

RAO BULLETIN

15 August 2010

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Tricare User Fee Update 51: On 9 AUG, Defense Secretary Robert Gates held a press conference to announce a series of initiatives to cut defense spending and state his intent to increase Tricare fees. Asked by a reporter when it would be time to control rising health care costs, either through Tricare premium increases or reducing plan coverage, Secretary Gates said, "Yesterday." Gates went on to say, "There are no sacred cows, and health care cannot be excepted." With billions of dollars being spent on tens-of-thousands of federal pork projects and numerous supplemental funding bills, the Secretary focused on reducing earned benefits to offset the costs of national security. For the past several months Gates has been working on a plan to cut \$100 billion in defense spending over the next five years. While there are many aspects of his plan that deserve close review, it is clear that shifting the cost of earned healthcare benefits from DoD to the retiree is a key component of the Secretary's plan. [NAUS Weekly Update 13 Aug 2010 ++]

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TSP Update 15: As of 1 AUG all civilian federal employees – including those working with the Defense Department – are automatically being enrolled into the Thrift Savings Plan (TSP), the government-sponsored, tax-deferred retirement and savings program that compares with the private sector's 401(k) plans. Under the automatic enrollment, 3% of civilian employees' base pay will be deposited into their TSP accounts. The government will

match that initial three percent dollar-for-dollar; the next 2% will be matched at 50 cents on the dollar. To learn more, or to make changes to accounts, refer to <https://www.tsp.gov/index.shtml>. [Source: Armed Forces News 13 Aug 2010 ++]

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Agent Orange & Graves Disease: Medical researchers have long realized that severe long-term health effects were caused by the U.S. military's use of Agent Orange chemical defoliant during the Vietnam War, both within the Vietnamese civilian population as well as among American veterans. However, research announced in 2010 added one more item to the list: exposure to Agent Orange in Vietnam also seems to have increased veterans' (and presumably civilians') risk of contracting a thyroid condition called Graves' disease. A State University of New York at Buffalo study found in 2010 that Agent Orange was linked to an increased risk of Graves' disease. The research indicates that one of the chemicals found in the Agent Orange defoliant binds with cells in the body's immune system and may cause abnormal growth there. Overall, American veterans of the Vietnam War who were exposed to Agent Orange were three times more likely to develop Graves' disease than the general population.

Graves' disease is an autoimmune condition caused by overproduction of hormones in the thyroid. Normally it is an inherited condition, and is several times more likely among women than men. Untreated, it leads to a wide range of serious complications in the body, including weakened bones, heart damage, eye problems, and thyroid storms (a rare condition in which the thyroid becomes so overactive that the effects become life-threatening and require urgent treatment). Neurological symptoms are also common, including serious mood swings. Proper therapy can reduce the symptoms, depending upon how far the disease has progressed, but the most effective option available to today's medicine may be surgery to remove part of the thyroid gland (a thyroidectomy). [Source: Helium health & fitness D. Vogt article Aug 2010 ++]

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Agent Orange Stateside Use Update 02: A West Virginia man, who never set foot in Vietnam, is receiving compensation from the U.S. Department of Veterans Affairs for exposure to Agent Orange during military service at Maryland's Fort Detrick from NOV 62 to 1964. Sixty-eight-year-old Gary Abram filed with the VA for compensation in 2007. Abram says he received a letter from the VA in AUG 08 that acknowledged his presence at Fort Detrick during a time when the Department of Defense told the VA it spray-tested 1,410 compounds at Fort Detrick greenhouses, including Agent Orange. 'Because you were stationed at Fort Detrick during the spraying of these compounds, we conclude the likelihood of exposure to Agent Orange,' the letter from the VA states." Agent Orange is the nickname for a blend of herbicides the U.S. military sprayed during the Vietnam War to remove plants and leaves that provided enemy cover. The VA has recognized certain cancers and diseases associated with Agent Orange exposure. Abram was treated for lymphoma, has diabetes and has had thyroid problems since the 1970s. [Source: Roanoke VA WSLS 10 AP Exchange article 7 Aug 2010 ++]

