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**Mojave Desert Veteran Memorial Update 04:** Less than two weeks after the U.S. Supreme Court ruled that, for now, the Mojave Desert cross could remain in its location, vandals have torn the memorial to World War I veterans down from its location, leaving only the bolts in Sunrise Rock as evidence of the cross. The incident sparked outrage among supporters of the cross, including The American Legion, which filed crucial amicus (friend-of-the-court) brief in favor of the cross staying put. "Reports that the Mojave Cross was illegally removed overnight are very disturbing," American Legion National Commander Clarence Hill said. "The American Legion expects whoever is responsible for this vile act to be brought to justice. While the memorial has been attacked, the fight will continue to ensure that veterans memorials will remain sacrosanct." The act also drew scorn from Liberty Institute, which has represented the Legion and other organizations in the fight to keep the cross in its current location. "This is an outrage, akin to desecrating people's graves," said Kelly Shackelford, president/CEO of Liberty Institute. "It's a disgraceful attack on the selfless sacrifice of our veterans. We will not rest until this memorial is re-installed."

Park workers noticed on 8 MAY that the box that has covered the cross during the ongoing lawsuit had been removed. "When a maintenance team went out on 10 MAY to put the box back up, that's when they discovered the cross had been removed," said Linda Slater, public affairs officer for the Mojave National Preserve. "The bolts are still in the ground, but the cross itself is gone." Park law enforcement is investigating this crime and is asking for the public's assistance. Liberty Institute is offering a \$25,000 reward for information leading to the arrest and conviction of those responsible. Anyone with information about the theft is asked to call (760) 252-6120. Hill said the latest incident won't stop the Legion from supporting U.S. war memorials. "This was never about one cross," he said. "It's about the right to honor our nation's veterans in a manner in which the overwhelming majority supports. The American Legion strongly believes the public has a right to protect its memorials." [Source: American Legion Online Update 13 May 2010 ++]

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**HVAC Update 10:** A trio of bills ranging from therapeutic companion dogs to chiropractors for injured or emotionally troubled veterans was approved on 12 MAY by the House Veterans Affairs Committee. The bipartisan-backed bills breezed through the panel by voice vote and will probably end up soon on the suspension calendar. One bill would provide chiropractic care and services to veterans and would be available first at 75 VA hospitals by the end of next year, and at all medical centers by the end of 2013. The services are intended to ameliorate the rash of muscular-skeletal injuries that have plagued veterans returning from Iraq and Afghanistan. A second bill would increase the money for continuing professional education provided for VA doctors and nurses, as well as add other healthcare workers to the ranks of those eligible for the assistance. Over the next five years, according to a committee chart, the total cost of the increase would be \$42 million. The third bill would authorize a five-year pilot program in several VA medical centers to employ trained dogs to help relieve mental health and post-traumatic stress disorders in veterans. [Source: GovExec.com Congress Daily | 12 May 2010 article ++]

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**VA Claims Backlog Update 39:** At a conference designed to help veterans service organizations better understand the issues their clients face, Paul Sullivan of Veterans for Common Sense tried to tie it up in a one-page document of new data from the Veterans Affairs Department: After looking at eight Veterans Benefits Administration regional offices in 2009 and 2010, VA's inspector general found a 28% error rate. In fact, the San Juan, Puerto Rico, overall error rate stood at 41%, while the Nashville office had made errors in 5 % of its post-traumatic stress disorder cases. In Baltimore, 55% of cases of diabetes in connection with Agent Orange had errors, and in Roanoke, Va., 49% of traumatic brain injury cases had errors. "VA has a very significant quality problem in adjudicating their claims," Sullivan said. "VA's own reports indict the place. VBA is the dam that holds veterans up from getting the medical care they need."

Sullivan spoke on a panel that detailed what roadblocks remain as service members transition from active duty to veteran status. He said Congress has focused so much on VA health care that the administrative end has gotten lost in the shuffle. "Some of their computers are older than I am," said Sullivan, who served in the 1991 Gulf War and who used to work for VA. But Sullivan said the "fixes" aren't that difficult, at least in concept. For example, the

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idea of a joint Defense Department/VA medical record system has been fussed about for more than a decade as VA and defense officials say their medical records are not compatible, or that the hand-off violates federal HIPAA rules. Other solutions seem simple: There is no undersecretary for benefits. "If there are no leaders, who's running the place?" Sullivan said. "The agency is leaderless and rudderless." "Most people at VA are good-hearted and trying to do their best for the veterans," Sullivan said. "Their own rules are tying them up." He asked that:

- Benefits administration leaders be moved to offices near VA so they could communicate with other VA leaders.
- Conditions like traumatic brain injury fall into the presumptive service-connected injury category to streamline the benefits process.
- The veterans benefits paperwork be cut down from 23 pages to one page, as it is too complicated for veterans dealing with PTSD or brain injuries.
- The benefits administration hire more veterans

[Source: NavyTimes Kelly Kennedy article 12 May 2010 ++]

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**Tricare User Fee Update 47:** Speaking at the Navy League's annual symposium at the National Harbor convention center the leaders of the three naval services argued 3 MAY for an increase in the fees retired military personnel and their families pay for health care, something Congress has refused to approve for more than a decade. Adm. Gary Roughead, the chief of naval operations; Gen. James Conway, the Marine Corps commandant; and Adm. Thad Allen, Coast Guard commandant, all complained about the soaring costs of healthcare and said increased contributions by the retirees for their Tricare coverage is overdue. Responding to a question about the impact of healthcare costs on their increasingly tight financial conditions, all three leaders said that was a growing problem. Roughead noted that on top of the expense for his active-duty force the expense of the half a million retirees "eats into our other programs." Conway was more direct, saying there has not been an adjustment in the retirees payments for Tricare in two decades "and that needs to be addressed." Allen, who is a month from retirement, said he had just signed up for Tricare Prime, the top-level defense medical coverage, for himself and his wife and paid only \$465. "Something needs to be done about that." [Source: CongressDaily Otto Kreisher article 3 May 2010 ++]

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**Tricare User Fee Update 48:** In three and a half years as secretary of defense, Robert Gates has successfully challenged the bureaucracies of the Army, Air Force and Navy, along with their powerful friends in industry and on Capitol Hill. But now he may be taking on the toughest branch of the defense establishment: retirees and their health insurance. Gates canceled the Army's "Future Combat System," a multibillion-dollar program linked to thousands of civilian jobs. He prodded the Air Force to end production of a coveted fighter aircraft, the F-22 Raptor, and he got the Navy to turn away from a futuristic destroyer, the DDG-1000 -- both with important supporters in politically pivotal states. On 8 MAY though, Gates called on veterans, and military retirees in particular, to pay a larger share of the cost of their health insurance. The retirees are known for their relentless advocacy and unbroken record of success on Capitol Hill. "I'll be astounded if he's successful," said Gail Wilensky, an economist and former president of the Defense Health Board, a Pentagon advisory group on health care issues. Retirees and their advocates are "too strong, and the Congress is, shall we say, less so," she told AOL News.

No one disputes that the nation's veterans have made tremendous sacrifices and deserve generous benefits, Wilensky said. Her task force took care to recommend that troops on active duty and their families continue to receive full health care coverage at no cost, she added. But with health care costs rising and the nation at war, it's reasonable to ask that those who've completed their service share in the increasing cost of their health care, she said. "The majority of costs reside with retirees," Dr. William Winkenwerder, a former director of the Defense Department's health system, told AOL News. "And not unlike the Medicare program or other government pension and benefit programs, people are now faced with issue of having to ask these populations to contribute more. ... It's not an easy matter." Military retirees under age 65 pay an average of \$460 annually for health insurance, a figure unchanged since 1995. The bargain rates have induced thousands of retirees, who typically leave the service in their

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50s, to retain their military coverage rather than bear the cost of more expensive and often less generous insurance plans provided by their new civilian employers. While the rates have been frozen, the Pentagon's health care costs have skyrocketed. Those expenses "are eating the Defense Department alive," Gates observed 8 MAY, "rising from \$19 billion a decade ago to roughly \$50 billion." Unless it can shift some of those increases to retirees through higher premiums, the Pentagon soon will be unable to afford new weapons and equipment that are needed, he warned.

Three years ago, Wilensky co-chaired a Pentagon task force that urged Congress to boost the average premium to \$1,100, spreading the increase over several years to lessen its impact. "Americans everywhere are paying high costs for health care," the task force report noted. "While military retirees deserve a more generous benefit because of their sacrifices and years of service, relatively modest increases in out-of-pocket costs will not only help stabilize the system and make it more accountable, but will also be looked upon as being appropriate by the American taxpayer." Congress, however, would have none of it, as veterans and their advocates deluged lawmakers with e-mails and letters opposing any increase and warned of severe consequences at the polls for any member supporting higher premiums. The retirees argue that low-cost health insurance is a benefit they earned, often with blood shed on the battlefield. Those over 65, many of whom were recruited in an era when the armed services promised free care for life to those who stayed in uniform for 20 years or more, have been particularly active in opposition to any premium increases.

Even before Gates' speech, the Military Coalition, which coordinates the lobbying efforts of 34 veterans' groups, had posted a warning on its website against any attempts to tamper with either Tricare, the health insurance plan for active duty troops and military retirees, or the benefits provided to all veterans through the Department of Veterans Affairs. "All retired service members earned equal health care coverage by virtue of their service," the coalition asserted. The Defense Department "should make all efforts to provide the most efficient use of allocated resources and cut waste prior to imposing any additional or increased fees on eligible beneficiaries. We believe the authority for DoD to increase or impose fees should be under the scrutiny of Congress as the overseer of the military." The retiree lobby is "a very tough, aggressive group," Wilensky observed. "You're either their friend to the end or you're not." The influence of the big health care lobbies in the civilian sector -- the American Medical Association, hospital and nursing home associations -- pales alongside that of the military retirees, she said. "The system is now totally unaffordable," agreed Winslow Wheeler, a former Senate staffer who now heads the Straus Military Reform Project at the Center for Defense Information.

While successfully battling proposals to increase premiums, the veterans' groups have pushed Congress to provide increasingly generous benefits, including "concurrent receipt," which allows service retirees to combine their pensions with disability benefits paid by the Department of Veterans Affairs. The most expensive of those new benefits is Tricare for Life, which supplements the Medicare benefits available to military retirees over 65. When Congress passed the program in 1999, the Congressional Budget Office provided cost estimates "that made everybody gag," Wheeler recalled to AOL News. "They reacted by saying it couldn't be that much. And it turned out that CBO was wrong -- they only caught about half the cost." [Source: AOL News Dale Eisman article 11 May 2010 ++]

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**Tricare User Fee Update 49:** The Pentagon's top policy official on 13 MAY called for changes in the military's health benefits system for retirees, saying the current structure has become unsustainable in today's economic environment. "If there was an infinite pot of money, that would be fine; the problem is, there isn't an infinite pot of money, and so those dollars are dollars we can't invest in the equipment that our military needs today and the capabilities they need to adapt to the future," said Michèle Flournoy, Defense undersecretary for policy, during remarks at a leadership breakfast sponsored by Government Executive in Washington. Many military retirees who now work in the private sector are forgoing the health benefits offered by their companies and opting instead for the Tricare system, in part because employers are offering incentives for them to do so in an effort to keep down their own health care costs. "We have the military carrying people who have a private sector alternative to health care because we've got the incentive structure wrong," Flournoy said.

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A former Defense Department official during the Clinton administration, Flournoy tackled several topics during Thursday's discussion at the National Press Club, ranging from outsourcing to cybersecurity to military pay and benefits, including Tricare, which she referred to as a "third rail" issue. Flournoy's remarks on Tricare echoed recent comments from the military's top brass as well as those from Defense Secretary Robert Gates in a May 8 speech in Kansas. In that address, Gates outlined a multibillion-dollar cost savings plan for the department, which would include a reduction in administrative overhead, acquisition reform, greater energy efficiency, and an overhaul of Tricare premiums and co-pays, especially for retirees. "Leaving aside the sacred obligation we have to America's wounded warriors, health care costs are eating the Defense Department alive, rising from \$19 billion a decade ago to roughly \$50 billion -- roughly the entire foreign affairs and assistance budget of the State Department," Gates said. He noted that premiums for Tricare have not risen since the program was founded more than a decade ago.

Also on Thursday, Flournoy did not rule out reducing the number of high-ranking officers in the military as a way to streamline the department, saying Gates "is going to want to understand the allocation of flag officers and why we have who we have, and are there positions that are truly necessary?" Flag officer positions are congressionally authorized, so the Pentagon would need the blessing of Congress to tweak the number of those slots. Flournoy said there is no target head count with respect to the structure of the Pentagon's civilian, military or contractor workforce, but she also emphasized Gates' overall commitment to belt-tightening. "Secretary Gates is not shy about making hard decisions," she said. "He is not shy about holding leaders in the building accountable. I think all of his components, all of his direct reports, have been put on notice [that] we're going to start this review for efficiency with ourselves." [Source: GovExec.com Kellie Lunney article 13 May 2010 ++]

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**Mobilized Reserve 11 MAY 2010:** The Department of Defense announced the current number of reservists on active duty as of 11 MAY 2010. The net collective result is 465 fewer reservists mobilized than last reported in the 1 MAY 09 RAO 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 99,843; Navy Reserve, 6,459; Air National Guard and Air Force Reserve, 18,108; Marine Corps Reserve, 6,767; and the Coast Guard Reserve, 834. This brings the total National Guard and Reserve personnel who have been activated to 132,011, 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/d20100511ngr.pdf>. [Source: DoD News Release No. 386-10 dtd 12 May 2010 ++]

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**Minnesota Veterans Homes Update 01:** To ensure the Minnesota Veterans home in Minneapolis remains a comfortable and safe residence for Veterans, the Department of Veterans Affairs (VA) is awarding two grants worth nearly \$22.4 million for a new 100-bed nursing home and other improvements. VA's grants will cover 65 percent of the costs of the two projects. The Department has targeted \$19.2 million for the new nursing home and \$3.2 million to renovate facilities used by the adult day health care program. Last year, VA spent nearly \$1.7 billion in Minnesota to serve the state's 390,000 Veterans. VA operates major medical centers in Minneapolis and St. Cloud, with outpatient clinics and Vet Centers across the state, plus a national cemetery at Ft. Snelling. Admissions criteria for acceptance in a Minnesota home include: Honorably Discharge, 181 Consecutive Days on Active Duty, Minnesota Resident (or had service credited to Minnesota), Spouses of eligible Veterans over 55 years of age and reside in the state, and applicants ability to demonstrate medical need. The states five homes are located at:

- 1821 North Park ST., Fergus Falls MN 56537 Tel: (218) 736-0400 or 1(877) 838-4633.
- 1200 East 18th ST., Hastings MN 55033 Tel: (651) 438-8504 or 1(877) 838-3803.
- 1300 North Kniss Ave., P.O. Box 539, Luverne MN 56156 Tel: (507) 283-1100 or 1(877) 588-8387.
- 5101 Minnehaha Ave. South, Minneapolis MN 55417 Tel: (612) 721-0600 or 1(877) 838-6757.
- 45 Banks Boulevard, Silver Bay MN 55614 Tel: (218) 226-6300 or 877-729-8387

For more information about the Minneapolis Veterans home and related Minnesota services for Veterans, visit [www.mdva.state.mn.us](http://www.mdva.state.mn.us) . [Source: VA News Release 11 May 2010 ++]

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**Military Compensation Review Update 06:** Defense Department officials 11 MAY announced the start of the congressionally mandated 11th Quadrennial Review of Military Compensation. The review's focus, officials said, will be on combat pay, compensation for reserve-component servicemembers, caregivers and survivors and pay incentives for critical career fields. Thomas L. Bush, a recently retired senior executive who worked in the office of the undersecretary of defense for personnel and readiness and as the principal director for manpower and personnel in the office of the assistant secretary of defense for reserve affairs, was tapped to lead the review. He will report to Clifford Stanley, undersecretary of defense for personnel and readiness. The last review, released in two volumes in 2008, focused on housing allowance, retirement pay, Tricare health system premiums, pay incentives for health care professionals and quality of life. Retired Air Force Brig. Gen. Jan D. "Denny" Eakle chaired the 10th review and said upon its release that the first question for any quadrennial review of compensation is whether military pay is comparable to that in the private sector. The second is whether military pay is adequate to maintain the force.

