drink toxic water and failing to warn residents about the contamination. The Navy argued in the U.S. District Court in Raleigh that Jones had filed her civil suit beyond the statute of limitations. And the Navy said regulations at the time didn't cover contaminants such as trichloroethylene, tetrachloroethylene, vinyl chloride and benzene, and therefore the Marine Corps shouldn't be liable for them.

In a decision released 24 FEB, however, U.S. District Judge Terrence Boyle rejected those arguments. He said the Navy was to blame in part for Jones' ignorance about the contamination. And he pointed out that the military didn't begin earnestly seeking victims until after Jones' diagnosis. "The Department of the Navy's unwillingness to release information regarding contamination at Camp Lejeune or to provide notice to former residents remains relevant in that such conduct limited the information available to potential clients," Boyle wrote. The Navy had argued that an Internet search on "lymphoma" and "Camp Lejeune" would have yielded early news stories about the contamination, according to the judge's order. Boyle countered that there was no way Jones could have known to make such a query 20 years after leaving the base. Boyle also agreed that federal regulations made clear in DEC 72 that drinking water "shall not contain impurities which may be hazardous to the health of consumers." The decision means the case can now move forward, said Joseph L. Anderson, a Winston-Salem, N.C., attorney who represented Jones and has heard from thousands of other potential victims at Lejeune. The Navy could appeal the decision, but Anderson said he's preparing for the next phase of the case. "We're grateful for the judge's decision and for the opportunity to represent these families," he said. [Source: McClatchy Newspapers Barbara Barrett article 24 Feb 2010 ++]

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**SSA COMPASSIONATE ALLOWANCES PROGRAM UPDATE 02:** Michael J. Astrue, Commissioner of Social Security, today announced that the agency is adding 38 more conditions to its list of Compassionate Allowances. This is the first expansion since the original list of 50 conditions - 25 rare diseases and 25 cancers - was announced in OCT 08 (refer to 27 OCT 08 Bulletin article). The new conditions range from adult brain disorders to rare diseases that primarily affect children. Compassionate Allowances are a way of quickly identifying diseases and other medical conditions that clearly qualify for Social Security and Supplemental Security Income disability benefits. It allows the agency to electronically target and make speedy decisions for the most obviously disabled individuals. In developing the expanded list of conditions, Social Security held public hearings and worked closely with the National Institutes of Health, the Alzheimer's Association, the National Organization for Rare Disorders, and other groups. Social Security will begin electronically identifying these 38 new conditions 1 MAR. The list of the new Compassionate Allowance conditions follows. For more information about the agency's Compassionate Allowances initiative, refer to [www.socialsecurity.gov/compassionateallowances](http://www.socialsecurity.gov/compassionateallowances):

1. Alstrom Syndrome
2. Amegakaryocytic Thrombocytopenia
3. Ataxia Spinocerebellar
4. Ataxia Telangiectasia
5. Batten Disease

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6. Bilateral Retinoblastoma
7. Cri du Chat Syndrome
8. Degos Disease
9. Early-Onset Alzheimer's Disease
10. Edwards Syndrome
11. Fibrodysplasia Ossificans Progressiva
12. Fukuyama Congenital Muscular Dystrophy
13. Glutaric Acidemia Type II
14. Hemophagocytic Lymphohistiocytosis (HLH), Familial Type
15. Hurler Syndrome, Type IH
16. Hunter Syndrome, Type II
17. Idiopathic Pulmonary Fibrosis
18. Junctional Epidermolysis Bullosa, Lethal Type
19. Late Infantile Neuronal Ceroid Lipofuscinoses
20. Leigh's Disease
21. Maple Syrup Urine Disease
22. Merosin Deficient Congenital Muscular Dystrophy
23. Mixed Dementia
24. Mucosal Malignant Melanoma
25. Neonatal Adrenoleukodystrophy
26. Neuronal Ceroid Lipofuscinoses, Infantile Type
27. Niemann-Pick Type C
28. Patau Syndrome
29. Primary Progressive Aphasia
30. Progressive Multifocal Leukoencephalopathy
31. Sanfilippo Syndrome
32. Subacute Sclerosis Panencephalitis
33. Tay Sachs Disease
34. Thanatophoric Dysplasia, Type 1
35. Ullrich Congenital Muscular Dystrophy
36. Walker Warburg Syndrome
37. Wolman Disease
38. Zellweger Syndrome

[Source: [www.socialsecurity.gov/compassionateallowances](http://www.socialsecurity.gov/compassionateallowances) Feb 2010 ++]

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**TRICARE HELP:** Have a question on how Tricare applies to your personal situation? Write to Tricare Help, Times News Service, 6883 Commercial Drive, Springfield, VA 22159; or [tricarehelp@militarytimes.com](mailto:tricarehelp@militarytimes.com). In e-mail, include the word "Tricare" in the subject line and do not attach files. You can also get Tricare advice online anytime at [www.militarytimes.com/tricarehelp](http://www.militarytimes.com/tricarehelp). For basic information refer to the latest Tricare Handbook at [www.tricare.mil/mybenefit/Download/Forms/Standard\\_Handbook\\_LoRes.pdf](http://www.tricare.mil/mybenefit/Download/Forms/Standard_Handbook_LoRes.pdf) or call your regional contractor. Following are some of the issues addressed in recent weeks by these sources:

**(Q) Will my children be covered when I marry?** My fiancé and I will marry as soon. I have twin girls from a previous marriage. Their natural father will not allow my fiancé to adopt them. Will that prevent them from becoming eligible for Tricare?