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North Carolina Vet Child Scholarship: The North Carolina Division of Veterans Affairs offers scholarships to children of certain disabled, deceased or POW/MIA veterans. The scholarships may be used at schools in North Carolina that are state-owned institutions of higher education, community colleges and technical institutions; or privately owned, nonprofit colleges and universities. Scholarships, with one exception, provide free tuition, certain fees, and a reasonable room and board allowance in state-owned institutions, and \$4,500 per

academic year in private institutions. All awards are for four academic years. Interested individuals can call (910) 251-5704. The office is located at 3240 Burnt Mill Drive, Suite 2, Wilmington NC. [Source: Star News article 6 Aug 2010 ++]

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Pennsylvania Veterans' Homes Update 03: When Rosella Stitzell checked into the state-run Southwestern Veterans Center in 2002, the WWII veteran was told 80% of her monthly pension would pay for her stay. Twenty percent would go into a personal savings account maintained by the home in Lincoln-Lemington. Over the next seven years, the savings account grew, eventually topping \$20,000. But when Stitzell, 97, checked out late last year, she and her three children got a surprise. Not only did the state Department of Military and Veterans Affairs refuse to let her have the \$20,000, the family learned she owed more than \$200,000 for her stay. The Stitzells had run headlong into a little-known knot of state bureaucracy, a knot that grabbed up the savings of dozens of deceased veterans, including homes and a coin collection. What's more, some relatives must go to court to fight the state for money to bury their kin. A review of court records across the state and interviews with family members show many were unaware they would be billed for thousands of dollars after their loved ones died. State officials say the practices are fair and legal.

Attorneys say the policies appear contradictory. Some question whether veterans and their loved ones realize when they sign key documents what it will mean. "I can't believe that people believe they are signing away their rights to access their own funds. It does seem pernicious," said Kyle Fisher of the Pennsylvania Health Law Project. Attorney Carol Sikov, who specializes in elder law and represented two veterans' families, said the restrictions placed on the savings accounts of veterans exceed those imposed on the personal-needs money provided to nursing home patients under the state and federally funded Medicaid program. Rep. Russell Fairchild, minority chairman of the House Committee on Military and Veterans Affairs, said he was not aware of the policy but planned to look into it. "It needs to be clarified," said Fairchild, R-Snyder County. Dennis Guise, chief counsel for the state Department of Military and Veterans Affairs, said patients and their families are supposed to be informed upon admission that they ultimately are responsible for the full cost of care. The homes charge veterans at a rate equal to 80% of their monthly retirement incomes, he said. The state computes the actual costs annually and seeks to recover the difference between the amount paid and the actual cost under its Estate Recovery Program after a patient dies. He said the repayment policy typically is waived when there is a surviving spouse, though that is relatively rare.

Collections from former patients' estates total about \$3 million per year, which goes toward the \$172 million annual funding for the six-home system. Interviews with dozens of family members reveal that although patients are encouraged to use savings accounts at the veterans homes, the state sharply restricts use of the money. Most families said they decided not to contest the state's efforts to seize savings accounts and other assets. Sikov, who represented survivors of two veterans who died at Southwestern, said she recovered some money to at least cover administrative and funeral expenses. "What they do is send out a letter stating that they are holding this money but there are financial obligations that have to be addressed. It's really frightening. People think that if they say something, they'll have to pay the whole bill," she said. Guise said the department put annual limits on withdrawals from savings accounts in 2004 to prevent abuses and protect patients' assets. "It was not designed to prevent people from getting their own money," he said. Sikov said the system effectively forces families of deceased veterans to hire lawyers to protect their rights, a step which can be expensive and that many are either afraid or unwilling to take. She noted that Medicaid patients in private nursing homes get \$45 a month in personal needs money that they can spend any way they want. Giving the veterans money and then not allowing them to spend it "doesn't make sense," she said. Guise said the 2004 memo could be revised as part of an effort to qualify some patients for the federally funded Medicaid program. "We are now looking at this policy as part of that process," Guise said. [Source: Pittsburgh Tribune-Review Walter F. Roche article 9 Aug 2010 ++]