William J. Carr, deputy undersecretary of defense for personnel policy, testified 28 APR before a Senate subcommittee that military pay is competing well against the private sector, as evidenced by the high rate of recruitment and retention. Using regular military compensation – basic pay with housing and food allowances and federal tax advantages – as a comparison, military members are paid higher than 70% of their private-sector peers of similar education and experience, Carr told the Senate Armed Services Committee's personnel subcommittee. Carr also called specialty and incentive pays essential to maintaining the force, especially for special operations forces and people with medical, dentistry, mental health, aviation and nuclear backgrounds. The 11th review, which will take about two years to complete, will focus on:

- Compensation for service performed in a combat zone, combat operation, or hostile fire area, or while exposed to a hostile fire event;
- Reserve and National Guard compensation and benefits for consistency with their current and planned utilization;
- Compensation benefits available to wounded warriors, caregivers, and survivors of fallen servicemembers; and
- Pay incentives for critical career fields such as mental health professionals, linguists and translators, remotely piloted vehicle operators and special operations personnel.

[Source: AFPS Lisa Daniel article 11 May 2010 ++]

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**Tricare Gray Area Retirees Update 05:** Retired National Guard and Reserve personnel may be able to buy Tricare health coverage as soon as 1 OCT 2010. This is part of the National Defense Authorization Act for 2010. Until this became law, reserve-component retirees did not have the option of Tricare coverage until reaching the age of 60. After the start-up date, which was given to NGAUS by an official with the Tricare Management Activity, these so-called "gray area" retirees who are not yet 60 may purchase Tricare Standard and Extra coverage. The law requires premium rates to equal the full cost of the coverage. This differs from Tricare Reserve Select for reserve members, who pay 28% of the cost of coverage. Premium rates are not yet available for the "gray area" retirees' coverage. For more information, go to [www.tricare.mil](http://www.tricare.mil). [Source: NGAUS Washington report 11 May 2010 ++]

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**National Center for Veterans Studies:** University of Utah President Michael Young announced on 10 MAY the creation of the nation's first National Center for Veterans Studies. The center will focus on health issues, education and training, community outreach, and non-partisan political advocacy on behalf of veterans. It will be operated by the university's College of Social and Behavioral Science and S.J. Quinney College of Law. The

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Deans of these colleges, David Rudd and Hiram Chodosh respectively, insist the center's over-arching mission is quite simple, "It's all about helping veterans," Rudd said. It will encompass under one roof:

- An academy for students seeking to devote their lives to national service.
- A research center focused on one of the most complex public policy issues in America.
- A national outreach program for people who are often resistant to help.
- A nonpartisan political think tank.

Many people regarded President Barack Obama's National Service Plan as a way to get those who hadn't served in the military involved in helping their communities and country. Chodosh saw things a bit differently. In military veterans, Chodosh said, he sees people who "offer the country an unusual and desired combination of skills, talents and experiences" to serve their nation domestically and, especially, internationally. He also saw a group that was historically underemployed. At the same time, Chodosh said, the need was rising for people qualified to serve in diplomatic and technical roles -- both in the wake of war and as a way to help prevent armed conflicts. His solution is to recruit veterans to national service academies at universities across the nation. School them in traditional academic fields, as lawyers, social scientists, engineers and doctors, but provide them additional training in how to use their expertise in complex domestic and international situations. "What we want to do is make sure that we're not just mainstreaming veterans. We don't want to say to them, 'OK, forget that you served three years in Afghanistan, now just be like any other student,'" Chodosh said. "What they bring to the educational table is so valuable."

While the service academy will implore veterans to continue their national service after leaving the military, the center's research arm will look at the ways in which veterans need to be served. Rudd, who writes frequently on veterans issues, said that effort will begin this summer with a nationwide survey of student vets. The results of that and other research efforts, Rudd said, could help government veterans organizations, social services groups and private businesses better reach veterans who slip through the cracks. And it will help the center's scholars to engage in nonpartisan political advocacy for veterans and their families, he said. It's been just seven months since Rudd and Chodosh came together to conceive the plan, and they acknowledge that they've created a center that has more ideas than funding. Overstock.com (an online shopping service) Chief Executive Officer Patrick Byrne has promised support. Also, Chodosh and Rudd say they're in discussions with officials from the Departments of State, Defense and Veterans Affairs. But, Chodosh said, "We're going to do this regardless of external, pre-existing promises of resources. We want to be known for having stepped out to serve this need." There are currently 23 million veterans in the United States, and more than 160,000 of those are in Utah. More than a quarter of the new vets are facing serious health, psychological and employment issues related to re-entry to civilian life.

[Source: Salt Lake Tribune Matthew LaPlante article 10 May 2010 ++]

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**Arizona Memorial Update 02:** Anthony Schubert, 90, received a memorial service and burial reserved only for crewmembers assigned to the U.S.S. Arizona on Dec. 7, 1941. Schubert was on the ship when the bombs fell. "He was shaving. I think he saw Japanese planes bombing and he quickly got dressed," said Schubert's daughter, Tonay Hayward. She said her father never spoke about the war. It was only after her father's death that the family discovered statements he made to authorities about the bombing of Pearl Harbor. Hayward said her father was able to get to the top of the ship as it was sinking. "He was very lucky to be where he was. He helped the wounded on the ship as long as he could," said Hayward. Schubert was treated for burns and cuts and later received the Purple Heart. Schubert asked to be buried in his native Kansas with a Naval memorial service. He didn't know that he could rejoin his shipmates and have his remains interred inside a gun turret on the Arizona. After Schubert's death, Hayward found out that crewmembers assigned to the Arizona on Dec. 7, 1941, have the right to have their remains interred in a gun turret.

Schubert's family watched as four National Park Service divers took Schubert's remains underwater and placed him in his final resting place. Schubert's name is also forever etched on a wall in the Shrine Room on the Arizona Memorial, along with a handful of other survivors who chose to be reunited with their shipmates. Hayward said she

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knows this is what her father would have wanted, even though he never spoke about the war. "I would not have discussed it with him. The Arizona was a taboo subject growing up. His young comrades destroyed in an instant. He never got over that," said Hayward. "Mother would tell me that he would wake up at night screaming." The bombing had a profound effect on the way Schubert lived his life. "How he dealt with people, and he was always aware of the fleeting nature of life," Hayward said. Schubert lived another 67 years after the Pearl Harbor bombing. His family is grateful and at peace that his final resting place is with his shipmates on the U.S.S. Arizona. Schubert was among 300 sailors, Marines and officers aboard the Arizona who survived the bombing of Pearl Harbor. Today, just over 20 survivors remain. [Source: KITV4 Honolulu Jodi Leong article 7 May 2010 ++]

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**State Taxation:** In many states today you can get a haircut, consult a lawyer, or have a plumber clear your drain without paying a tax on services. But with state budgets facing massive shortfalls, some legislators are looking to tap into the \$6.1 trillion Americans spend on such services each year. Pennsylvania is considering a tax on accounting and data processing. New York may tax haircuts, manicures, and pedicures. In 2009 Maine passed a law to tax dry cleaning and car repairs. If service taxes become widespread, they could increase the amount you pay for about two-thirds of your day-to-day expenses. Nebraska republican state Sen. Cap Dierks has introduced a bill that would tax more than 60 services, from equipment repairs to reflexology. "It would raise \$250 million per year," he says, "and help shift some of the tax burden from the property owners." It remains to be seen how it would affect business. New taxes on goods and services have less impact on business than income and property taxes do, according to research by former government economist Richard Vedder. But the effect of any particular tax depends on the available substitutes. It's relatively easy to skip a manicure, for example; it's much harder to avoid calling a repair person if your refrigerator breaks. Pete Snipp of the national Taxpayers Union says new taxes could just shift the source of state revenue, rather than add to it. He argues that government should operate more efficiently rather than raise taxes. But given the size of the budget shortfalls, tightening belts may not be enough. Tax collections are down across the country and states need additional sources of income. [Source: Parade magazine 2 May 2010 ++]

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**Military Reunion Notifications:** Do you have an upcoming reunion for a military fraternal organization planned and you want to get the word out to those who are not on your mailing list? It can be done at no cost with a little planning in advance by taking advantage of the various means of publicizing reunions using the following resources. Be prepared to provide your branch of service, organization name, date and place it will occur in, and contact name, address, phone number, e-mail and web address website for potential attendees to communicate with:

- **American Legion Magazine** – Submit by mail to The American legion magazine, Attn: Reunions, PO Box 1055, Indianapolis IN 46206 or Fax (317) 630-1280, or email [reunions@lwgiion.org](mailto:reunions@lwgiion.org), or via web site [www.lwgiion.org/reunions](http://www.lwgiion.org/reunions). (Note: Submit six months in advance).
- **DAV Magazine** – Submit to Reunions, DAV Magazine, PO Box 14301, Cincinnati OH 45250-0301 (Note: Submit six months in advance).
- **Military.com online** – Complete form at [www.military.com/Resources/ReunionEntry/1,11585,,00.html](http://www.military.com/Resources/ReunionEntry/1,11585,,00.html)
- **MOAA** – Submit via [www.moaa.org/membership/comm\\_findpeople.htm](http://www.moaa.org/membership/comm_findpeople.htm). Reunion should appear on the MOAA Web site within 24 hours. Information submitted also will be considered for inclusion in MOAA's magazine for members only. Non-MOAA members can submit information, but those notices will only appear on the Web site. Nonmembers need to go to <https://ebiz.moaa.org/PersonifyEbusiness/Default.aspx?tabid=154> and complete a guest form to gain access to the reunion site.
- **FRA Magazine** – Submit via mail to FRA Reunions, 125 N. West St., Alexandria VA 22314 or email [reunions@fra.org](mailto:reunions@fra.org) or post online at [www.fra.org](http://www.fra.org).
- **Reunion Magazine** - Email [editor@reunionmag.com](mailto:editor@reunionmag.com) to register or send to *Reunions magazine*, PO Box 11727, Milwaukee WI 53211-0727 or Fax 414-263-6331.

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- **VFW Magazine** – Mail to Reunions, VFW Magazine, 406 W. 34<sup>th</sup> St., Suite 523, Kansas city MO 64111 or complete and submit a form online at [www.vfw.org/magazine/51.html](http://www.vfw.org/magazine/51.html). (Note: Submit four months in advance. VFW members only).
- **VVA** – Send an email to [theveteran@vva.org](mailto:theveteran@vva.org)

[Source: Editor/Publisher RAO Bulletin 1 May 2010 ++]

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**Vietnam War Anniversary Commission:** The Department of Defense is setting up the 50th Anniversary of the Vietnam War Commemoration Commission. The commission is Congressionally mandated and chartered by the Department of Defense to plan and conduct this commemorative program which may include activities and ceremonies to achieve the following objectives:

- (1) To thank and honor veterans of the Vietnam War, including personnel who were held as prisoners of war or listed as missing in action, for their service and sacrifice on behalf of the United States and to thank and honor the families of these veterans.
- (2) To highlight the service of the Armed Forces during the Vietnam War and the contributions of Federal agencies and governmental and non-governmental organizations that served with, or in support of, the Armed Forces.
- (3) To pay tribute to the contributions made on the home front by the people of the United States during the Vietnam War.
- (4) To highlight the advances in technology, science, and medicine related to military research conducted during the Vietnam War; and
- (5) To recognize the contributions and sacrifices made by the allies of the United States during the Vietnam War.

The Commission's activities will last until 2025 and will involve Vietnam War Commemoration programs conducted by the federal government, state and local governments, and international, commercial and private organizations. [Source: TREA Washington Update 7 May 2010 ++]

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**Camp Lejeune Toxic Exposure Update 12:** A report linking water contamination at Camp Lejeune to cancer in former base residents went to the desk of President Barack Obama this week. The President's Cancer Panel released a 240-page analysis 6 MAY urging the president to tighten regulations on environmental carcinogens and chemicals known to increase cancer risk. "In 2009 alone, approximately 1.5 million American men, women, and children were diagnosed with cancer, and 562,000 died from the disease," an introductory letter addressed to Obama reads. "With the growing body of evidence linking environmental exposures to cancer, the public is becoming increasingly aware of the unacceptable burden of cancer resulting from environmental and occupational exposures that could have been prevented through appropriate national action." The report, the focus of the panel's work for the 2008-2009 year, contains a section dedicated to exposure to contaminants and other hazards from military sources. Included are brief descriptions of the Vietnam-era carcinogen Agent Orange, chromium, radioactive contamination, and historical water contamination with the solvents TCE and PCE at Camp Lejeune.

"For 30 years beginning in the late 1950s, soldiers and others living at or near Camp Lejeune, North Carolina, consumed drinking water from wells contaminated by TCE and another solvent, perchloroethylene (also called tetrachloroethylene), at concentrations more than 40 times the current U.S. Environmental Protection Agency (EPA) limit," the report reads. "...In addition to the high incidence of cancers (including at least 53 cases of male breast cancer) among those who drank, bathed in, and ate food prepared with the contaminated water, many children born at the base suffered birth defects and illnesses. Women exposed in their first trimester of pregnancy had unusually high miscarriage rates. After years of denying any relationship between health problems and Camp Lejeune's water supply, the U.S. government now has established a registry of people potentially contaminated, as well as a Web site and call center for those seeking information about their possible exposure or exposure-related health problems."