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(A) It is not necessary for your fiancé to adopt your children. Stepchildren are eligible for Tricare as long as the biological mother or father is married to the Tricare sponsor. If that marriage ends in divorce, however, stepchildren who are not adopted lose their Tricare eligibility on the date the divorce is final. Contact the Defense Enrollment Eligibility Reporting System, better known as DEERS, for official information regarding your children's Tricare eligibility and for guidance with registering you and your children for military benefits. The DEERS number is 800-538-9552.

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**(Q) Will Tricare cover massage therapy received from a legitimate, licensed massage therapist?** I have painful muscle spasms in my back. My doctor has ordered physical therapy, which Tricare will cover, but he also suggested I might benefit from massage therapy.

(A) Although many people, including some physicians, recognize massage therapy as a useful palliative treatment for painful muscle spasms, it is not a therapeutic technique that is covered by Tricare. I know of no plans at this time to allow massage therapy to be covered by Tricare. And remember, any change to what is covered by Tricare requires a change in federal law.

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**(Q) Can my older wife get Medicare before I do, or does Tricare make her wait for me to get Medicare first?** If she can get Medicare sooner, can she also get Tricare for Life at that time?

(A) Social Security, not Tricare, determines eligibility for Medicare. To learn when she will be eligible for Medicare and how to apply, your wife should call Social Security at 800-772-1213. When retired Tricare beneficiaries become entitled to Medicare Part A are enrolled in Medicare Part B, and their DEERS records are updated to report enrollment in Part A and Part B, Tricare automatically makes them eligible for Tricare for Life, regardless of age. ?

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**(Q) I'm 17 and I just got married. My father has Tricare coverage. Am I still covered by his Tricare?**

(A) No, at midnight of the day you married you automatically lost all the Tricare eligibility you had from your father's service. You can confirm that by calling the DEERS Support Office, at 1-800-538-9552. You or your father must notify DEERS of your marriage.

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**(Q) Will Tricare pay anything for acupuncture or a chiropractor?** I use them and they seem to work; I no longer take allergy meds. I still have a regular doctor too. I had the coverage when I had my employer's insurance.

(A) Tricare is currently forbidden by federal law and regulation to pay for chiropractic care or acupuncture. I am aware that there are people with strong feelings about the effectiveness of both of those treatment modalities, both for and against, and both have been the subject of considerable public dispute and debate. Tricare is not a health insurance policy or an insurance company. It is a federal health benefits program created and governed by federal law, which determines who is eligible and when, which medical services Tricare may cover and which are excluded, the amounts it may pay for each medical service and the manner of payment, the portion of the costs of care that are the beneficiary's responsibility to pay, and the like. Only Congress can change it.

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**(Q) Will Tricare cover and pay for hair implant surgery?** I'm male, and I had a thick head of hair prior to joining the military. I'm now showing signs of baldness. It's not hereditary in my family. I feel that lack of sleep, nutrients, stress, missions and shots received while in the military have caused my hair to thin.

(A) Tricare is not allowed to pay for medical, surgical or other services performed solely for cosmetic purposes or psychological reasons. Tricare benefits are determined by federal law and regulation. If you believe your hair loss is a result of your military service, you may want to file a claim with the Department of Veterans Affairs.



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(Q) **Will transition to Tricare for Life (TFL) impact on my family's Tricare Prime coverage?** I will be 65 this year and become eligible for Tricare for Life. My wife, daughter, and I have been under Tricare Prime for several years and it has met our health care needs in almost every respect. But now, as soon as I get Tricare for Life, I will become ineligible for Tricare Prime and be switched to Tricare Standard against my will. Not only will I have the additional expense of Medicare Part B, but under Tricare Standard, we will start incurring deductibles and cost shares that we don't have under Tricare Prime. Is there any way we can keep Prime when we get TFL?

(A) Your loss of Tricare Prime eligibility and automatic transfer to Tricare Standard can't be avoided — it's part of the legal requirements for TFL. Under TFL, Tricare Standard acts as a free Medicare supplement. You cannot choose to keep Tricare Prime. Your transition to TFL and transfer from Prime to Standard will have no effect on your family's Tricare Prime enrollment. You will be the only one affected. Your daughter may continue under Tricare Prime until she loses Tricare eligibility at age 21 (age 23 if she is a full-time college student), or until she marries, whichever comes first. Your wife may continue under Tricare Prime until she becomes entitled to Medicare and TFL at age 65. At that time, she'll lose her Tricare Prime eligibility and transfer to Tricare Standard under the TFL program, just as you were.

[Source: NavyTimes James E. Hamby Jr. column 22 Feb 2010 ++]

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**KNOW YOUR FOOD UPDATE 01:** Some foods sound healthy, but are packed with calories. If you think turkey burgers and yogurt are automatically healthy, think again. The editors of Fitness Magazine say many "healthy" foods are calorie culprits in disguise. For example:

- **Yogurt** - Plain yogurt naturally contains about 16 grams of sugar per cup. But if you eat flavored yogurt, you could be downing 15 or more additional grams of sugar. Slim strategy: Choose plain, low-fat yogurt and stir in fruit or a teaspoon of honey, maple syrup or all-fruit spread for a hint of sweetness.
- **Sugar-free cookies and candy** - When manufacturers remove the sweet stuff, they often add fat, so why not eat the real thing? Slim strategy: Get your cookie fix with graham crackers, which have almost a teaspoon less sugar per serving than many other packaged cookies.
- **Fat-free salad dressing** - In a study in the American Journal of Clinical Nutrition, people who used fat-free dressings didn't absorb any lycopene or beta-carotene, two health-boosting antioxidants. Slim strategy: Get an oil-based, reduced-fat dressing (usually 2 to 4 grams of fat per 2 tablespoons) that contains heart-healthy oils such as olive and canola.
- **Trail mix** - One ounce of banana chips packs 10 grams of fat (they're usually deep-fried), and yogurt-covered raisins are coated with partially hydrogenated palm kernel oil, which contains saturated and trans fats. Slim strategy: Toss your own trail mix with nuts, dried fruit (raisins or chopped apricots), whole-grain cereal, mini pretzels and a few chocolate chips.
- **Ground turkey** - Ground turkey often includes fat and skin. A 3-ounce serving can contain 13 grams of fat — almost triple the amount in lean ground beef. Slim strategy: Look closely at labels. "Extra-lean" turkey is your best bet, with 1 gram of fat and no saturated fat per serving. Can't find it? Buy at least 92 percent lean ground beef.
- **Veggie chips** - The rainbow-hued chips are no better than their potato counterparts. While both may boast a little vitamin A or C, your hips won't know the difference. Slim strategy: Be sure your chips list a vegetable, not potato flour or corn flour, as the first ingredient, and stick with just one portion.
- **Smoothies** - Your smoothie may contain way more fat than you think (17 grams in one popular chain's 16-ounce chunky strawberry smoothie). Some smoothies pack 500 calories. Slim strategy: Pick the smallest

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size available, and avoid high-calorie mixers such as frozen yogurt, sherbet, sorbet and, especially, peanut butter and granola.

- **Granola** - Granola seems harmless, but it's no breakfast of champions. One cup of dry granola contains up to 560 calories and 28 grams of fat. Slim strategy: Skip granola at restaurants, where you can't control your portion. Enjoy it at home by mixing a quarter cup into a cup of low-calorie, whole-grain cereal.
- **Sushi** - Trendy American-style sushi rolls are stuffed with high-calorie ingredients such as cream cheese, shredded cheese and mayonnaise. Slim strategy: Seek the basics — fish, rice, seaweed, vegetables — and skip creamy sauces. Sashimi (sliced raw fish, no rice) and Nigiri (raw fish with rice) are safe, as are cucumber rolls.

[Source: NavyTimes article 22 Apr 2010 ++]

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**COMBAT VETERAN HEALTH CARE UPDATE 05:** Four major veterans groups, backed by 64 other military-related associations, want Congress to relax the standard for determining who is a combat veteran for benefits purposes. Current law makes it easier for a combat veteran to be recognized as having a service-connected disability than a non-combat veteran, and it determines who is a combat veteran largely by the medals one has received or from unit records. The Independent Budget, an annual alternative veterans budget prepared by AMVETS, Disabled American Veterans, Paralyzed Veterans of America and Veterans of Foreign Wars, and endorsed by other military and veterans groups, says it's time to change that law because the military has changed. "World War II and the Korean War were wars with front lines and uniformed enemies," the budget document says. Since the Vietnam War, the front lines and the enemy have been more difficult to define making the current rules unfair. Under those rules, service members who were in a designated combat zone but never received a combat medal are forced to prove they were either engaged in action with the enemy or that their disability — mental or physical — originated during military service. The groups are asking for a change in law that would require VA to accept a veteran's statement about a disability as true if it meets these three criteria:

- There is no evidence to disprove their claim.
- They were in a combat zone.
- The disability is consistent with the nature of their service.

"This would mean, for example, that a veteran now suffering from [post-traumatic stress disorder] that was diagnosed by a psychiatrist as caused by an attack on his convoy in Vietnam would not have to hunt for unit reports of the incident," the budget report says. "It would mean that a former Army clerk now diagnosed with mild traumatic brain injury acquired while working at a military base outside of Baghdad would not have to prove that his compound was repeatedly mortared while he was there." Rep. John Hall (D-NY), chairman of the House Veterans' Affairs Committee's disability assistance panel, has been trying for several years to make a similar change that would apply to mental health issues. Hall's efforts, largely supported by veterans groups, have drawn complaints that the change would be costly and invite fraud. The Independent Budget argues that the change "would not eliminate checks and balances" because veterans would still have to show they were in a combat zone and that their disability appears linked to what they were doing there. [Source: NavyTimes Rick Maze article 22 Feb 2010 ++]

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**CRDP UPDATE 45:** Just days after the Obama administration announced plans to provide full concurrent receipt of disability and military retired pay to eligible veterans by 1 JAN 2015, a key House committee chairman threw a bucket of cold water on the initiative. Rep. Ike Skelton (D-Mo), chairman of the House Armed Services Committee and a supporter of allowing disabled retirees to concurrently receive full military and veterans

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benefits, said the Obama initiative included in the 2011 defense budget request does not satisfy the House's strict budgeting rules. Skelton said the problem is that the administration has not identified specific offsets — either cuts in existing programs or revenue increases — to pay for the new benefits for disabled retirees. “This committee has a deep commitment to this issue and our veterans, but we simply cannot enact it unless the administration identifies and advocates for specific offsets,” Skelton said at a committee hearing on the 2011 defense request. The budget request sent to Congress on 1 FEB adds \$408 million to the military retirement trust fund in 2011 specifically to cover the first phase of a five-year plan to expand concurrent receipt. The money would go to pay full retired pay to people medically retired from the military with fewer than 20 years of service who have disability ratings of 90% or greater.