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VA Prostate Cancer Program Update 08: Researchers urged doctors to discuss with patients the benefits of Merck & Co.'s Proscar for preventing prostate cancer, after a study found that prescribing of the product didn't increase when a 2003 trial showed the medicine wards off tumors. The drug, also sold generically as finasteride, was shown to reduce some men's risk of developing prostate cancer by 18% from 24%, in a trial described in the New England Journal of Medicine in JUL 03. Over the next two years, there was no increase in finasteride prescriptions aimed at preventing that disease, according to a 10 AUG report in the journal Cancer Epidemiology, Biomarkers & Prevention. Doctors' failure to prescribe more of the medicine may have resulted in more cases of prostate cancer, said Ian M. Thompson, lead author of the 2003 study and chairman of the department of urology at the University of Texas Health Science Center, in San Antonio. If men over the age of 55 with certain risk factors were given finasteride, diagnoses of prostate cancer in the U.S. would shrink by 40,000 to 60,000 a year, he said. "There are no other proven ways of reducing your risk of prostate cancer -- this is the only one," said Thompson, who wasn't involved in the study released today. If people at risk took the medicine, "tens of thousands wouldn't be diagnosed" or get sick, he said in a telephone interview yesterday. Risk factors include being black, having a family history, being over the age of 65, or showing elevated levels of prostate-specific antigen, or PSA, according to today's study.

The National Cancer Institute estimates that 217,730 men in the U.S. will be diagnosed with prostate cancer this year and that about 32,000 will die of it. The disease is the second- leading cause of cancer death in American men, after lung cancer, according to the American Cancer Society, based in Atlanta. The new study, by doctors at the Veterans Health Association in Durham, North Carolina; Duke University School of Medicine in Durham; and the University of Toronto offers several explanations why physicians seven years ago didn't act on the data on finasteride. The research was funded by the Department of Veterans Affairs and the Defense Department.

- **Tumors.** While the results, which were based on a study called the Prostate Cancer Prevention Trial, showed reduced risk for the disease overall, there was also evidence that finasteride might raise the some men's likelihood of developing aggressive tumors. Subsequent research showed these worries were overstated, according to the new study. Three articles published since 2003 "suggest finasteride does not increase the risk of high-grade disease," the authors wrote. "The rate of true high-grade disease may have been lower" among men taking finasteride.
- **Chemoprevention.** Concerns about aggressive tumors weren't the only reason physicians failed to prescribe the drug more. Doctors and patients at that time weren't familiar with the idea of "chemoprevention," or the use of drugs to stave off cancer, said Linda Kinsinger, one of the new study's authors and chief consultant for preventive medicine at the VHA. "It's not surprising that doctors didn't all jump on the bandwagon to prescribe finasteride because it is unclear to what extent we are ready for preventive medications," Kinsinger said in a telephone interview yesterday. "We don't yet have the tools to predict very well who will develop cancer. There should be more discussion between patients and doctors about potential benefits and downsides of the drug. Prevention is not reimbursed very well in medicine and doctors are paid basically to treat cancer, but we are seeing a gradual increase in interest," Thompson said.
- **Hair Growth.** Finasteride, which is most commonly prescribed to shrink an enlarged prostate and to facilitate urination, is also the active ingredient in Propecia, a hair-growth product sold by Whitehouse Station, New Jersey-based Merck. The dose for prostate treatment is 5 milligrams, compared with 1 milligram for hair growth.