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The segment also included a testimonial from Gloria Fall, a former Lejeune resident and cancer survivor who lost a grandchild to water contamination. The chemicals TCE and PCE, which entered base drinking water from an off-base dry cleaner's and improper disposal practices aboard Lejeune, are also discussed in detail early on in the report. PCE, the analysis notes, is "reasonably anticipated to be a carcinogen" by the National Toxicology Program, and TCE is listed as "probably carcinogenic to humans" by the International Agency for Research on Cancer.

These findings are somewhat stronger than those of a report on Camp Lejeune water released by the National Research Council in JUN 09 which found "limited or suggestive evidence of an association" between the chemicals and roughly a dozen diseases including breast, bladder, lung, and kidney cancers, and "inadequate or insufficient evidence" of causal association with scores of others. The PCP report quotes Suzanne Fenton of the Environmental Protection Association urging further studies to obtain more data for risk assessment and dose exposure confirmation. The Department of the Navy recently approved funding for a number of studies on the Lejeune contamination to be undertaken by the Agency for Toxic Substances and Disease Registry, including a mortality study, water modeling at Hadnot Point, a re-analysis of the 1998 Pregnancy Outcome Study, and a case control study. [Source: JDNews.com Hope Hodge article 6 May 2010 ++]

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**VA Inpatient Surgery Services:** The Department of Veterans Affairs (VA) announced 6 APR measures to ensure that all inpatient surgeries are performed under the safest possible conditions at facilities with the resources to support them. VA is the first hospital system to conduct a comprehensive review to determine what level of inpatient surgeries may be performed in each of its 112 surgery programs. "VA began this major undertaking in 2007 to close and prevent gaps in surgical care," said Dr. Robert Petzel, VA's Under Secretary of Health. "Our mission is to provide the best health care to Veterans, and we are determined to meet uncompromising standards for inpatient surgery." After an expert work group's review of surgical standards, VA conducted on-site studies of each of its hospitals between JUN 09 and MAR 2010. As a result, VA has assigned each of its medical centers an inpatient "surgical complexity" level -- complex, intermediate or standard. Based on appropriate criteria developed by 16 surgical advisory boards including 80 experts, VA has authorized 66 hospitals to conduct "complex" inpatient surgeries; 33 hospitals to conduct "intermediate" inpatient surgeries; and 13 to conduct "standard" inpatient surgeries.

Hospitals with a "complex" rating require special infrastructure (facilities, equipment and staff) allowing intricate operations, such as cardiac surgery, craniotomies and total pancreatectomies. Those with an "intermediate" rating may perform surgeries such as colon resections, repairs of abdominal aortic aneurysms and complete joint replacement. Those with a "standard" complexity rating may perform inpatient surgeries requiring limited infrastructure, such as hernia repair, cholecystectomy, urologic procedures and ENT surgeries. "We are committed to expand Veteran access to quality care," added Petzel. "If a patient requires a surgical procedure that exceeds the facility's complexity rating, VA will ensure that the patient receives the required care from another provider." Five facilities that have previously conducted some "intermediate" surgeries will now perform "standard" surgeries in-house and ensure that Veterans obtain other procedures nearby from the best qualified providers. These are the surgery programs at VA hospitals in Alexandria, La.; Beckley, W.V.; Fayetteville, N.C.; Illiana at Danville IL; and Spokane, Wash. VA does not anticipate that any Veteran surgery will need to be rescheduled at these or other facilities due to the planned launch of the Surgical Complexity Initiative on 11 MAY 2011.

Inpatient surgeries remain suspended in Marion, Ill., which serves veterans in parts of Illinois, Indiana and Kentucky. They were suspended in 2007, when a surgeon resigned after a patient bled to death following gallbladder surgery. Investigators found at least nine deaths between October 2006 and March 2007 resulted from substandard care and another 10 patients died after receiving questionable care that complicated their health. While aimed at ensuring patient safety and high-quality care for all Veterans, the initiative will affect only a very small number of surgical procedures. VA provided over 357,000 inpatient surgeries for Veterans during 2009, and based on 2009 figures anticipates that 0.1 percent of "intermediate" or "complex" surgeries (approximately 364) would now be referred to another provider. VA's surgical review program will be continuous, expand to include standards for outpatient surgery, and provide a key tool for ongoing health system improvement. Each of VA's 21 hospital networks has developed a surgical strategic plan to ensure that Veterans receive needed care while facilities strengthen quality, safety and service. The VA health care system serves nearly 6 million Veterans each year and is

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the 2010 recipient of the leadership award of the American College of Medical Quality. The VA health care system is committed to public accountability by publishing its quality performance data online at [www.hospitalcompare.va.gov](http://www.hospitalcompare.va.gov). [Source: VA News Release 6 May 2010 ++]

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**Overseas Retirees Update 01:** IRS has imposed stringent reporting requirements on foreign banks whose clients are Americans. As a consequence some foreign banks have imposed substantial account management fees or large minimum balances. The American Citizens Abroad (ACA) organization has recently put out an article stating that these requirements ask that foreign banks know their customers, reveal the names of their American citizen clients, and open their books to American lawyers and accountants. Meanwhile expatriated Americans are in some cases finding their bank accounts stateside closed when they are unable to provide a US address. Ultimately these and other actions could find Americans abroad without access to bank accounts according to ACA writer Andy Sundberg. ACA as the voice of Americans overseas, is a non-profit, non-partisan, all-volunteer organization that represents the interests of Americans living and working outside the U.S. to the Executive Branch of the U.S. Government, the U.S. Congress, and the U.S. Federal Judiciary to insure that Americans overseas are treated with equality and fairness. As ACA prepares for proposed hearings on overseas banking services before the House Committee on Financial Services, they are asking for any American expatriate so affected to tell his or her story at [www.aca.ch/persexp.php](http://www.aca.ch/persexp.php). Something of what the Patriot Act imposed on banking institutions can be gleaned by reading an article entitled The Patriot Act and American Expatriates at [www.taxbarron.com/articles/patriot\\_act.php](http://www.taxbarron.com/articles/patriot_act.php).

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**Expatriate Income Tax Update 02:** Frustrated with US taxation and reporting requirements, some 500 expatriates surrendered their US citizenship or permanent residency status in the last quarter of 2009. Although this number is small in comparison to the estimated 5.2 million expatriated Americans, it represents a dramatic increase over 2008 which saw 235 renounce their citizenship in the entire year. The United States is the only country to tax its citizens and deemed residents on worldwide income. Other nations consider residency the criterion for justifying worldwide income taxation. And although allowed a \$91,400 foreign earned income exclusion against 2009 foreign earnings, American expatriates earning in euros or receiving investment income often find themselves being taxed stateside even though some of those earnings have already been taxed in their foreign country of residence. Today's tax code contains more than 60,000 pages. Filing instructions for even the most basic forms, 600 of which have been dedicated to Americans abroad, are often difficult to understand and follow which lead to increasing numbers of errors being committed and subsequent penalties being applied.

In order to reject US citizenship, one needs to be a citizen of another country. But should you after expatriating spend more than 30 days in a year in the United States, Uncle Sam can treat you as being a US citizen or resident for the entire year and subject to taxes on worldwide income. You'll have to certify past US tax compliance by filing IRS Form 8854 or else be subject to expatriate income tax as assessed on Form 1040NR. For those who renounced their US citizenship after 17 JUN 08, IRS may deem that person to have sold all his or her worldwide property for fair market value with the consequence that any substantial gain is subject to US tax at the capital gains tax rate. Surrendering US citizenship can be complicated. This article has only scratched the surface of the complexities involved. Still as IRS increasingly encroaches in the lives of Americans abroad, more expatriates will likely brave the hurdles of rejecting their US citizenship. [Source: The Tax Barron Report Spring 2010 ++]

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**Tricare Regional Contracts Update 06:** Tricare Management Activity (TMA) announced 5 MAY its intent to enter into a contract with Health Net Federal Services, LLC, Rancho Cordova, Calif., as the Tricare Managed Care Support (MCS) contractor for the Tricare North Region. Health Net is also the current contractor for the Tricare North Region. The total potential contract value including the base period and five one-year option periods for health care delivery is estimated at approximately \$17 billion. A contract for the North Region, awarded to Aetna Government Health Plans, Hartford, Conn., was terminated 5 MAY 2010, for the convenience of the government. The termination is consistent with a Government Accountability Office (GAO)

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sustainment of a formal protest filed by Health Net immediately following the JUL 09 award to Aetna. The award to Aetna Government Health Plans was one of three United States regional support contracts awarded in JUL 09.

Transition to the three new regional contracts in the United States, known as "T-3," was initially slated for completion 1 APR 2010. Protests filed with TMA and the GAO put transition activities on hold in all three regions. In late October and early November of 2009, the GAO sustained the protests by Health Net and the current South Region contractor, Humana Military Healthcare Services, and recommended reevaluation of proposals for both the North and South Region. After careful consideration and consistent with GAO recommendations, TMA is also issuing an amended Request for Proposals (RFP) for the Tricare South Region. UnitedHealth Military & Veterans Services was awarded the T-3 contract in JUL 09. The original bidders will have the opportunity to respond. An agency-level protest regarding the West Region award to TriWest Healthcare Alliance Corp. is still pending. [Source: TMA News Release 5 May 2010 ++]

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**Traumatic Brain Injury Update 13:** Officials said 5 MAY that the departments of Defense and Veterans Affairs have greatly expanded care for servicemembers and veterans with traumatic brain injuries from the battlefield after they're discharged from rehabilitation centers. Air Force Col. (Dr.) Michael Jaffee, director of the Defense and Veterans Brain Injury Center, and Dr. Lucille Beck, chief consultant with VA's Office of Rehabilitation Services, testified before the Senate Veterans' Affairs Committee on progress in brain injury diagnosis and treatment since Congress passed a 2007 law for the departments to work together to enhance treatment. A "highly collaborative and fruitful relationship" between the two departments has spawned comprehensive care for improvements in research, prevention, early detection, treatment and outreach, Jaffee said. He also testified that:

- The Defense Department has made important contributions in the ongoing understanding of brain injuries, and has received several awards for its randomized-controlled clinical trials and contributions to medical literature.
- The department has improved prevention of TBI with its continued development of protective equipment, including a next-generation combat helmet still in production.
- To improve early detection, the Defense Department has increased its mandatory concussion screenings to four levels, which begin as close to the time of injury as possible, and also include proposed guidelines for mandatory evaluation of all servicemembers involved in incidents considered at risk for concussions.
- The department has improved treatment by publishing clinical practice guidelines for TBI that recognize the common co-existing conditions of post-traumatic stress disorder and substance abuse, and created an electronic consultation service to help medical providers downrange.
- Brain Injury Center officials have worked with their VA counterparts to contract civilian organizations to serve patients through the Assisted Living for Veterans with TBI project at nine state-owned facilities.
- The Defense Department has identified more than 134,000 servicemembers with TBI since January 2003, most of which were mild, Jaffee said. Nearly 90 percent have completely recovered within days or weeks of the injury, he said.

The VA Polytrauma/TBI System of Care, Dr. Beck said, consists of four rehabilitation centers, 22 network sites, 82 support clinic teams, and 48 points of contact devoted to multiple blast-related injuries. She noted the system strongly advocates family involvement and offers multiple levels of clinical, psychosocial, and logistical support to ensure a smooth transition and continuous care for patients and their families. VA case managers are assigned to every patient – with each case manager maintaining six cases at a time – and case managers can be reached 24 hours per day, seven days per week. VA treated 1,736 patients with severe brain injuries between MAR 03 and DEC 09, Beck said. Of those, 879 were active duty servicemembers, and 736 were injured in Iraq or Afghanistan. Hawaii Sen. Daniel K. Akaka III, the committee chairman, said some 360,000 servicemembers are believed to have suffered brain injuries during service in Iraq and Afghanistan. Akaka said he has been impressed with the polytrauma centers and wants to create more to ease the burden on families who travel far from home to be with servicemembers needing care. The hearing occurred just hours before President Barack Obama signed a bill, which Akaka wrote, that

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increases support to families of injured servicemembers and veterans so that many who otherwise would need institutional care can remain at home. [Source: AFPS Lisa Daniel article 5 May 2010 ++]

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**VA Application for Health Benefits:** Veterans will find it easier and faster to apply for their health care benefits now that the Department of Veterans Affairs has updated its online Form 10-10EZ, "Application for Health Benefits." This revised online application provides enhanced navigation features that make it easier and faster for Veterans to apply for their health care benefits. This new version also allows Veterans to save a copy of the completed form for their personal records. The most significant enhancement allows Veterans to save their application to their local desktop and return to the application at any time without having to start over. Previously, Veterans had to complete the form in a single session. This updated online form, along with the revised VA Form 10-10EZ, reduces the collection of information from Veterans by eliminating some questions. In addition, there are minor changes to simplify the wording of questions and provide clarity in the instructions. Further enhancements to the online application are expected to be delivered in increments throughout 2010. Veterans may complete or download the 10-10EZ form at the VA health eligibility website at <https://www.1010ez.med.va.gov/sec/vha/1010ez>. To have the VA Form 10-10EZ mailed to you or if you have any questions, call at 1-877-222-VETS (8387) or visit the VA health eligibility website at [www.va.gov/healtheligibility](http://www.va.gov/healtheligibility). Once you have completed the form, you may mail or fax the completed form (signed and dated) to your local VA Medical Center or Clinic which can be located at <http://www2.va.gov/directory/guide/home.asp?isflash=1>. [Source: VA News Release 5 May 2010 ++]

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**VA Prostate Cancer Program Update 06:** It took officials at a Veterans Affairs Department hospital in Philadelphia more than a year to learn that a computer used to assess patient's response to treatments for prostate cancer had been unplugged, delaying assessments, according to an inspector general report released on 3 MAY. The computer ran an application called the VariSeed treatment planning system, which oncologists use to focus radiation treatment on cancer hotspots. But the computer was disconnected from the hospital's network in NOV 06 when a vendor and a VA information technology technician unplugged it from a jack that linked it to the main network so they could connect another piece of hardware. That year, VA clinicians performed 17 procedures to insert radioactive seeds that treat prostate cancer. Without the network connection, X-rays showing the location of radioactive seeds could not be transferred to the VariSeed computer, making it difficult for doctors to determine the patients' response to treatment, the inspector general found. No patient was injured by the error. The Philadelphia Inquirer reported on 4 MAY that 38 veterans or their wives have filed claims against the hospital for alleged injuries. Two have filed federal lawsuits.