The Obama plan calls for full concurrent receipt to be phased in by 1 JAN 2015, for all disabled retirees who are eligible for both military retired pay and veterans disability compensation. But Skelton said the \$408 million increase in the trust fund doesn't meet congressional “pay-as-you-go” rules, which require a specific offset to pay for a specific increase. Without an offset, Skelton said the committee is unable to pass concurrent receipt legislation. This is not a new problem. The same thing happened last year when the Obama administration proposed a similar expansion of concurrent receipt without including funding. Skelton said his committee ended up “holding the bag” for an unfunded initiative. Rep. Jim Marshall (D-Ga), a longtime sponsor of concurrent receipt legislation who also sits on the committee, said he is not ready to give up. Marshall said he hopes the committee would “work closely” with the House Ways and Means Committee, which is responsible for tax policy, to find money for concurrent receipt. “It seems to me we ought to be able to find \$5.1 billion over a 10-year period of time, as large as our mandatory spending is. We ought to be able to do that and get this done once and for all,” Marshall said. [Source: NavyTimes Rick Maze article 22 Feb 2010 ++]

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### MEDICARE FRAUD UPDATE 33:

- **Corpus Christi TX** - Jeanette Garcia, 43, and her husband, Eleazar Garcia, 53, who owned an orthopedic practice were convicted 12 FEB of conspiring to commit health care fraud. She was convicted of 13 counts of submitting false and fraudulent claims to Medicare. He was convicted of five counts of submitting false or fraudulent claims. Witnesses testified that Jeanette hired her husband to provide orthotic and prosthetic goods and services on behalf of her business, but Eleazar Garcia did not have a license to practice orthotics in Texas. The couple continued to submit bills to Medicare and Medicaid for services provided by him, and the U.S. attorney's office believes the couple received more than \$294,000 from Medicare and Medicaid. Both are free on bond awaiting sentencing 26 APR. The fraud convictions carry a penalty of as many as 10 years in prison and as much as a \$250,000 fine.
- **Memphis TN** - Dr. Seth Yoser, an ophthalmologist who specialized in the treatment of wet macular degeneration, was sentenced to 42 months for mail fraud, wire fraud and selling drugs without a license. Yoser, pleaded guilty last summer to 35 counts of federal fraud charges for stealing an expensive medicine from his practice, double-billing Medicare for the medicine and then selling it back to ophthalmology practices, including the clinic where he was a partner, the Eye Specialty Group in East Memphis. Federal sentencing guidelines for the crimes recommended punishment between 51 months and 64 months. He also ordered Yoser to pay restitution of \$400,000 to the Eye Specialty Group to help the practice over the cost of reimbursing the Centers for Medicare & Medicaid Services. He had already agreed to repay the federal agency \$1.6 million as part of a civil settlement with the Centers for Medicare & Medicaid Services. Before he delivered the sentence, the judge noted that Yoser had received about 95% of the profit from the fraud scheme, which resulted in an estimated loss of \$3.7 million to the government.
- **Benton IL** - Dr. James Durham of West Frankfort, age 72, doing business as the Franklin Rural Health Care Clinic in Christopher IL, was sentenced 18 FEB on federal health care fraud charges in federal court

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for making false statements to a federal health care program. Court documents say Durham and the clinic defrauded Medicare

- **Los Angeles CA** - A former co-owner of City of Angels Medical Center Robert Bourseau, 75, was sentenced to 37 months in prison and ordered to pay \$4.1 million in restitution for his role in a scheme to defraud Medicare and Medi-Cal. He pleaded guilty in June to paying a recruiter to deliver homeless patients to his hospital for unnecessary medical services. The scheme was uncovered after an investigation into alleged patient dumping in skid row. Federal prosecutors say Bourseau and a medical center co-owner, Dr. Rudra Sabaratnam, paid several hundred thousand dollars between 2004 and 2007 to recruiter Estill Mitts and others for patients. Sabaratnam, 65, of Brentwood pleaded guilty in 2008 to paying kickbacks and is slated to be sentenced 5 AUG. He and Bourseau have already agreed to pay \$10 million to the government to settle civil litigation, prosecutors said. Mitts, 64, who ran a downtown center recruiting homeless patients, pleaded guilty in September 2008 to conspiracy to commit healthcare fraud, money laundering and tax evasion. Prosecutors allege he earned \$20,000 a month in kickbacks. A third City of Angels executive, Dante Nicholson, is awaiting sentencing in June. Last year he pleaded guilty to paying kickbacks for patient referrals. In a related case stemming from an alleged patient recruiting scheme, a former Tustin Hospital and Medical Center executive, Vincent Rubio, 49, has also agreed to plead guilty to paying illegal kickbacks. and Medicaid for nearly \$190,000 between JAN 03 and MAY 06.
- **Long Island NY** - Brookhaven Memorial Hospital Medical Center has agreed to pay \$2.92 million, plus interest, to settle allegations that the hospital defrauded Medicare. The government alleged that the hospital fraudulently inflated its charges to Medicare patients to obtain enhanced reimbursement from the federal health care program. In addition to its standard payment system, Medicare provides supplemental reimbursement, called "outlier payments," to hospitals and other health care providers in cases where the cost of care is unusually high. Congress enacted the supplemental outlier payments system to ensure that hospitals possess the incentive to treat inpatients whose care requires unusually high costs. The lawsuit alleged that the hospital inflated its charges to obtain supplemental outlier payments for cases that were not extraordinarily costly and for which outlier payments should not have been paid.
- **Houston TX** - Benjamin Essien, 34, pleaded guilty 25 FEB of bilking Medicaid for more than \$1 million in bogus claims for adult diaperst. He was charged with conspiracy to commit health care fraud, five counts of health care fraud and two counts of aggravated identity theft. Essien is scheduled to be sentenced 14 MAY. He faces up to 10 years in prison and a \$250,000 fine for the conspiracy conviction and each of the five counts of health care fraud. Essien also faces two mandatory two-year prison terms for each count of aggravated identity theft. Those sentences must be served consecutively to other prison terms that may be imposed upon him. Officials said that the diaper scheme operated from APR 04 to AUG 06. Essien billed Medicaid for about \$1.8 million in bogus claims and received payments of about \$1.1 million. Essien, who owned and operated Logic World Medical — a durable medical equipment company — used Medicaid beneficiaries' names, addresses and account numbers to file false claims for adult urinary incontinence supplies he did not deliver to the people.