Finasteride prescriptions in the Veterans Health Administration (VHA) increased between 2000 and 2005, but the increase probably was not due to doctors prescribing it for prostate cancer chemoprevention, according to the published research. Sales for Proscar were about \$291 million in 2009, and sales of Propecia that year came to about

\$440 million, according to the company's annual filing. For the six months ended 30 JUN, sales for Proscar fell 25% from a year earlier to \$114.1 million, according a company filing. The drug is also widely available in generic form. Sales of the generic finasteride were \$186 million and 5.1 million prescriptions of the drug were filled in 2009, according to data compiled for Bloomberg by IMS Health Inc., of Norwalk, Connecticut. "We don't know if the 1 milligram dosage reduces the risk, but my gut feeling says that there would be some reduction," Thompson said. Taking a higher dosage wouldn't increase hair growth, he said. The study released today asked 325 urologists and 1,200 general physicians who prescribed Finasteride in 2006 whether they gave patients the drug for chemoprevention. Some 64% of the urologists and 80% of the general physicians didn't prescribe for that purpose, according to the study. Neither physicians nor patients appear to be worried about side effects from finasteride, Thompson said. "The worst side effect of finasteride is growing more hair," he said. [Source: Bloomberg Arielle Fridson article 10 Aug 2010 ++]

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VA EDPI: The Veterans Affairs Department has adopted a standard identifier for all veterans to use in all its systems, including one to build electronic health records that will follow them from enlistment to death, VA's chief information officer said on Wednesday. The identifier will apply to the department's entire universe of beneficiaries and will support data exchange for a joint project with the Defense Department called the Virtual Lifetime Electronic Record for active-duty military personnel and veterans, which President Obama announced in April 2009, CIO Roger Baker said during a press briefing. The standard is based on a 2004 presidential directive that established common identification standards for all federal employees and contractors. Baker said VA uses the Electronic Data Interchange Personal Identifier (EDPI) , which the Defense Enrollment Eligibility Reporting System (DEERS) employs to identify military personnel and contractors, to assign the universal identifiers to veterans in its health care and benefits information systems. The 10-digit EDPI is part of a unique identification system for federal employees mandated by Homeland Security Presidential Directive 12 and appears on a bar code on the Common Access Card (CAC) that Defense employees use to access military computer systems.

VA adopted the EDPI standard six weeks ago and Baker said it is a critical and "exciting" component for development of the Virtual Lifetime Electronic Record. The move is "a great first step along the road to dealing with the many issues that have been practical barriers to reaching what everyone really wants for our servicemen and veterans: development of a lifetime electronic medical record," said Ed Meagher, director of health care strategic initiatives at SRA International and a former deputy CIO at VA. Baker emphasized EDPI will be used internally in VA information technology systems, and the department will pair it with an existing identifier in its health care systems to identify patients. A congressional source said the idea to use HSPD-12 and EDPI standards was originally included in the 2006 Veterans Identity and Credit Security Act, which Rep. Steve Buyer (R-IN) introduced. But the House Armed Services Committee and the Office of Management and Budget had the language removed.

DEERS, the central repository for military personnel data, uses EDPI as the primary identifier for everyone in the Defense Department, according to a 8 MAR 08, memo from David S.C. Chu, who at the time was the Defense undersecretary for personnel and readiness. Chu said Defense uses EDPI only for machine-to-machine transactions and the identifier "is not a number that is known to the individuals, and it is never intended that the EDPI be used outside of machine-to-machine transactions." The Military Health System uses EDPI as a patient identifier for more than 9 million service health care beneficiaries, according to a presentation by Mary Dixon, director of the Defense Manpower Data Center (DMDC), and Janine Groth, chief of the DEERS division, which is part of the DMDC. They spoke at an MHS conference in January. Dixon and Groth said unique identifiers can never be changed or reissued, and can be cross-referenced to other identifiers such as Social Security numbers and Medicare identifiers. They said EDPI can be used to unite information across a variety of Defense and VA systems, including joint indemnity

repositories, the VA master patient index, the Defense clinical data repository and the AHLTA electronic health record system. [Source: NextGov Bob Brewin article 11 Aug 2010 ++]