The inspector general report comes on the heels of a fine the Nuclear Regulatory Commission levied against the Philadelphia hospital in March. NRC, which oversees the use of nuclear medicine, said the medical center incorrectly placed radioactive seeds in 97 patients who were being treated for prostate cancer between 2002 and 2008. The agency's \$227,500 fine was one of its the largest ever, highlighting the significance of the mistreatment of veterans at the hospital. The IG report revealed:

- In this most recent case, clinicians in the Philadelphia hospital's Radiation Oncology Service hospital repeatedly reported the computer problem every quarter for a year, but the computer was not reconnected to the network until NOV 07. Employees could find no indication that the issue was brought to the attention of top hospital managers, according to the report.
- Once radioactive seeds are implanted, clinicians then conduct a CT scan to determine if they were placed correctly. These studies "are a generally accepted practice," and added that until the computer problem was resolved, the hospital should not have conducted prostate radiation treatments.
- The hospital didn't follow proper cybersecurity procedures. VA requires hospitals to isolate computers containing personal medical information from other computer systems. But the inspector general found the VariSeed computer operated outside the Philadelphia hospital's secure networks and was used by the oncology service staff to check e-mail and access the Internet.

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- Computer problems in the radiation oncology service at the VA hospital in Jacksonville, Fla., where the VariSeed computer also was not operating on a secure network. A clinician in charge of monitoring the placement of radioactive seeds in patients did not know where to find the folders containing CT scans on the network server and was unable to review the images from MAY 07 through FEB 08.

Despite the computer problems at the Philadelphia hospital, the inspector general concluded the rate of failure in the seed treatment and the recurrence of cancer for the patients involved in that hospital "appear within the norm." Dr. Robert Petzel, undersecretary of health at VA, said he concurred with the inspector general's findings and recommendations, including those that called for quick fixes to network connectivity problems and isolation of the VariSeed computers. [Source: NextGov Bob Brewin article 4 May 2010 ++]

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**Health Care Reform Update 33:** Under the new Health Care Reform law the Congressional Budget Office (CBO) has projected savings of \$4.4 billion over nine years which averages out to \$489 million a year against a total Defense Department health care budget in fiscal 2010 about \$48 billion. That annual cost is expected to reach \$64 billion by fiscal 2015. The multi-year savings projection was made possible because the Patient Protection and Affordable Care Act (PPACA) makes several changes to Medicare provider payments which in turn will affect both mandatory and discretionary Tricare payments. The change with the most direct impact on Tricare is said to be the law's new calculation of growth rate for Medicare payments for non-physician services. Benefit payments under Tricare and Medicare are linked in several ways. First, the mandatory Tricare for Life (TFL) program provides a wrap-around health care benefit for military retirees and their dependents who are Medicare-eligible. Because TFL usually pays the coinsurance for Medicare-covered services, any change in Medicare payment rates is likely to have a corresponding impact on TFL payments.

Under the combination of the PPACA and revisions to that law in the Reconciliation Act of 2010, CBO estimates that changes to Medicare payment rates will produce \$4.4 billion in mandatory savings to TFL in the 2010-2019 period. Because Medicare payment rates will grow more slowly, coinsurance will grow more slowly, hence TFL payments will slow too under the new law. In addition, provider payments under the Tricare Prime and Standard programs (which are, for the most part, funded through annual appropriations) are required by law to match Medicare payment rates as closely as possible. Any changes to Medicare payment schedules will usually impact those two health plans. CBO has not done an analysis on the effect of PPACA on discretionary spending for Tricare Prime and Standard, although it believes the effects probably will be small relative to the size of total Tricare discretionary spending. [Source: Military.com Tom Philpott article 23 Apr 2010 ++]

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**SBP DIC Offset Update 24:** Jacqueline Peters, widow of a retired Army officer, only recently grasped how "ludicrous" the law has become that limits Survivor Benefit Plan (SBP) payments to surviving spouses of military members who either die in retirement from service-related ailments or die while on active duty. These survivors qualify for Dependency and Indemnity Compensation (DIC) from the Department of Veterans Affairs, which pays a basic benefit of \$1154 a month. But if they also are covered by military SBP, then the SBP must be reduced by an amount equal to DIC. Widows then are refunded the premiums their husbands had paid for the portion of SBP being offset. But now there is an exception, the result of a subtle change in law six years ago. Defense pay officials ignored it until three military widows won a lawsuit last year and forced the department to acknowledge what Congress had done. The quirky bottom line is that military widows who remarry after age 57 are exempt from the SBP-DIC offset. The situation, says Peters is a little unreal. "Someone who remarries is certainly not as in need of [full SBP] as is a widow living on a fixed income," she said.

The offset exemption so far applies to just 704 widows, say Defense officials. All of them began to draw their full SBP again either this month or back as early as February. Their SBP is paid in full in addition to their DIC. Many of these 704 widows also will get SBP taxable retro payments back to 16 DEC 03 the date Congress, whether lawmakers knew it or not, lifted the ban on concurrent receipt of both DIC and SBP for this select group. No one disputes that the original intent of a key provision of the Veterans Benefits Act of 2003 [Public Law 108-183] was to

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restore eligibility for DIC to any military surviving spouse who remarries after age 57. Until then, widows were losing DIC for remarriage at any age. But slipped into the 2003 legislation was also language that barred the restored DIC for these widows from impacting any other government payments, including SBP. Defense pay officials had argued that the language wasn't clear and so continued the SBP-DIC offset for all DIC-eligible widows until this spring. But lawyers for Patricia A. Sharp, Margaret M. Haverkamp and Iva Dean Rogers took the issue to federal court, arguing that the plain meaning of the statute exempted them and any other widow who remarries after age 57 from the offset. The U.S. Court of Appeals for the Federal Circuit agreed and rejected as "unconvincing" the argument that Congress would not have targeted so small a group of widows for SBP offset relief. "Perhaps Congress intended to encourage marriage for older surviving spouses," said the appeals courts. "Perhaps [this] simply represents a first step in an effort to eventually enact full repeal. After all, the service member paid for both benefits: SBP with premiums, DIC with his life."

Jacqueline Peters and roughly 54,000 other widows still impacted by the offset are waiting for Congress to do right by them too. It was the lawsuit, Peters said, that made her finally understand how unfair it is that she lost the SBP coverage her husband had paid premiums on for nearly 30 years. Her husband had died of lung cancer in 2006 presumably caused by exposure to Agent Orange. That meant his death was service-related, triggering eligibility for non-taxable DIC. DFAS sent her a check for all the SBP premiums her husband had paid over the years on which she had to pay the IRS tax as it was considered taxable income for the year in which she received it. If she were to decide to remarry after age 57, she would have no choice but to pay back that refunded amount in either lump sum or forfeiture of the total monthly SBP payment she would be entitled to until the full amount of the refund was paid. Then she would have to battle the IRS, who normally disallows refunds after three years, to get back the tax she paid on the refund. Thus, until the refund (before taxes) was paid off she would only receive in hand the non-taxable monthly \$1154 DIC payment. In addition, unless she remarried a military retiree she would lose her Tricare For Life health insurance coverage.

Congress took a small step to relieve the SBP-DIC offset in 2007. It approved a Special Survivor Indemnity Allowance which paid the 54,000 widows \$50 a month starting in OCT 08. That was increased last fall to \$60. It will climb annually to reach \$100 by 2013. Legislation to wholly repeal the offset has been introduced in every recent Congress. The current Senate bill, S.535, from Bill Nelson (D-FL) has 55 co-sponsors; the House bill, H.R.775 from Rep. Ortiz (D-TX), has 320. But the pattern has been that the Senate will pass Nelson's bill with overwhelming support and then it will get tossed by a House-Senate conference committee as being unfunded. The armed services committees to date just haven't found the money to pay for it. They point to pay-as-you-go budget rules that bar any increase in spending on a new entitlement without an equal offset to existing entitlements or some other so-called "mandatory spending" account. Last month, Rep. Walter Jones (R-NC) introduced a discharge petition to try to pull the SBP-DIC offset repeal bill out of the armed services committee for a floor vote. The idea is to match support from the Senate. A total of 216 signatures are needed for the petition to succeed. It's still unclear whether Jones will get that many members to defy the committee leadership even with the bill having 330 co-sponsors. [Source: Military.com Tom Philpott article 8 Apr & DFAS verification 4 May 2010 ++]

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**PTSD Update 44:** When the American Psychiatric Association published its first Diagnostic and Statistical Manual of Mental Disorders in 1952, what we now know as PTSD was called "stress response syndrome." It wasn't until 1980 that the organization officially added the term PTSD to the psychiatric lexicon. Criteria for PTSD remain in flux as the diagnostic manual now enters its fifth reworking. Under the old definition, in order to qualify for the diagnosis, a person's response must have involved "intense fear, helplessness, or horror." That criterion is missing from the proposed DSM-V. Dr. Matthew J. Friedman, executive director of the Department of Veterans Affairs' National Center for PTSD, likes to think of the revision process in the same way he views the evolution of our laws. "It's a living construct," says Friedman, a professor of psychiatry at Dartmouth Medical School and member of the anxiety disorder working group for DSM-V. "It's constantly changing as new scientific information pours in." So fast, indeed, that regulators sometimes have a hard time keeping up.

The VA is considering a rule change that would make it easier for noncombat troops to qualify for PTSD benefits. The proposed regulation, published in August, still cites the old "fear, helplessness, or horror" requirement. Other proposed changes in the diagnostic criteria would lower the threshold for PTSD. For instance, under the old

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definition, a person must have "experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others." Under the proposed revision, it would be enough if a person "learned" that a traumatic event had occurred to a close friend or relative or had experienced "repeated or extreme exposure to aversive details of the event(s)" — such as a police officer "repeatedly exposed to details of child abuse." None of this changes the fact that, as a constellation of self-reported symptoms, PTSD is very subjective. "We don't have a laboratory test for PTSD," says Bruce Dohrenwend, a psychiatric epidemiologist at Columbia University and part of a team that re-examined results of the landmark National Vietnam Veterans Readjustment Study, which helped introduce the term PTSD to the masses. But Friedman says even that might be changing. "We now have very solid research that there are alterations in brain structure and neurocircuitry is affected, etc.," he says.

Still, the challenge of diagnosing the disorder remains. In 2008, Dr. Norma Perez suggested in an e-mail to staff at the VA hospital in Temple, Texas, that they "refrain from giving a diagnosis of PTSD straight out." Perez, a clinical psychologist and leader of the PTSD treatment team there, felt the staff lacked the "time to do the extensive testing that should be done to determine PTSD," and asked employees to "consider a diagnosis of Adjustment Disorder, R/O (rule out) PTSD." A probe by the VA's inspector general determined there was no intent to misdiagnose, though some veterans' groups accused the federal government of clamping down on PTSD in order to save money. Maj. C. Alan Hopewell, an Army neuropsychologist and head of the Traumatic Brain Injury Clinic at Fort Hood, Texas, believes the PTSD diagnosis is "abused and overused." In nine months with the 785th Medical Company (Combat Stress Control) during the Iraq troop surge, Hopewell and his colleagues saw more than 25,000 patients. Of those he saw for potential PTSD, he estimates that one third were actually troubled by something happening on the home front, and another third had "just general adjustment problems." "I am the first person to make an accurate diagnosis and to help people have whatever treatment or whatever benefits they deserve," says Hopewell. "When our emphasis is on giving everybody disability, it creates people who have disabilities." [Source: AP Allen G. Breed article 1 May 2010 ++]

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**PTSD Update 45:** Moved by a huge tide of troops returning from Iraq and Afghanistan with post-traumatic stress, Congress has pressured the Department of Veterans Affairs to settle their disability claims — quickly, humanely, and mostly in the vets' favor. The problem: The system is dysfunctional, an open invitation to fraud. And the VA has proposed changes that could make deception even easier. PTSD's real but invisible scars can mark clerks and cooks just as easily as they can infantrymen fighting a faceless enemy in these wars without front lines. The VA is seeking to ease the burden of proof to ensure that their claims are processed swiftly. But at the same time, some undeserving vets have learned how to game the system, profitably working the levers of sympathy for the wounded and obligation to the troops, and exploiting the sheer difficulty of nailing a surefire diagnosis of a condition that is notoriously hard to define. "The threshold has been lowered. The question is how many people will take advantage of that," said Dr. Dan G. Blazer, a Duke University psychiatrist who has worked with the military on PTSD issues. PTSD, he adds, is "among the easiest (psychiatric) conditions to feign."

Mark Rogers, a longtime claims specialist with the Veterans Benefits Administration, agrees. "I could get 100% disability compensation for PTSD for any (honorably discharged) veteran who's willing to lie," said Rogers, a Vietnam-era vet who is now retired. Some claims are built on a foundation of fake documents; in other cases, the right medals — plus a gift for storytelling — secure unearned benefits. Consider:

- Gulf War veteran Felton Lamar Gray told a VA psychologist he was spattered with "blood and chunks of head" when his "best friend" was shot in the face in Iraq. But only after the VA rated Gray 100 percent disabled did anyone check into his stories — and discover the comrade he spoke of is very much alive and said he barely knew Gray.
- Thomas James Barnhart is a Coast Guard veteran who used forged documents to convince VA doctors he was an elite, much-decorated Navy SEAL. Barnhart's tales of daring rescues and of cradling a dying helicopter pilot in his arms won a congressman to his cause and helped him get a 30% PTSD disability rating from the VA, before he was outed by a watchdog group.
- Vietnam-era veteran Keith Roberts said he was traumatized when he was prevented from rescuing a friend being crushed under a Navy airplane, and was eventually granted 100 percent disability. But when the case

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was reopened, investigators could find no evidence that Roberts was even present when the accident occurred.

Each of these cases represents potentially millions of dollars in tax-free benefits over the veteran's lifetime — benefits that may continue while the veteran works and even into retirement. "There's pressure from the public to sympathize with veterans and treat them with respect," said Assistant U.S. Attorney Craig J. Jacobsen in Roanoke, Va., who prosecuted Barnhart and has handled other such "stolen valor" cases. "And you don't want to go questioning their stories unless you have a very good reason to do so." PTSD is an undeniably real sickness whose symptoms — flashbacks, vivid nightmares, intrusive thoughts, exaggerated startle response, emotional numbness — can be debilitating. As of Fiscal Year 2009, nearly 390,000 veterans were receiving benefits for PTSD, making it the fourth-most prevalent service-connected disability, according to the VA. Authorities have tried to brace the public for a tidal wave of psychically damaged veterans from the current wars. Of the roughly 1.6 million troops who have served in the war zones of Afghanistan and Iraq, more than 134,000 had been seen at VA health care facilities for "potential PTSD" as of late last year, according to a government report. Researchers suggest the numbers of actual sufferers are much higher.