[Source: Fraud News Daily reports 15-28 Feb 2010 ++]

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### MEDICAD FRAUD UPDATE 09:

- **Miami FL** - On 17 FEB Dr. Walter Proano was sentenced to 92 months in prison, to be followed by three years of supervised release. In addition, Proano was ordered to pay \$3,790,874.33 in restitution. Proano's conviction resulted from his involvement in a scheme to defraud the Medicaid and Medicare programs through his work at Diagnostic Medical Choice, a Southwest Miami clinic that billed these health care programs for expensive infusion medications intended to treat a rare illness suffered by a small portion of those afflicted with HIV/AIDS. To execute the scheme, Proano fabricated patient medical records and

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wrote prescriptions for large quantities of these medications. He then sought federal and state reimbursement for the medications, which had not been provided as claimed.

- **Brookline MA** - On 24 FEB Joseph Bruce Womack, 58, and his wife, Dinorah Hernandez Womack, 43, were charged with utilizing the identity of a California woman to submit \$137,000 in false claims to the Medicaid program for personal care attendant services allegedly provided to Mr. Womack. Mr. and Mrs. Womack were each charged with Medicaid False Claims (one count), Larceny Over \$250 by False Pretenses (one count), and conspiracy (two counts) charges. Mrs. Womack was also charged with Identity Fraud by Posing as Another (one count). An investigation revealed that between 18 JAN 04 2004, and 1 DEC07, the Womack's used the identity of a woman in California to submit claims to the Medicaid program for personal care attendant services allegedly provided to Mr. Womack. Authorities allege the woman from California had never provided personal care attendant services to Mr. Womack, and that the Womack's kept the money received as payment for those claims. These alleged violations of state law and Medicaid rules and regulations resulted in Medicaid overpayments to the Womacks of over \$137,000.

[Source: Fraud News Daily reports 15-28 Feb 2010 ++]

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### MILITARY HISTORY ANNIVERSARIES:

- Mar 01 1916 - WWI: Germany begins attacking ships in the Atlantic
- Mar 01 1941 - WWII: German troops invade Bulgaria
- Mar 01 1942 - WWII: 3 day Battle of Java Sea ends. US suffers a major naval defeat
- Mar 01 1945 - WWII: U.S. infantry regiment captures Mönchengladbach, Germany
- Mar 01 1954 - Cold War: U.S. explodes 15 megaton hydrogen bomb at Bikini Atoll.
- Mar 02 1941 - WWII: First German military units enter Bulgaria after it joined the Axis Pact.
- Mar 02 1943 - WWII: Battle of the Bismarck Sea - U.S. and Australian forces sink Japanese convoy ships.
- Mar 02 1991 - Gulf War: Battle at Rumaila Oil Field brings end to the 1991 Gulf War.
- Mar 02 2002 - Iraq War: U.S. invasion of Afghanistan: Operation Anaconda begins (ending on March 19 after killing 500 Taliban and al Qaeda fighters, with 11 Western troop fatalities).
- Mar 02 2004 - Iraq War: Al Qaeda carries out the Ashoura Massacre killing 170 and wounding over 500.
- Mar 03 1942 - WWII: Ten Japanese warplanes raid the town of Broome Western Australia killing more than 100 people.
- Mar 03 1945 - WWII: The American and Filipino troops liberate Manila, Philippines after 30 days of fighting.
- Mar 04 1776 - Revolutionary War: The Americans capture "Dorchester Heights" dominating the port of Boston Massachusetts.
- Mar 04 1944 - WWII: 1st US bombing of Berlin Germany.
- Mar 05 1770 - Boston Massacre. British troops kill 5 in crowd. Crispus Attacker becomes 1st black to die for American freedom.
- Mar 05 1912 - Italian forces are the first to use airships for military purposes using them for reconnaissance behind Turkish lines.
- Mar 05 1915 - WWI: The LZ 33 a zeppelin is damaged by enemy fire and stranded south of Ostend.
- Mar 05 1927 - 1,000 US marines land in China to protect American property
- Mar 05 1942 - WWII: Japanese troop march into Batavia
- Mar 05 1942 - WWII: US Navy's Mobile Construction Battalions "SEABEES" officially formed and placed in action in New Caledonia an island in the southwest Pacific as they landed and began construction of base facilities.

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- Mar 05 1943 - WWII: In desperation due to war losses, fifteen and sixteen year olds are called up for military service in the German army.
- Mar 05 1943 - WWII: RAF bombs Essen, Germany
- Mar 05 1945 - WWII: Allies bombs The Hague, Netherlands
- Mar 05 1945 - WWII: The "Battle of the Ruhr" begins.
- Mar 05 1945 - WWII: US 7th Army Corps captures Cologne, Germany.
- Mar 05 1946 - Ho Chi Minh signs an agreement with France which recognizes Vietnam as an autonomous state in the Indochinese Federation and the French Union.
- Mar 06 1862 - Civil War: Battle of Pea Ridge, AR (Elkhorn Tavern)
- Mar 06 1865 - Civil War: Battle of Natural Bridge, Florida
- Mar 06 1943 - WWII: Battle at Medenine North-Africa: Rommel's assault attack.
- Mar 06 1944 - WWII: U.S. heavy bombers staged the first full-scale American raid on Berlin.
- Mar 06 1991 - Following Iraq's capitulation in the Persian Gulf conflict Pres Bush told Congress that "aggression is defeated. The war is over"
- Mar 07 1942 - Japanese troops land on New Guinea.
- Mar 07 1951 - Korean War: U.N. forces in Korea under General Matthew Ridgeway launch Operation Ripper an offensive to straighten out the U.N. front lines against the Chinese.
- Mar 07 1968 - Vietnam War: The Battle of Saigon begun on the day of the Tet Offensive ends.
- Mar 07 1971 - Vietnam War: A thousand U.S. planes bomb Cambodia and Laos.
- Mar 08 1862 - Civil War: On the second day of the Battle of Pea Ridge Confederate force including some Indian troops under General Earl Van Dorn surprise Union troop but the Union troops win the battle
- Mar 08 1942 - WWII: Japanese troops capture Rangoon Burma
- Mar 08 1943 - WWII: Japanese forces attack American troops on Hill 700 in Bougainville. The battle will last five days.
- Mar 08 1965 - Vietnam War: More than 4,000 Marines land at Da Nang in South Vietnam and become the first U.S. combat troops in Vietnam
- Mar 09 1847 - Mexican-American War: The first large-scale amphibious assault in U.S. history is launched in the Siege of Veracruz
- Mar 09 1862 - Civil War: The USS Monitor and CSS Virginia fight to a draw in the Battle of Hampton Roads the first fight between two ironclad warships.
- Mar 09 1862 - Civil War: The USS Monitor and CSS Virginia fight to a draw in the Battle of Hampton Roads the first fight between two ironclad warships.
- Mar 09 1944 - WWII: Japanese troops counter-attack American forces on Hill 700 in Bougainville in a battle that would last five days.
- Mar 09 1945 - WWII: U.S. B-29 bombers launched incendiary bomb attacks against Japan resulting in an estimated 100,000 deaths.
- Mar 09 1966 - Vietnam War: The North Vietnamese capture a Green Beret camp at Ashau Valley.
- Mar 09 1968 - Vietnam War: General William Westmoreland asks for 206,000 more troops in Vietnam.
- Mar 10 1942 - WWII: General Douglas MacArthur abandons Corregidor.
- Mar 10 1945 - WWII: The Imperial Japanese Navy attempts a large-scale kamikaze attack on the U.S. Pacific fleet anchored at Ulithi atoll in Operation Tan No. 2
- Mar 10 1953 - Korean War: North Korean gunners at Wonsan fire on the USS Missouri. The ship responds by firing 998 rounds at the enemy position.
- Mar 10 1975 - Vietnam War: The North Vietnamese Army attacks the South Vietnamese town of Ban Me Thout the offensive will end with total victory in Vietnam.

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- Mar 11 1863 - Civil War: Union troops under General Ulysess S. Grant give up their preparations to take Vicksburg after failing to pass Fort Pemberton north of Vicksburg.
- Mar 11 1865 - Civil War: Union General William Sherman and his forces occupy Fayetteville N.C.
- Mar 11 1942 - WWI: General Douglas MacArthur leaves Bataan for Australia.
- Mar 14 1947 The United States signs a 99-year lease on naval bases in the Philippines.
- Mar 14 1951 - Korean War: U.N. forces recapture Seoul for the second time during the Korean War.
- Mar 14 1954 - The Viet Minh launch an assault against the French Colonial Forces at Dien Bien Phu.
- Mar 14 1943 - WWII: The Kraków Ghetto is 'liquidated'.
- Mar 14 1864 - Civil War: Union troops occupy Fort de Russy, Louisiana.
- Mar 14 1915 - WWI: German cruiser Dresden blows itself up near coast of Chile.
- Mar 14 1916 - WWI: Battle of Verdun - German attack on Mort-Homme ridge West of Verdun.
- Mar 15 1781 - Revolutionary War: Battle of Guilford Court House, SC 1,900 British troops under General Charles Cornwallis defeat an American force numbering 4,400.
- Mar 15 1939 - World War II: German troops occupy the remaining part of Bohemia and Moravia; Czechoslovakia ceases to exist.
  
- Mar 15 1943 - World War II: Third Battle of Kharkov - the Germans retake the city of Kharkov from the Soviet armies in bitter street fighting.
  
- Mar 15 1944 WWII: Battle of Monte Cassino. Cassino, Italy is destroyed by Allied bombing.
- Mar 15 1916 - President Woodrow Wilson sends 12,000 United States troops over the U.S.-Mexico border to pursue Pancho Villa.
  