Veterans groups have sued the VA over an enormous backlog, complaining that claims take months and even years to be approved, and that some veterans had committed suicide as a result. Last year, U.S. Rep. John J. Hall (D-NY) introduced legislation to streamline the VA claims process, especially for veterans in traditionally noncombat roles. The claims process, he said, had become an obstacle to healing, "inflicting upon the most noble of our citizens a process that feels accusatory and doubtful of their service." VA Secretary Eric K. Shinseki responded last summer with a proposed rule change. Until now, the agency has required independent proof that a traumatizing event or "stressor" occurred. Under the proposed changes, a veteran's "lay testimony" about what happened to him would suffice, as long as it "is related to the veteran's fear of hostile military or terrorist activity" and is "consistent with the places, types, and circumstances of the veteran's service." Already, VA officials are legally bound to resolve "any reasonable doubt" in the veteran's favor. And Rogers, the retired claims specialist, and others say the system is vulnerable to fraud because of the way it was designed: Doctors make diagnoses without fact-checking the veteran's story, and once that diagnosis is made, claims raters' hands are essentially tied.

No one knows the full extent of PTSD fraud. But there have been some hints. A 1990 law allows the Veterans Benefits Administration to crosscheck its rosters with federal tax and Social Security databases to find "unemployable" veterans reporting work-related income. In 2004, this program identified 8,846 such veterans who reported at least \$6,000 in earnings, including 289 with income of \$50,000 or more. "They'd rather pay and chase," said Jim Gaughran, a former VA program director for benefits fraud. Some critics complain that a lack of personnel, clinicians to do the evaluations and ratings specialists to handle the claims, slows down the claims process. But that same shortage makes it more difficult for examiners to make accurate diagnoses and catch frauds. And checking behind a patient, Blazer adds, "actually breaks the confidentiality of the doctor/patient relationship, putting (it) into a position of adversarial rather than cooperative." But claims raters are basing their decisions on diagnoses from psychiatrists and other mental health professionals. Once a diagnosis of PTSD is given, the rater is "prohibited from cross-examining the veteran," said Rogers, who worked at the VBA for nearly 30 years.

VBA workers say they are under enormous pressure to push claims through. Richard Allen, a Vietnam-era veteran who worked in the VBA's Wichita, Kan., office, recalls one manager telling him, "You don't get it. Your job is to pay." When asked whether the new rule would throw open the doors to more fraud, Shinseki stressed the need for more research into PTSD and traumatic brain injury, the war on terror's other "signature" wound. "I know if we take your temperature and you're registering at 102 degrees, you've got a fever, and there are ways to cope with that," the VA secretary told the AP. "PTSD and TBI are in need of the same kind of metrics." [Source: AP Allen G. Breed article 1 May 2010 ++]

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**PTSD Update 46:** Veterans groups are blasting Georgia lawmakers for passing legislation that would allow a diagnosis of post-traumatic stress disorder to appear on driver's licenses. The legislation, which awaits Gov. Sonny Purdue's signature, would permit servicemembers and veterans to request a PTSD denotation, which would appear on their driver's licenses as a specific health problem, much like poor eyesight. PTSD is an anxiety disorder

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that can occur after a traumatic event, including sexual assault, physical assault and military combat. Symptoms include vivid flashbacks to the traumatic event, depression and substance abuse, among others. Up to 20% of veterans of the Iraq and Afghanistan wars suffer from PTSD, according to the Department of Veterans Affairs. The bill would require a sworn statement from a physician verifying a diagnosis of PTSD and a waiver of liability for the release of the driver's medical information. State Sen. Ron Ramsey, who co-sponsored the bill, says he sees no downside to the measure. In a statement to FoxNews.com, Ramsey, a Democrat, said the "completely voluntary" legislation may protect law enforcement officers and veterans from potentially dangerous situations. "For example if a veteran suffering from PTSD was pulled over for a simple traffic violation, a designation on the license explaining the circumstances could inform an officer that the situation should be handled cautiously," the statement read. "If a veteran does not feel it is necessary to designate this on their license, then they do not have to. Again, it is entirely voluntary."

The bill's co-sponsor, State Sen. John Douglas, a Republican is an Army veteran who has also said the bill might encourage safer encounters between people with PTSD and law enforcement officials. But veterans organizations contacted by FoxNews.com described the legislation as a "terrible idea." Ryan Gallucci, a spokesman for AMVETS, a national organization representing 200,000 veterans, said the legislation puts veterans at risk of discrimination, even though the PTSD denotation would be voluntary. He pointed out that driver's licenses are used for identification purposes that go far beyond encounters with police officers. "Bar owners, liquor store owners could easily refuse service if they saw in black and white that a customer suffered from a mental illness -- even if it's service related," Gallucci wrote in an e-mail to FoxNews.com. "We already see enough negatives in how the public perceives today's veterans when it comes to mental health." And he noted that all citizens -- veterans or otherwise -- have the opportunity to explain any medical condition to a judge when fighting a ticket. "The police have an obligation to maintain order -- it doesn't matter why someone's breaking the law," Gallucci wrote. "Even with traffic tickets, you are entitled to your day in court. What AMVETS prefers to see are the veterans' courts we've seen spring up around the country designated to handle veterans' cases within the unique context of their experiences."

Marvin Myers, president of the Georgia Vietnam Veterans Alliance Inc., said he could think of no situation where a veteran would want to disclose his or her medical condition, including traffic stops. "I don't understand the logic behind it whatsoever," he told FoxNews.com. "Why someone would voluntarily put this out there, I'm not sure." He said he, too, was concerned of potential discrimination against veterans with PTSD. "What happens if Jerry Smith has PTSD on his driver's license and he goes into a gun store? The clerk is going to say, 'Oh no, I'm not selling you that gun,'" Myers said. "I just think you open up Pandora's box. You're disclosing too much of yourself." Myers acknowledged that the PTSD designation on a license could garner sympathy from law enforcement officials in some instances, but he said other members of his organization agreed that the legislation was misguided. The Department of Veterans Affairs declined to comment when asked if it endorsed the legislation. Brian Zeringue, a spokesman for Georgia's Department of Veterans Service, said the agency had no objection to the law as long as the decision to include personal medical information on a driver's license is "left entirely up to" the veteran.

Chris Schrimpf, a spokesman for Purdue, said the Republican governor has not decided whether to sign the bill. A final decision will be made by 8 JUN, he said. Gordy Wright, a spokesman for Georgia State Patrol, said the PTSD designation, if signed into law, would give officers a visible alert to "be on guard" and more aware of potentially threatening actions. "There would be an explanation to account for it," he said. "It can be a positive step for a positive outcome." Wright insisted that drivers with the PTSD designation would not receive leniency. "More or less, it's so the officer is aware of the condition and be alert for any sudden actions or movements," he said. "Never say never, but we would expect Georgia state troopers to conduct the traffic stop in a professional manner." [Source: Fox News article 12 May 2010 ++]

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**TSP Update 29:** Following months of strong returns, nine of the 10 funds in the Thrift Savings Plan continued to enjoy modest growth in April:

- The S Fund, which invests in small and mid-size companies and tracks the Dow Jones Wilshire 4500 Index, had the largest increase in April, rising 4.82%. It has made greater gains than any other fund in 2010, growing 15.21%, and also has produced the biggest rate of return during the previous 12 months, increasing 50.87%.

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- The C Fund, invested in common stocks of large companies on the Standard & Poor's 500 Index, had the second-largest growth in April, rising 1.58%. Since January, the C Fund has grown 7.06% and during the past year has jumped 38.97%.
- The F Fund, invested in fixed-income bonds, increased by 1.07%. Since January, the F Fund increased 2.90% and during the past year has increased 8.40%.
- The government securities, or G Fund, the plan's most stable offering, was up 0.28%. Since January, the G Fund is up 1.09% and during the past year is up 3.22%.
- The I Fund, which invests in overseas companies, was the only fund to lose value in April, falling 2.35%. It has fluctuated since the beginning of the year, dropping 5.17% in January. The fund's value is down 1.52% in 2010, but has grown 34.76% during the past 12 months.

All five life-cycle funds, designed to shift investors from a more aggressive portfolio earlier in their careers to more stable investments as they near retirement, made small gains in April. The L 2040 Fund rose 1.05%; the L 2030 Fund grew 0.94%; the L 2020 Fund was up 0.76%; the L 2010 Fund rose 0.51%; and the L Income Fund increased 0.50%. Since January, the L 2040 fund has grown 5.44%; the L 2030 Fund is up 4.87%; the L 2020 Fund has increased 4.07%; the L 2010 Fund has risen 2.36%; and the L Income Fund inched up 2.23%. All five funds have grown during the last 12 months as well: the L 2040 Fund by 33.42%; the L 2030 Fund by 29.34%; the L 2020 Fund by 24.48%; the L 2010 Fund by 12.30%, and the L Income Fund by 10.31%. [Source: GovExec.com Alyssa Rosenberg article 3 May 2010++]

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**GI BILL Update 77:** At [www.gibill.va.gov/GI\\_Bill\\_Info/CH33/YRP/YRP\\_List\\_2010.htm](http://www.gibill.va.gov/GI_Bill_Info/CH33/YRP/YRP_List_2010.htm) the VA has posted its initial list of schools at which will be participating in the Yellow Ribbon program for the 2010 - 2011 school year. The list is not final and will be updated periodically as additional information is received. The final listing of schools participating in the Yellow Ribbon Program will be posted approximately 1 JUN 10. The Yellow Ribbon program is designed to help students avoid up to 100% of their out-of-pocket tuition and fees associated with education programs that may exceed the Post 9/11 GI Bill tuition benefit. The Yellow Ribbon program allows institutions of higher learning (degree granting colleges and universities) in the United States to voluntarily enter into an agreement with VA to fund tuition expenses that exceed the highest public in-state undergraduate tuition rate. Participating schools can waive up to 50% of those expenses and VA will match the same amount as the institution. Yellow Ribbon benefits are payable for training pursued on or after 1 AUG 09. No payments can be made under this program for training pursued before that date. Students can search for VA GI Bill approved programs at [www.gibill.va.gov/GI\\_Bill\\_Info/search\\_programs.htm](http://www.gibill.va.gov/GI_Bill_Info/search_programs.htm). [Source: Military.com Veterans Report 3 May 2010 ++]

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**VA Home Loan Update 18:** The 2010 VA home loan limits are out and many locations will remain at the 2009 levels. Even many of the traditionally high-cost locations like Alaska with a maximum guaranty of \$625,500 and Nantucket County, Massachusetts with a limit of \$1,092,625 will see no change. Overall, very few locations saw an increase for 2010; while several high-cost areas including locations in California, saw loan limits decrease due to falling real estate values. And, several areas which had been considered high-cost in the past are no longer considered high-cost and were reduced to the \$417,000 limit. The term "loan limit" can be misleading, leaving many veterans to believe the VA Loan Guaranty limits will keep them from purchasing a home valued above the VA loan limit. This is untrue. The VA Loan Guaranty program doesn't actually impose a maximum limit on VA loans. The "limits" are published in order to calculate the maximum guaranty the VA will provide for a VA home loan in a particular location. Generally, a qualified borrower with full entitlement may borrow up to the loan limit with zero down. The word "limit" in VA loan context really means the maximum loan amount on a zero-down VA loan; it is possible for someone to borrow more than the maximum guaranty published as long as he or she is willing to provide the required down payment. In addition, if a VA-eligible borrower has partial entitlement due to past usage of VA home loan benefits, and entitlement has not been restored, his or her maximum VA loan guaranty may be decreased accordingly. The 2010 VA loan limits are effective January 1 through December 31. For a listing

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of limits by state and city refer to [www.directvaloans.com/VA\\_Loan\\_Limits/2010.aspx](http://www.directvaloans.com/VA_Loan_Limits/2010.aspx) . [Source: Military.com Veterans Report 3 May 2010 ++]

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**Federal Tax Law Changes Update 02:** Many of the tax breaks in recent tax-relief bills were designed to be phased in over a number of years, or are indexed to inflation. To help you determine how these tax laws affect your long-term plans, the following explains the changes currently scheduled to come into effect in 2011 through 2017.

**Credit for Energy-Saving Home Improvements** - The 30% tax credit of the cost of energy-saving home improvements reverts to 10% after 2010, and is capped at \$500.

**Higher Tax Rates** - Beginning in 2011, tax rates in effect prior to 2001 spring back into effect. The top income tax rate returns to 39.6%, and the special low 10% bracket is eliminated. Whether this will actually happen will be at the heart of a spirited battle in Congress.

**Estate Tax Revived** - For individuals dying after 2010, the federal estate tax returns with a \$1,000,000 exemption and a 50 percent maximum rate. This assumes that Congress allows the estate tax to disappear in 2010, which is unlikely.

**Increase in Capital Gains and Dividend Tax Rates** - The tax rate reductions for long-term capital gains and dividends is scheduled to expire. In 2011, the maximum long-term capital gains tax rate goes back up to 20% from 15%. A lower 10% tax rate is used by individuals who are in the 15% tax bracket. Their long-term capital gains had been tax-free since 2008. In 2011, dividend income (other than capital gain distributions from mutual funds) is taxed as ordinary income at your highest marginal tax rate.

**Child Tax Credit** - The credit of \$1,000 per eligible child reverts to \$500 after 2010. After 2010, none of the child tax credit will be refundable to taxpayers unless their earned income is more than \$12,550. This is one of the many Bush tax cuts currently scheduled to expire after 2010.

**Payroll Tax Credit** - Starting in 2011, the partial credit for payroll taxes paid is no longer available.

**Decreased Section 179 Expense Deduction** - Taxpayers who purchase qualifying business property may elect to deduct the cost of the property (new or used) in the year that it is placed in service. This is referred to as a Section 179 deduction. In 2009 and 2010, the maximum amount of property that may be taken as a Section 179 deduction is \$125,000, as indexed for inflation. In 2011 and future years, the maximum deduction drops to \$25,000.

**College Savings Plans.** Beginning in 2011, 529 Plans can no longer be tapped tax-free to pay for a computer or Internet access.

**Tax Credit for College Tuition.** The Hope credit is again limited to the first two years of college and is capped at \$1,800. None of the credit is refundable if it is more than your regular income tax liability.

**Earned Income Tax Credit (EITC).** Temporary increases in the Earned Income Tax Credit for filers with three or more children and the higher income levels for the phase-out of the credit are repealed.

**Home Foreclosure Tax Relief.** Starting in 2013 tax relief for taxpayers who lose their homes due to foreclosure expires. Also, debt forgiven in connection with the foreclosure of a principal residence will once again be considered taxable income (unless you are in bankruptcy or insolvent).

**Mortgage Insurance Premiums.** The special itemized deduction for mortgage insurance premiums paid on mortgages taken out after 2006 expires after 2012.

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**Credit for Residential Energy-Efficient Property.** The credit for 30% of the cost of installing solar water heating equipment, photovoltaic or fuel cell equipment, geothermal heat pumps or wind turbines in your primary residence or a second home does not apply after 2016.

**Medicare.** The "Patient Protection and Affordable Care Act," signed into law on 23 MAR 10, increases the Medicare tax imposed on an individual's wages or earned income. Beginning in 2013, the law increases the Medicare tax from 1.45% to 2.35% on wages or earned income in excess of \$250,000 for married taxpayers or \$200,000 for single taxpayers. In addition, The "Health Care and Education Affordability Reconciliation Act of 2010," signed into law on 30 MAR 10, imposes a new 3.8% Medicare tax on investment income (interest, dividends, royalties, rents, annuities and capital gains). Beginning in 2013, the law will impact married taxpayers with modified adjusted gross income in excess of \$250,000 and single taxpayers with modified adjusted gross income in excess of \$200,000. As a result of both laws, dividends could be taxed at a federal rate as high as 43.4% (39.6% + 3.8%) and long term capital gains at 23.8% (20.0% + 3.8%) before you consider state income taxes. Thankfully, the taxes will not apply to income not subject to regular income tax (interest on state and municipal bonds or the portion of gain from the sale of your residence that is not subject to tax).

**Foreign Financial Assets.** For tax years beginning after 18 MAR 2010, the "Hiring Incentives to Restore Employment Act" imposes information reporting requirements on any U.S. individual who holds interests valued in the aggregate at more than \$50,000 in (1) any depository or custodial account maintained by a non-U.S. financial institution, (2) any stock or security issued by a non-U.S. person, (3) any interest in a foreign entity, and (4) any financial instrument or contract with a non-U.S. counterparty not held within a custodial account maintained by a financial institution. A taxpayer's failure to report the assets, absent reasonable cause, will be subject to a penalty of \$10,000, and additional penalties (up to \$50,000) if the failure continues after being notified by the IRS.

**Grantor Retained Annuity Trusts.** Congress is contemplating imposing a ten year minimum term for Grantor Retained Annuity Trusts ("GRAT"). The legislation is contained within "The Small Business and Infrastructure Jobs Tax Act of 2010" (H.R. 4849). If enacted, the legislation would also preclude future use of a "zeroed out" GRAT and a declining annual payment to the creator of the GRAT during the first ten-years of its term. A ten-year minimum GRAT term would prevent any estate tax savings unless its creator survived to the end of the term. [Source: Military.com Taxes Jan 2010 ++]

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**Life Settlements:** Life settlements may sound simple and potentially lucrative for investors. You buy someone else's life-insurance policy for a fraction of its face value. When the seller dies, you collect the benefit. But the market for life settlements isn't quite that simple, and it has some peculiar risks. The procedure normally involves a settlements provider who markets the investments and represents you as the buyer, while a settlements broker locates and represents sellers, usually people in their 70s or older. Either the provider or the broker, or both, will hire medical professionals and actuaries to estimate how long the seller is likely to survive. Some firms sell individuals shares in a large policy or a pool of policies. The risks of investing in life settlements are:

- Their nature creates multiple opportunities for fraud—on the part of the original policyholders, doctors, actuaries, brokers and providers;
- Higher-than-expected expenses, because if the seller lives longer than expected, the buyer has to make additional premium payments; and
- When the seller dies, the life-insurance company might challenge the validity of the policy.

Aside from the risks, the idea of waiting for a stranger to expire as opposed to waiting for a bond to mature is enough to put many people off. But there are benefits to the sellers. Life settlements pay policyholders more than they could get from their insurers by cashing in their policies. And there are many reasons why policyholders might decide that taking a portion of the death benefit now makes more sense than passing the entire benefit on after their death. If you're comfortable with the idea of buying another person's life-insurance policy, here are some things to keep in mind:

1. **Expenses and Taxes** - The chain of people involved in transferring a policy from a seller to a buyer can be quite long, and an investor should be aware of all the commissions taken out along the way. Then there's

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the overall expense: Life settlements typically cost at least tens of thousands of dollars. They are only suitable for investors who can afford to tie up significant amounts of cash for indefinite periods. And the tax treatment isn't favorable. Death benefits received by an investor are treated as ordinary income, which means they are taxed at a higher rate than capital gains from securities or real estate.

2. **Risk of Fraud** - Joe Rotunda, director of enforcement for the Texas State Securities Board, says, "I can't tell you the amount of fraud we're seeing in this area, it's absolutely unreal." What makes this market so ripe for fraud is that investors can't independently verify assertions about policyholders made by doctors and actuaries. Also, the settlements market isn't regulated as thoroughly as either the insurance market or the securities market. For instance, settlements providers in many states aren't subject to background checks, educational requirements or periodic visits from regulators the way registered securities professionals are. To reduce the risk of fraud, investors should be sure they're dealing with providers and brokers licensed by state regulators.
3. **Longevity Risk** - A projected rate of return can be calculated for a life settlement based on what the investor pays for the policy and the premiums due between the time of purchase and the expected date of the seller's death. But if the seller lives longer than that, the additional premiums the investor has to pay eat away at that projected return. This is a particularly tricky situation for anyone who might feel at all squeamish about the whole idea to begin with. Frank Beck, principal of money-management firm Capital Financial Group in Austin, Texas says, "Some people just beat the odds." Whether any one person will be so fortunate is so uncertain that Mr. Beck likens buying a single policy to flipping a coin. Investors can mitigate this risk by buying into a pool of life settlements. For actuarial life- expectancy projections to work, Mr. Beck says, there has to be a large enough number of policies to have statistical significance. "The more lives you have in the pot the better," he says. "It's the law of large numbers versus hoping."
4. **Litigation Risk** - Insurance fraud is as old as the industry itself, so insurers are always on the watch for anything suspicious. That poses a risk for investors in life settlements, because insurers might question the validity of a policy and refuse to pay the benefit. Among the reasons a policy could be declared invalid: The insured lied about his health on the application, or obtained the policy with the intention of selling it in a life settlement.
5. **Deadbeat Risk** - Investors who buy a share of a policy or a pool of policies are vulnerable to their fellow investors. The problem: What happens if other investors fail to make premium payments? Investors should make sure that the settlements provider has deep enough pockets to pay premiums if other investors drop out.

[Source: Wall Street Journal | Personal Finance Rob Curran article 12 Apr 2010 ++]

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**CWVV Health Care Program:** The Children of Woman Vietnam Veterans (CWVV) Health Care Program is a federal health benefits program administered by the Department of Veterans Affairs for children with certain birth defects born to women Vietnam veterans. It is a fee for service (indemnity plan) program that provides reimbursement for medical care related conditions associated with certain birth defects except spina bifida, which is covered under the VA's Spina Bifida Program. Eligibility extends to children whose biological mother is a Vietnam veteran who conceived after the date on which the veteran entered the Republic of Vietnam during the period 28 FEB 61 and 7 MAY 75, and who have one of the covered birth defects as determined by the Veterans Benefits Administration. To enroll eligibility must first be established for a monetary award under the Veterans Benefits Administration (VBA). The Denver VA Regional Offices make the determination regarding that entitlement. Once a monetary award is made by the VBA, the Health Administration Center is provided that information by VBA and enrollment in the CWVV Health Care Program is automatic.

Preauthorization requests may be made by fax (303-331-7807) or in writing to the VA Health Administration Center, P.O. Box 469027, Denver, CO 80246-9027. If the preauthorization relates to a medical service or supply, the medical provider should submit the request. Preauthorization is required for the following services:

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- Attendants
- Dental and mental health services.
- Durable medical equipment with a total rental or purchase price in excess of \$2,000.
- Hospice.
- Organ transplants.
- Substance abuse treatment.
- Training of family members.
- Travel (other than mileage for local travel).

Travel to a physician in your local commuting area (generally less than 50 miles from your home) does not require preauthorization. If you're local attending physician recommends that you be examined/treated by a specialist that is not in your local area (someone who is in another part of the State or Country), you will need to obtain preauthorization. The Request for Preauthorization should include your attending physician's recommendation for evaluation, an explanation of why the service cannot be performed by a specialist in the local area, and the name and address of the physician to whom you are being referred. Travel will not be covered under the following circumstances:

- When a medical provider in your local area could provide the same services sought from a provider outside of the local area.
- When the use of an ambulance is not medically necessary.
- When an ambulance is not medically required and used in lieu of regular transportation (privately owned vehicle or taxi).
- Travel for reasons other than to obtain medical service/treatment (for example, travel to attend meetings or conferences).

The CWVV Health Care Program allowable charge is based on Department of Defense Tricare rates (in most cases, equivalent to Medicare rates). CWVV Healthcare Program pays 100% of the allowable charge thus there are no co-pays or deductible for beneficiaries. Normally, 95% of claims for services are paid within 30 days of receipt. For more information refer to [www.va.gov/hac](http://www.va.gov/hac) (select CWVV); or write to PO Box 469065, Denver, CO 80246-9065; or go to <http://www.va.gov/hac/contact> and follow the directions for submitting secure email; or call 1 (888) 820-1756 M-F. [Source: <http://www4.va.gov/hac/factsheets/spina/FactSheet01-26.pdf> Apr 2010 ++]

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### Household Tips Update 01: Check out the following:

- **Bananas** - Peel a banana from the bottom and you won't have to pick the little 'stringy things' off of it. Also, take your bananas apart when you get home from the store. If you leave them connected at the stem, they ripen faster.
- **Cheese** - Store your opened chunks of cheese in aluminum foil. It will stay fresh much longer and not mold!
- **Bell Peppers** - Peppers with 3 bumps on the bottom are sweeter and better for eating. Peppers with 4 bumps on the bottom are firmer and better for cooking.
- **Ground Beef** - Add a teaspoon of water when frying ground beef. It will help pull the grease away from the meat while cooking.
- **Scrambled Eggs** - To really make scrambled eggs or omelets rich add a couple of spoonfuls of sour cream, cream cheese, or heavy cream in and then beat them up.
- **Garlic** - Add immediately to a recipe if you want a light taste of garlic and at the end of the recipe if you want a stronger taste of garlic.

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- **Snickers Bars** - Take the leftover bars from Halloween and chop them up with the food chopper. Peel, core and slice a few apples. Place them in a baking dish and sprinkle the chopped candy bars over the apples. Bake at 350 for 15 minutes. Serve alone or with vanilla ice cream.
- **Pizza** - Heat up leftover pizza in a nonstick skillet on top of the stove, set heat to med-low and heat till warm. This keeps the crust crispy. No soggy microwave pizza.
- **Deviled Eggs** - Put cooked egg yolks in a zip lock bag. Seal, mash till they are all broken up. Add remainder of ingredients, reseal, keep mashing it up mixing thoroughly, cut the tip of the baggy, squeeze mixture into egg. Just throw bag away when done easy clean up.
- **Frosting** - When open a container of cake frosting, whip it with your mixer for a few minutes. You can double it in size, you get to frost more cake/cupcakes with the same amount, and you eat less sugar and calories per serving.
- **Refrigerated Bread** - To warm biscuits, pancakes, or muffins that were refrigerated, place them in a microwave with a cup of water. The increased moisture will keep the food moist and help it reheat faster.
- **Outdoor Plants** - When planting wet newspapers and put layers around the plants overlapping as you go. Cover with mulch. Weeds will get through some gardening plastic but they will not get through wet newspapers.
- **Broken Glass** - Use a wet cotton ball or Q-tip to pick up the small shards of glass you can't see easily.
- **Mosquitoes** - Place a dryer sheet in your pocket. It will keep the mosquitoes away.
- **Squirrels** - To keep them from eating your plants, sprinkle your plants with cayenne pepper. The cayenne pepper doesn't hurt the plant and the squirrels won't come near it.
- **Flexible Vacuum** - To get something out of a heat register or under the fridge add an empty paper towel roll or empty gift wrap roll to your vacuum. It can be bent or flattened to get in narrow openings.
- **Static Cling** - Pin a small safety pin to the seam of the item you are concerned about. For the ladies this will eliminate clingy skirts or slacks when wearing panty hose.
- **Measuring Cups** - Before you pour sticky substances into a measuring cup, fill with hot water. Dump out the hot water, but don't dry cup. Next, add your ingredient, such as peanut butter, and watch how easily it comes right out.
- **Windshields** - Keep a chalkboard eraser in the glove box of your car. When the windows fog, rub with the eraser! Works better than a cloth!
- **Envelopes** - If you seal an envelope and then realize you forgot to include something inside, place it in the freezer for an hour or two. It unseals easily.
- **Conditioner** - Use your hair conditioner to shave your legs or face. It's cheaper than shaving cream and leaves the skin really smooth. It's also a great way to use up the conditioner you bought but didn't like when you tried it in your hair.
- **Fruit Flies** - Take a small glass, fill it 1/2" with Apple Cider Vinegar and 2 drops of dish washing liquid; mix well. You will find those flies drawn to the cup and gone forever!
- **Ants** - Put small piles of cornmeal where you see ants. They eat it, take it 'home,' can't digest it so it kills them. It may take a week or so, especially if it rains, but it works and you don't have the worry about pets or small children!
- **Clothes Dryer** - Clogged lint filters will overwork your dryer and cause the heater element to burn out sooner. Removing lint from the filter does not totally correct the problem. To see if you need to take additional action run hot water through the filter. If the hot water just stays on top of the mesh without running through the mesh material freely wash it with hot soapy water and an old toothbrush or other brush (at least every six months). Dryer sheets cause a film over that mesh that can block air flow. It's what is in the dryer sheets to make your clothes soft and static free. You know how they can feel waxy when you take them out of the box ... well this stuff builds up on your mesh filter.

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- **Water** - 75% of Americans are chronically dehydrated. In 37% of Americans, the thirst mechanism is so weak that it is often mistaken for hunger. Even MILD dehydration will slow down one's metabolism as much as 3%. One glass of water will shut down midnight hunger pangs for almost 100% of the dieters studied in a University of Washington study. Lack of water, is the #1 trigger of daytime fatigue. Preliminary research indicates that 8-10 glasses of water a day could significantly ease back and joint pain for up to 80% of sufferers. A mere 2% drop in body water can trigger fuzzy short-term memory, trouble with basic math, and difficulty focusing on the computer screen or on a printed page. Drinking 5 glasses of water daily decreases the risk of colon cancer by 45%, plus it can slash the risk of breast cancer by 79%, and one is 50% less likely to develop bladder cancer.