- Mar 15 1989 - VA elevated to a Cabinet-level agency under Public Law 100-527

[Source: Various Feb 2010 ++]

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**ENLISTMENT UPDATE 10:** Don't Ask, Don't Tell is the current policy for the U.S. Military. What that means, in a nutshell is that the military will not ask about someone's sexual preference. That means that homosexuals can service in the military, but they cannot engage in any homosexual conduct, nor can they tell anyone about their sexual preference. Applicants for enlistment will not be required to reveal their sexual orientation. However, homosexual conduct may be grounds for barring enlistment. Homosexual conduct is any homosexual act, a statement by the applicant that demonstrates propensity or intent to engage in homosexual acts, or a homosexual marriage or attempted marriage. For example an applicant will be rejected for entry if:

- (a) He or she makes a statement that demonstrates that the applicant has a propensity or intent to engage in homosexual acts, unless there is a further finding that the applicant has demonstrated that he or she does not have a propensity or intent to engage in homosexual acts. A statement by the applicant that he or she is a homosexual or bisexual, or words to that effect, creates a reputable presumption that the applicant engages in homosexual acts or has a propensity to do so. However, under DOD policy, the applicant shall be advised of this presumption and given the opportunity under the procedures prescribed below to rebut the presumption by presenting evidence sufficient to demonstrate that he or she does not engage in homosexual acts and does not have a propensity to do so.
- (b) It is discovered that an applicant or a member of the Delayed Entry Program has engaged in, attempted to engage in, or solicited another to engage in a homosexual act and the information is received by a credible source, including, but not limited to, police records check or National Agency Check, the applicant will be

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denied enlistment. If the circumstances meet (a) above or (c) below of this paragraph, then the procedures below will be followed to determine eligibility.

- (c) The act was a departure from the applicant's customary behavior, and the act is unlikely to recur because it was the result of immaturity, intoxication, or coercion, that the behavior was not accomplished by force, coercion or intimidation, then the applicant may be processed for enlistment in the same manner as (a) above in that a written explanation may be submitted to the approving authority who will rule on the conditions under which the act was committed and determine propensity to further engage in such acts.

If enlistment is denied on the basis of any of the above an applicant may submit a rebuttal to the presumption that he or she will engage in homosexual acts by presenting written evidence other material the applicant believes relevant. The applicant is responsible to provide his or her recruiter such documents/evidence. The recruiter will submit applicable documents to the Recruiting Commander concerned for final determination. [Source: About.com: U.S. Military Rod Powers article 19 Sep 09 ++]

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**MILITARY HISTORY:** Joshua Williams was the first African-American Veteran ever admitted to the National Home for Disabled Volunteer Soldiers, which is now the Dayton, Ohio, VA Medical Center. Joshua Williams was admitted to the home in March of 1867. He lived out the remainder of his life—three more years—there. The cemetery where Joshua Williams lies is now known as the Dayton National Cemetery. Abraham Lincoln authorized the creation of National Homes to care for disabled, injured, and sick soldiers who fought to preserve the union, including those who served with U.S. Colored Troop (USCT) regiments. The National Homes was the precursor to today's Department of Veterans Affairs, with 153 medical centers and nearly 300,000 employees who care for all Veterans. Joshua Williams served as a private for the Union forces in the Civil War and received a serious leg wound. His military service records described him as 6 feet 1 inches tall, "copper" complexion, brown eyes, and curly hair. By 1869, his wound affected the entire left side of his body and doctors at the National Home classified him as totally disabled for pension purposes—which was \$8.00 per month. Approximately 180,000 African Americans served as volunteer soldiers in 163 US Colored Troops units, comprising roughly 10% of the Union Army during the Civil War. Of the 198,000 African Americans that served in the Union forces, 36,847 died. Approximately 21,000 Union veterans were admitted to four 'homes' between 1866 and 1881, and of that number, 195 were US 'Colored' Troops. [Source: Military.com 22 Feb 2010 ++]

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**TAX BURDEN FOR MICHIGAN 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 Michigan:

***State Sales Tax:*** 6% (food and prescription drugs exempt; home heating fuels are taxed at 4%)

***Fuel & Cigarette Tax:***

- **Gasoline Tax:** 35 cents/gallon
- **Diesel Fuel Tax:** 31.9 cents/gallon
- **Cigarette Tax:** \$2.00/pack of 20



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### Personal Income Taxes

**Tax Rate Range:** Flat rate of 4.35% of federal adjusted gross income with modifications; some cities impose additional income taxes. Effective October 1, 2011, the rate will be reduced by 0.1% each year for the next four years until the tax rate is 3.95%. Beginning October 1, 2015, the rate is 3.9%.

**Personal Exemptions:** Single - \$3,500; Married - \$7,000; Dependents - \$3,500; Persons 65 or older can claim an additional \$2,200 exemption.

**Standard Deduction:** none

**Medical/Dental Deduction:** Medical expenses in excess of 3% of household income are deductible.

**Federal Income Tax Deduction:** None.

**Retirement Income Taxes:** Exempt up to \$45,120 (individual filers) or \$90,240 (married filing jointly). These private pensions are reduced by the amount of any public pension deduction claimed. Taxpayers 65 or older may deduct interest, dividends, and capital gains up to \$10,058 (individual filers) or \$20,115 (married filing jointly). These deductions are reduced by any pension exemption taken. Federal and Michigan public pensions are totally exempt. Public pensions include benefits received from the federal civil service, State of Michigan public retirement systems and political subdivisions of Michigan, military retirement and Tier 2 railroad retirement. If the conditions of the plan under step one are met, then these payments are totally exempt from Michigan income tax. Michigan residents can treat the public pensions received from the following states as totally exempt: Alaska, Florida, Hawaii, Illinois, Massachusetts, Mississippi, Nevada, New Hampshire, Pennsylvania, South Dakota, Tennessee, Texas, Washington, and Wyoming. Michigan residents who receive public pensions from other states are subject to the private pension exemption limits. Michigan residents who receive public pensions from states not listed above are subject to the private pension exemption limits. For more senior and retiree info refer to [www.michigan.gov/taxes/0,1607,7-238-43513\\_44135-156347--00.html](http://www.michigan.gov/taxes/0,1607,7-238-43513_44135-156347--00.html). For FAQs refer to [www.michigan.gov/taxes/0,1607,7-238-43513\\_44135-128936--00.html](http://www.michigan.gov/taxes/0,1607,7-238-43513_44135-128936--00.html).

**Retired Military Pay:** Not taxed. Survivor benefits are exempt if the amounts are exempt from federal income tax or classified as military compensation or military retirement pay. Military retirement benefits that pass to the spouse of a deceased member of the military are exempt. Retirement benefits passing to other beneficiaries are taxed.

**Military Disability Retired Pay:** Retirees who entered the military before Sept. 24, 1975, and members receiving **Retired Military Pay:** Not taxed

**Military Disability Retired Pay:** Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

**VA Disability Dependency and Indemnity Compensation:** VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.

**Military SBP/SSBP/RCSBP/RSFPP:** Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

### Property Taxes

Property in Michigan is generally assessed at 50% of its true cash value. Some seniors, disabled persons, veterans, surviving spouses of veterans and farmers may be able to delay paying property taxes. It depends on the county of residence and your income level. If you own the home you live in, you may be exempt from a portion of local school taxes under the Homeowner's Principal Residence Exemption Program, formerly known as the Michigan Homestead Exemption Program. It allows homeowners an exemption from their local School Operating Millage. In accordance with Public Act 237 of 1994, homeowners that occupy their property as their principal residence may exempt up to 18 mills. A homestead property tax credit is available to homeowners or renters. The credit is based on the property tax on a homestead that is subject to local property taxes or your household income. Only those whose household income is less than \$82,650 are eligible. For information on the homestead credit call 517-334-7076 or refer to [www.michigan.gov/taxes/0,1607,7-238-43535\\_43538---00.html](http://www.michigan.gov/taxes/0,1607,7-238-43535_43538---00.html). For other property tax matters,

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call 517-373-0500. To view the state's property tax estimator, go to [www.michigan.gov/taxes/0,1607,7-238-43535\\_43540---,00.html](http://www.michigan.gov/taxes/0,1607,7-238-43535_43540---,00.html).

***Inheritance and Estate Taxes.*** There is no inheritance tax and a limited estate tax related to federal estate tax collection.

For further information, visit the Michigan taxes web site go to [www.michigan.gov/taxes](http://www.michigan.gov/taxes). For assistance Seniors are invited to review [www.michigan.gov/taxes/0,1607,7-238-43513\\_44135-156347--,00.html](http://www.michigan.gov/taxes/0,1607,7-238-43513_44135-156347--,00.html) or call a special assistance number: 800-487-7000. [Source: [www.retirementliving.com](http://www.retirementliving.com) Feb 2010 ++]

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**VETERAN LEGISLATION STATUS 27 FEB 2010:** For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111<sup>th</sup> Congress refer to the Bulletin's Veteran Legislation attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](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 Feb 2010 ++]

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## RAO BULLETIN 1 March 2010

### HAVE YOU HEARD? *Views on Aging [George Carlin's]*

- Do you realize that the only time in our lives when we like to get old is when we're kids? If you're less than 10 years old, you're so excited about aging that you think in fractions.
- 'How old are you?' 'I'm four and a half!' You're never thirty-six and a half. You're four and a half, going on five! That's the key.
- You get into your teens, now they can't hold you back. You jump to the next number, or even a few ahead.
- 'How old are you?' 'I'm gonna be 16!' You could be 13, but hey, you're gonna be 16! And then the greatest day of your life ! You become 21.. Even the words sound like a ceremony. YOU BECOME 21. YESSSS!!!
- But then you turn 30. Oooohh, what happened there? Makes you sound like bad milk! He TURNED; we had to throw him out. There's no fun now, you're Just a sour-dumpling... What's wrong? What's changed?
- You BECOME 21, you TURN 30, then you're PUSHING 40. Whoa! Put on the brakes, it's all slipping away. Before you know it, you REACH 50 and your dreams are gone....
- But! wait!! ! You MAKE it to 60. You didn't think you would!
- So you BECOME 21, TURN 30, PUSH 40, REACH 50 and make it to 60.
- You've built up so much speed that you HIT 70! After that it's a day-by-day thing; you HIT Wednesday!
- You get into ! your 80's and every day is a complete cycle; you HIT lunch; you TURN 4:30; you REACH bedtime. And it doesn't end there. Into the 90s, you start going backwards; 'I Was JUST 92.'
- Then a strange thing happens. If you make it over 100, you become a little kid again. 'I'm 100 and a half!'

May you all make it to a healthy 100 and a half!!

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