[Source: Various Jan 2010 ++]

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**VA Chiropractic Care Update 03:** Chiropractic care would have to be available at a minimum of 75 veterans' medical centers by the end of 2011 and at all 153 medical centers by the end of 2013, under a bill passed 29 APR by a House subcommittee. Passed by voice vote by the health subcommittee of the House Veterans' Affairs Committee, the bill, H.R.1017, marks a major step in a 10-year fight in Congress to make chiropractic care and services available to veterans. Rep. Bob Filner (D-CA), the veterans' committee chairman, is the chief sponsor. Chiropractic care was first provided at Veterans Affairs Department facilities in 2004 under a pilot program at about 25 locations, where the VA either hired chiropractors or contracted for care. Just getting the pilot program launched after it was first authorized was a three-year effort. Expansion of care to all VA facilities has been one of the top priorities of the International Chiropractic Association. Expansion of military and veterans' treatment programs is part of what they are calling the "Adjust the Vote" campaign, in a bit of chiropractic humor.

Filner's bill goes further than a veterans' health care bill passed by the Senate Veterans' Affairs Committee earlier this year. That bill, S.1237, Homeless Veterans and Other Veterans Health Care Authorities Act of 2010, requires that comprehensive chiropractic services be available in at least two locations within each of the 21 veterans' integrated services networks. The veterans committee passed the bill in January but it has not yet been brought to the Senate floor for debate. Every network has at least one center with chiropractic services today, but 12 have only one location, according to the nonpartisan Congressional Budget Office, which estimates it would cost about \$8 million over five years to provide 12 more centers. No cost estimate was available for Filner's bill.

[Source: NavyTimes Rick Maze article 29 Apr 2010 ++]

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**IRS Appeals:** The Internal Revenue Service (IRS) provides an appeals system for those who do not agree with the results of a federal income tax return examination or with other adjustments to their tax liability. Here are the top seven things to know when it comes to your appeal rights.

1. When the IRS makes an adjustment to your tax return, you will receive a report or letter explaining the proposed adjustments. This letter will also explain how to request a conference with an Appeals office should you not agree with the IRS findings on your tax return.
2. In addition to tax return examinations, many other tax obligations can be appealed. You may also appeal penalties, interest, trust fund recovery penalties, offers in compromise, liens and levies.
3. You are urged to be prepared with appropriate records and documentation to support your position if you request a conference with an IRS Appeals employee.
4. Appeals conferences are informal meetings. You may represent yourself or have someone else represent you. Those allowed to represent taxpayers include attorneys, certified public accountants or individuals enrolled to practice before the IRS.
5. The IRS Appeals Office is separate from -- and independent of -- the IRS office taking the action you may disagree with. The Appeals Office is the only level of administrative appeal within the agency.

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6. If you do not reach agreement with IRS Appeals or if you do not wish to appeal within the IRS, you may appeal certain actions through the courts.
7. For further information on the appeals process, refer to Publication 5, Your Appeal Rights and How To Prepare a Protest If You Don't Agree. This publication, along with more on IRS Appeals is available at <http://www.irs.gov/individuals/content/0,,id=98196,00.html>.

[Source: My Federal Retirement | Financial planning article 20 Apr 2010 ++]

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**Blood Pressure Guidelines Update 01:** A decade-long VA study following patients being treated for hypertension at 15 VA medical centers across the US has proven that, with enough effort, a hospital can make dramatic improvements in controlling patients' blood pressure. And a recent examination of data from the study has shown that neither age nor gender factors into how well a patient's blood pressure can be controlled. However, race remains a significant factor, as do the changing seasons—a phenomenon that researchers are still trying to understand. U.S. Medicine first reported on the study three years ago when VA researchers released study data showing the vast improvements in hypertension control across all 15 VA hospitals. The study also newly revealed that blood pressure naturally rises and falls with the seasons, going up in the winter months and lowering in the summer. Continuing examination of this phenomenon has shown that, on average, hospitals reported a 7% rise in blood pressure during the winter, with the variation ranging from as high as 12% in some hospitals. Researchers are still trying to understand how and why this variation occurs.

At a presentation of the American Heart Association in November, VA researchers further revealed that this seasonal variation presents even more strongly in hypertensive patients. "People who are hypertensive are more [sensitive], and can be affected more by the seasonal change. People who are normal have some variation in blood pressure, but not to the extent of people that are hypertensive," explained Dr Ross Fletcher, chief of staff at the Washington, DC, VAMC, and lead author of the study, in an interview. "We think it's because of the sympathetic tone. When people's pressures go up, they will have a response to that and they will fail to dilate their vessels. And they don't have the same ability to modulate their blood pressure as a person with normal blood pressure." For example, a person with normal blood pressure can run and their blood pressure will rise, but eventually modulate itself. A person with hypertension, on the other hand, will run and their blood pressure will jump up and could remain elevated. Whatever causes the seasonal variation could have the same increased effect on hypertensive patients.

As for why the variation occurs, researchers have looked at weight as a possible factor. "Weight also increases in the winter. And for every pound of weight you gain, you will gain pressure." However, the rise in weight during the winter and the rise in blood pressure do not seem to have a direct cause and effect relationship. "We don't know whether the weight increase is the cause. We have seen the weight come up a little late. First the pressure goes up, and then the weight goes up. So, the relationship is uncertain." Exercise may also play a role. Exercise decreases in winter, and exercise has been shown to reduce blood pressure. This effect is entirely independent of any weight loss resulting from the exercise. What is known is that the seasonal variation has no correlation with the climate. Those VAMCs in cities with the coldest winters did not have the highest variation and those with the warmest winters did not have the smallest variation. "The variation is not the greatest in the most northern climates, and not the least in the most southern climates. San Juan, Puerto Rico, is pretty much in the middle, while Baltimore and Washington vary more than New York. It seems to have no relationship to latitude."

Regardless of its cause, physicians need to take the effect of hypertension into account when treating patients' "If there's a 12% variation, then in the summer, they'll be controlling 50% of their patients. Conversely, in the winter, they'll be controlling 38%." However, physicians can take preemptive measures. If a patient has hypertension that is under control in the summer months, he or she should make an appointment to have it checked in the winter to make sure it has not gotten out of control. "If this happens, a change in medication should occur promptly until things are under control. We don't have a problem controlling blood pressure in the winter if we know the problem is there." Conversely, if a patient's hypertension is under control during the winter, it might be controlled too well during the summer, and a reduction in medication should ensue. The VA's electronic medical record has been a big help in this effort. The record is designed to provide a reminder to the physician to check the

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patient's blood pressure if his or her last reading was high. For additional info what the study disclosed about how a patient's gender, age and race impacted on blood pressure refer to [www.usmedicine.com/categories/2010-issues/april-2010.html](http://www.usmedicine.com/categories/2010-issues/april-2010.html). [Source: U.S. Medicine article Apr 2010 ++]

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### Medicare Fraud Update 39:

- **Brooklyn NY** - Solstice Wellness Center executive Dmitry Shteyman, 35, and Solstice employees Aleksey Shteyman, 41; Maxsim Shvedkin, 38; and Sara Kalantarov, 22, were each charged 5 MAY in an indictment with conspiracy to defraud the United States, to submit and cause the submission of false claims and to pay health care kickbacks. In addition, Dmitry Shteyman, Aleksey Shteyman and Shvedkin were each indicted on one count of conspiracy to commit health care fraud and 16 counts of health care fraud. All four are alleged to have been involved in paying cash kickbacks to Medicare beneficiaries to induce those beneficiaries to be transported to and from Solstice, to purportedly receive physicians' services, physical therapy and diagnostic tests. The false and fraudulent claims that were submitted to Medicare were for services that were not actually rendered and that were not medically necessary. The charge of conspiracy to defraud the United States, to submit and cause the submission of false claims, and to pay health care kickbacks carries a maximum sentence of five years in prison and a fine of up to \$250,000, per count. The charges of conspiracy to commit health care fraud and health care fraud each carry a maximum sentence of 10 years in prison and a \$250,000 fine, per count. An indictment is merely a charge and the defendants are presumed innocent until proven guilty.
- **Shadyside PA** - John D. Kristofic, 62, pleaded guilty 12 JAN to bilking more than \$1 million from Medicare and several private health insurers. U.S. District Judge Donetta Ambrose said she received 65 letters asking her to show leniency for the doctor because of his compassion and his charitable work. The doctor presented her with a dilemma because he is clearly well-educated, generous and even courageous in providing care to street people in often dangerous circumstances through Operation Safety Net, yet he also stole from everyone who pays taxes or medical insurance premiums. As part of his plea agreement with the government, Kristofic paid restitution of about \$1 million, another \$53,000 to reimburse the government for the cost of its investigation and \$2.2 million to settle potential claims the federal government could bring against him. Ambrose sentenced Kristofic to one year and one day in prison for health insurance fraud and three years of probation and said she would recommend he serve his prison sentence in a community confinement center.
- **Miami FL** - David Marrero, 49, was convicted 5 MAY of health care fraud, conspiracy to commit money laundering and money laundering in connection with a \$5.8 million Medicare fraud scheme relating to his involvement with a Miami-area HIV/AIDS infusion clinic. In 2004, Marrero established Tendercare Medical Center Inc., with his then wife, listing himself as a "clinic consultant" on Tendercare's Medicare application. In 2005, Tendercare began billing Medicare for expensive injection and infusion medications purportedly to treat HIV/AIDS-related blood disorders. Marrero recruited Medicare beneficiaries to come to Tendercare and hired Tendercare employees. Evidence showed that these beneficiaries did not have the conditions listed in the Medicare billings for the clinic, and that the employees did not actually administer the treatments for which Medicare was billed. Between JAN 05 and DEC 07, Tendercare submitted approximately \$5.8 million in false and fraudulent claims to Medicare for medically unnecessary injection and infusion treatments, most of which were not even provided. Medicare paid Tendercare approximately \$2.7 million as a result of those fraudulent claims. Sentencing is scheduled for 30 JUL when Marrero faces a statutory maximum prison term of up to 10 years on each count for which he was convicted, in addition to a criminal fine of up to \$250,000 or twice the gain or loss, whichever is greater.

[Source: Fraud News Daily reports 1-15 May 2010 ++]

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**Military History:** The basic causes of the Philippine-American War can be found in the U.S. government's quest for an overseas empire and the desire of the Filipino people for freedom. In other words, this war was a clash between the forces of imperialism and nationalism. After centuries as a Spanish colony, a revolution led in part by Emilio Aguinaldo broke out in 1896 in the Philippine Islands. After fighting a savage guerilla war for two and a half years, the Filipinos suddenly found themselves in a seemingly advantageous position as allies of the United States. In 1898, Spain fought a losing war with the United States in which her colonies of Cuba, Puerto Rico, and Guam were overrun with relative ease by the U.S. Army. Her Atlantic Fleet was devastated outside of Santiago, Cuba. Similarly, Spain's Pacific Fleet was wiped out in the Battle of Manila Bay by the U.S. Navy, and American troops landed on the outskirts of the capitol city. Following the surrender of the Spanish colonial government in the Philippines to American military forces in AUG 1898, tensions developed between U.S. and Filipino forces near Manila. The American government decided to keep the Philippines as a colony, thereby denying independence to the Filipino people. Aguinaldo and his army of nearly 80,000 veteran troops realized that their "allies" in the Spanish War would soon become foes.

As early 1899, U.S. and Filipino forces faced off as a tense situation became worse. American forces held the capitol of Manila, while Aguinaldo's army occupied a trench-line surrounding the city. On the evening of 4 FEB 1899, Private William Grayson of the Nebraska Volunteers fired the first shot in what would turn out to be a very bloody war. Grayson shot at a group of Filipinos approaching his position, provoking an armed response. Shooting soon spread up and down the ten-mile U.S.-Filipino lines, causing hundreds of casualties. Upon the outbreak of hostilities, U.S. troops, supported by shelling from Admiral Dewey's fleet, quickly overwhelmed the Filipino positions while inflicting thousands of casualties. Within days, American forces spread outward from Manila, using superior firepower, mobile artillery and command of the sea to full effect. By NOV 1899, Aguinaldo and his forces had been pushed further and further into central Luzon (the main Philippine island) and he realized he could not fight the Americans with conventional military units. At this point, he ordered his followers to turn to guerilla tactics to combat the American army. From this point on, the war became a savage, no-holds-barred guerilla conflict made up of ambushes, massacres and retribution. Both sides engaged in wanton violence and slaughter. Villages were destroyed, civilians murdered, prisoners tortured and mutilated along with a host of other atrocities. Many American officers and noncoms had served in the Indian Wars, and thus applied the old belief that 'the only good Indian was a dead Indian' to their relations with the Filipinos. This attitude was reciprocated by the native forces.

Emilio Aguinaldo was captured in MAR 1902, and organized opposition from his followers soon faded. Despite the official end to hostilities proclaimed on 4 JUL 1902, individual tribes in Luzon and the Muslim Moros of the southern islands launched further uprisings for another decade or so. The consequences of conflict were:

1. Independence for the Philippines was delayed until 1946.
2. The United States acquired an overseas colony which served as a base for U.S. business and military interests in the Asia/Pacific region.
3. Following the conclusion of major hostilities, the U.S. did it's best to "Americanize" the Philippines. Through successful civilian administration, the Islands were modernized and the nation prepared for eventual independence. The Philippines became an independent nation on 4 JUL 1946.
4. The U.S. suffered 4,234 dead and 2,818 wounded.
5. The Philippines suffered 20,000 military dead and 200,000 civilian dead (approximate numbers). Some historians place the numbers of civilian dead at 500,000 or higher.

[Source: The History Guy [www.historyguy.com/PhilippineAmericanwar.html](http://www.historyguy.com/PhilippineAmericanwar.html) May 2010 ++]

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### Military History Anniversaries:

- May 16 1940 - WWII: Germany occupies Brussels, Belgium and begins the invasion of France.
- May 17 1987 - An Iraqi missile hits the American frigate USS Stark in the Persian Gulf. 37 sailors die
- May 18 1863 - Civil War: The Battle of Vicksburg begins.
- May 18 1917 - WWI: The Selective Service Act of 1917 is passed, giving the President of the United States the power of conscription.

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- May 18 1944 - WWII: Battle of Monte Cassino - Conclusion after seven days of the fourth battle as German paratroopers evacuate.
- May 19 1848 - U.S Mexican War: Mexico gives Texas to U.S., ending the war
- May 19 1967 - Vietnam: U.S. planes bomb Hanoi for the first time.
- May 20 1864 - Civil War: Battle of Ware Bottom Church - in the Virginia Bermuda Hundred Campaign, 10,000 troops fight in this Confederate victory.
- May 20 1902 - Latin America Interventions: U.S. military occupation of Cuba (since Jan 1, 1899) ends
- May 20 1969 - Vietnam: US troop capture Hill 937/Hamburger Hill
- May 20 1951 - Korea: U.S. Air Force Captain James Jabara becomes the first jet air ace in history.
- May 21 1941 - 1st U.S. ship sunk by a U-boat (SS Robin Moore)
- May 21 1951 - Korea: The U.S. Eighth Army counterattacks to drive the Communist Chinese and North Koreans out of South Korea.
- May 23 1900 - Civil War hero Sgt. William H. Carney becomes the first African American to receive the Medal of Honor, 37 years after the Battle of Fort Wagner.
- May 25 1915 - WWI: 2nd Battle of Ypres ends with 105,000 casualties
- May 25 1953 - The first atomic cannon is fired in Nevada.
- May 26 1940 - WWII: Battle of Dunkirk - In France, Allied forces begin a massive evacuation from Dunkirk, France.
- May 26 1945 - WWII: U.S. drop fire bombs on Tokyo
- May 26 2004 - The U.S. Army veteran Terry Nichols is found guilty of 161 state murder charges for helping carry out the Oklahoma City bombing.
- May 27 1813 - War of 1812: In Canada, American forces capture Fort George
- May 27 1944 - WWII: American General MacArthur lands on Biak Island in New Guinea.
- May 27 1965 - Vietnam: American warships begin the first bombardment of National Liberation Front targets within South Vietnam.
- May 29 1916 - U.S. forces invade the Dominican Republic, stay until 1924.
- May 29 1945 - WWII: U.S. 1st Marine division conquerors Shuri-castle Okinawa
- May 29 2004 - The World War II Memorial is dedicated in Washington, D.C.
- May 30 1868 - Memorial Day begins when two women place flowers on both Confederate and Union graves.
- May 30 1912 - U.S. Marines are sent to Nicaragua to protect American interests.
- May 30 1965 - Vietnam: Viet Cong offensive against U.S, base Da Nang, begins
- May 31 1900 - U.S. troops arrive in Peking to help put down the Boxer Rebellion.
- May 31 1912 - U.S. Marines land on Cuba

[Source: Various May 2010 ++]

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### Military Trivia 4:

- The Italian dictator Benito Mussolini was named after Mexican liberator Benito Juarez.
- Seven inmates were liberated from the Bastille after it was stormed by an angry mob on July 14, 1789 at the start of the French Revolution.
- The ice-locked Dutch in Amsterdam mobilized using ice skates to defeat the invading Spanish during the winter of 1572-73?
- Butch Cassidy, whose real name was Robert LeRoy Parker after escaping to Bolivia with his partner-in-crime, the Sundance Kid reportedly returned to the U.S, and went into the adding machine manufacturing business.

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- Adolf Hitler's sister-in-law worked for British War Relief in New York City during World War II. Bridget Hitler was the Irish-born wife of Hitler's older half-brother, Alois.
- The first American congressman to don a uniform following the Japanese attack on Pearl Harbor on December 7, 1941 was President-to-be Lyndon Johnson, who served in the Navy.
- In 1940, Davis Sr. became the first black general in U.S. Army history and in 1954, his son Davis Jr. became the first black general in U.S. Air Force history.
- The actor who attained the highest U.S. military rank in history for an entertainer was James Stewart, who rose to the rank of a brigadier general in the U.S. Air Force Reserve.
- Before the U.S. Navy adopted the standard 21-gun salute in 1841, how many blasts did its warships fire one blast for each state in the union when they sailed into foreign ports.
- The tenth-century Chinese alchemist was trying to discover a formula for immortality when he accidentally produced gun powder?
- British-born newspaperman-explorer Henry Morton Stanley (of "Dr. Livingston, I presume" fame) fought on both sides in the American Civil war. He first joined the Confederate Army, but after being captured at Shiloh, he enlisted in the Union Army to avoid imprisonment.
- Russian czar Peter the Great gave himself no rank in the Russian Army. He served as a common soldier in the artillery.
- EGADS in the military world is the signal used when it's necessary to destroy a missile in flight. EGADS is an acronym for Electronic Ground Automatic Destruct System.
- Andrea Doria, the person for whom the famous passenger ship was named, was a sixteenth-century Genoese admiral who was known as the "Father of Peace" and the "Liberator of Genoa."
- You may remember the Alamo but the word means in Cottonwood in Spanish?
- Marquis de Lafayette, America's Revolutionary War ally, named his only son George Washington Lafayette.
- Michael Strank, Harlon H. Block, Franklin R. Sousley, Ira Hayes, Rene Gagnon and John H. Bradley were the six servicemen who raised the American flag on Mount Suribachi on Iwo Jima during World War II and who are memorialized in the dramatic 78-foot-high Iwo Jima Monument in Arlington, Virginia.
- Actor Paul Newman was disqualified from the Navy's pilot-training program during World War II because his dazzling blue eyes were colorblind.

[Source: [www.triviacountry.com/19\\_Military\\_Trivia.htm](http://www.triviacountry.com/19_Military_Trivia.htm) May 2010 ++]

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**Tax Burden for Nebraska 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 Nebraska:

**State Sales Tax:** 5.5% (food and prescription drugs exempt); local option taxes could add an additional 1.5% to the state rate.

**Gasoline Tax:** 26.8 cents/gallon

**Diesel Fuel Tax:** 26.8 cents/gallon

**Cigarette Tax:** \$0.64 cents/pack of 20

### **Personal Income Taxes**

**Tax Rate Range:** - 2.56%; High - 6.84%

**Income Brackets:** 4: Lowest - \$2,400; Highest - \$27,000 (The tax brackets reported are for a single individual. For married couples filing jointly, the same rates apply for income under \$4,000 to over \$50,000)

**Personal Tax Credits:** Single - \$118; Married - \$236; Dependents - \$118;

**Standard Deduction:** Single - \$5,700, Married - \$11,400

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**Medical/Dental Deduction:** Federal amount

**Federal Income Tax Deduction:** None

**Retirement Income Taxes:** Railroad Retirement benefits are exempt. Out-of-state government pensions are fully taxed. Social Security is taxable to the extent of federal taxation.

**Retired Military Pay:** Follows federal tax rules.

**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.

**Retired Military Pay:** See above. Survivor benefits are taxed following federal tax rules.

**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.

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### **Property Taxes**

Real property is assessed at 100% its actual (market) value. A property tax credit is provided for all parcels of property based on the valuation of each parcel. The estimated credit for 2009 is \$82.22 for each \$100,000 in valuation. The state has a homestead exemption that provides relief from property taxes by exempting all or a portion of the valuation of the homestead from taxation. There are three groups of exemptions: A) persons age 65, B) certain disabled individuals, and C) certain disabled veterans and their widow(er)s. Call 800-742-7474 or 402-471-5984 for details or refer to [www.revenue.ne.gov/info/96-299.pdf](http://www.revenue.ne.gov/info/96-299.pdf).

### **Inheritance and Estate Taxes**

Nebraska's inheritance tax, which is collected at the county level, applies to bequests, devises, or transfers of property or any other interest in trust or otherwise having characteristics of annuities, life estates, terms for years, remainders, or reversions. Nebraska inheritance tax is computed on the fair market value of such annuities, life estates, terms for years, remainders, and reversions. The fair market value is the present value as determined under the provisions of the Internal Revenue Code of 1954, as amended, and its applicable regulations with respect to estate tax. The Nebraska estate tax and generation-skipping transfer tax have been repealed for decedents dying or transfers made on or after January 1, 2007.

Note: The state has a statutory provision for automatic adjustment of tax brackets, personal exemptions or standard deductions to the rate of inflation. For further information, visit the Nebraska Department of Revenue site [www.revenue.state.ne.us/index.html](http://www.revenue.state.ne.us/index.html) .. [Source: [www.retirementliving.com](http://www.retirementliving.com) Apr 2010 ++]

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**Veteran Legislation Status 13 May 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

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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 13 May 2010 ++]

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### **Have You Heard?** How to Simulate Being A Sailor

1. Buy a dumpster, paint it gray inside and out, and live in it for six months.
2. Run all the pipes and wires in your house exposed on the walls.
3. Repaint your entire house every month.
4. Renovate your bathroom. Build a wall across the middle of the bathtub and move the shower head to chest level. When you take showers, make sure you turn off the water while you soap down.
5. Put lube oil in your humidifier and set it on high.
6. Once a week, blow air up your chimney, with a leaf blower and let the wind carry the soot onto your neighbor's house. Ignore his complaints.
7. Once a month, take all major appliances apart and reassemble them.
8. Raise the thresholds and lower the headers of your front and back doors so that you either trip or bang your head every time you pass through them.
9. Disassemble and inspect your lawnmower every week.
10. On Mondays, Wednesdays, and Fridays, turn your water heater temperature up to 200 degrees. On Tuesdays and Thursdays, turn the water heater off. On Saturdays and Sundays tell your family they use too much water, so no bathing will be allowed.
11. Raise your bed to within 6 inches of the ceiling, so you can't turn over without getting out and then getting back in.
12. Sleep on the shelf in your closet. Replace the closet door with a curtain. Have your spouse whip open the curtain about 3 hours after you go to sleep, shine a flashlight in your eyes, and say "Sorry, wrong rack."
13. Make your family qualify to operate each appliance in your house - dishwasher operator, blender technician, etc. Re-qualify every 6 months.
14. Have your neighbor come over each day at 0500, blow a whistle so loud Helen Keller could hear it, and shout "Reveille, reveille, all hands heave out and trice up."
15. Have your mother-in-law write down everything she's going to do the following day, then have her make you stand in your back yard at 0600 while she reads it to you.
16. Submit a request chit to your father-in-law requesting permission to leave your house before 1500.
17. Empty all the garbage bins in your house and sweep the driveway three times a day, whether it needs it or not. "Now sweepers, sweepers, man your brooms, give the ship a clean sweep down fore and aft, empty all sh\*\*cans and butt kits!")
18. Have your neighbor collect all your mail for a month, read your magazines, and randomly lose every 5th item before delivering the rest.
19. Watch no TV except for movies played in the middle of the night. Have your family vote on which movie to watch, then show a different one-- the same one every night.
20. When your children are in bed, run into their room with a megaphone shouting "Now general quarters, general quarters! All hands man your battle stations!")

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21. Make your family's menu a week ahead of time without consulting the pantry or refrigerator.
22. Post a menu on the kitchen door informing your family that they are having steak for dinner. Then make them wait in line for an hour. When they finally get to the kitchen, tell them you are out of steak, but they can have dried ham or hot dogs. Repeat daily until they ignore the menu and just ask for hot dogs.
23. Bake a cake. Prop up one side of the pan so the cake bakes unevenly. Spread icing real thick to level it off.
24. Get up every night around midnight and have a peanut butter and jelly sandwich on stale bread. (Midrats)
25. Set your alarm clock to go off at random during the night. At the alarm, jump up and dress as fast as you can, making sure to button your top shirt button and tuck your pants into your socks. Run out into the backyard and uncoil the garden hose.
26. Every week or so, throw your cat or dog into the pool and shout "Man overboard, port side!" Rate your family members on how fast they respond.
27. Put the headphones from your stereo on your head, but don't plug them in. Hang a paper cup around your neck on a string. Stand in front of the stove, and speak into the paper cup, "Stove manned and ready." After an hour or so, speak into the cup again "Stove secured." Roll up the headphones and paper cup and stow them in a shoebox.
28. Make your family turn out all the lights and go to bed at 10 p.m. "Now taps, taps! Lights out! Maintain silence throughout the ship!" Then immediately have an 18-wheeler crash into your house. (For aircraft carrier sailors.)
29. Build a fire in a trash can in your garage. Loudly announce to your family, "This is a drill, this is a drill! Fire in hangar bay one!"
30. Place a podium at the end of your driveway. Have your family stand in front of the podium for 4-hour intervals. Best done when the weather is worst. January is a good time.
31. Next time there's a bad thunderstorm in your area, find the biggest horse you can, put a two-inch mattress on his back, strap yourself to it and turn him loose in a barn for six hours. Then get up and go to work.
32. For former engineers: bring your lawn mower into the living room, and run it all day long.
33. Make coffee using eighteen scoops of budget priced coffee grounds per pot, and let the pot simmer for 5 hours before drinking.
34. Have someone under the age of ten give you a haircut with sheep shears.
35. Sew the back pockets of your jeans onto the front.
36. Add 1/3 cup of Diesel fuel to the laundry.
37. Take hourly readings on your electric and water meters.
38. Every couple of weeks, dress up in your best clothes and go to the scummiest part of town. Find the most run down, trashiest bar, and drink beer until you are hammered. Then walk all the way home.
39. Lock yourself and your family in the house for six weeks. Tell them that at the end of the 6th week you'll take them to Disney World for liberty. At the end of the 6th week, inform them the trip to Disney World has been canceled because they need to get ready for an inspection, and it will be another week before they can leave the house.

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"It's awful hard to get people interested in corruption unless they can get some of it."

--American humorist Will Rogers (1879-1935)

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**ISP's Blocking RAO Bulletin Update 01:** Blocking continues. When I sent out the 1 May Bulletin 4,211 were returned by subscriber ISPs stating that their customer's email addree either no longer existed or had been cancelled. About 90% of the returned Bulletins were from AOL, Juno, and Netzero users. I have sent advisory messages by a different transmission path to all those subscribers affected. Those who do not respond I will start deleting manually from the directory in another 15 days on the assumption that either their email addree is in fact no good or they no longer desire to receive the Bulletin. Those who did respond (about 15% ) I will not manually delete but they will eventually be automatically deleted by my Mailing List Provider, who is receiving this signal, if they continue to return a response stating a subscriber's email addree is no good. Subscribers who do not receive this 15 May Bulletin that still have valid email addree need to contact their ISP (server) and find out how to get them to reinstate their ability to receive Bulletins. In the interim those affected by this can request they not be manually removed at this time, provide me with an alternate email addree to send to, or go to

## RAO BULLETIN 15 May 2010

[http://post\\_119\\_gulfport\\_ms.tripod.com/rao1.html](http://post_119_gulfport_ms.tripod.com/rao1.html) on the 2<sup>nd</sup> & 16<sup>th</sup> of each month to read and/or download the Bulletin. [Source: RAO Bulletin Editor/Publisher 15 May 2010 ++]

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