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Mobilized Reserve 10 AUG 2010: The Department of Defense announced the current number of reservists on active duty as of 10 AUG 2010. The net collective result is 394 more reservists mobilized than last reported in the 1 AUG 2010 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 76,357; Navy Reserve, 6,519; Air National Guard and Air Force Reserve, 15,201; Marine Corps Reserve, 4,459; and the Coast Guard Reserve, 787. This brings the total National Guard and Reserve personnel who have been activated to 103,413 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/d20100810ngr.pdf>. [Source: DoD News Release No. 715-10 dtd 11 AUG 2010 ++]

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ALS Update 08: Amyotrophic lateral sclerosis (ALS), more commonly known as Lou Gehrig’s disease, is a progressive neurological disorder that affects nerve cells in the brain and spinal cord. As the motor neurons degenerate, they no longer can send pulses to the muscle fibers, resulting in muscle weakness. Arms and legs, speech, swallowing, and breathing most commonly are affected. ALS afflicts an estimated 30,000 Americans, most of whom are white males over the age of 40. Half of those afflicted live at least three years after diagnosis. Twenty percent live five or more years, and up to 10 percent live more than 10 years. In recent months, ALS has become an issue of special concern for DoD and the VA because of an Institute of Medicine report that supports a frightening link between military service and the later development of ALS. How strong a link? Studies have found veterans deployed in the first Gulf War are twice as likely as the civilian population to develop the usually fatal condition. The ALS Association has worked with Congress and the VA to increase funding for ALS research, including looking into why veterans appear to be at greater risk for developing the disease. When the first studies were published that found a link between ALS and service in the Gulf War, the ALS Association strongly supported former Secretary of the VA Anthony Principi’s policy of providing aid to Gulf War veterans with ALS. Under the policy, the disease is considered a service-related condition for veterans who served in the Gulf War between Aug. 2, 1990, and July 31, 1991.

Other veterans diagnosed with ALS, however, currently are left in the cold, despite research that has demonstrated elevated levels of the disease in all veterans, regardless of which war they served in. “The Institute of Medicine’s conclusion helps to validate what the ALS community knows all too well — that if you served in the military, you are more likely to die from ALS,” says Steve Gibson, vice president of Government Relations and Public Affairs for the ALS Association. “We strongly support calls for expanding ALS research at both the Department of Veterans Affairs and the Department of Defense.” DoD has listened. It recently funded a currently ongoing study at Duke University’s Human Center for Genetics in Durham, N.C., that is looking at possible gene-environment interaction in the veteran population that could explain the mysterious increase in incidence. However, it likely will take years before the study’s findings are published. In the meantime, a growing number of ALS patients are finding a notable improvement in their quality of life via participation in an ALS management program at the Duke University Health Center Neurology Clinic, also in Durham.

The facility opened in 2001 and now has three satellite branches in the state. More than 300 ALS patients from throughout the eastern U.S. are enrolled in the program, which sees an average of three new patients a week. Twenty

percent of the program's patients are veterans. The clinic's multidisciplinary approach uses a team of health care professionals, including a physician, a nurse practitioner, a physical therapist, an occupational therapist, a speech therapist, a nutritionist, a social worker, a respiratory therapist, an assistive technologist, a nurse psychologist, and a representative from the ALS Association. During a typical visit, which can last four to five hours, a patient sees each team member for a thorough evaluation of the effects of ALS. The team members address issues and specific problems, determine the need for specialty equipment, and educate the patient and his or her caregiver about the disease and the team's recommendations. Referrals are made for supplies, additional support services, and treatment in the patient's home. "We develop close relationships with our patients," says Social Worker Stacey Asnani, the clinic coordinator. "We are like one big family here." The results of the program can be dramatic. "What we didn't know when we started nine years ago is people who come to a comprehensive clinic like this one live longer," says Dr. Rick Bedlack, director of the clinic. "They live up to nine months longer and have a better quality of life throughout their whole disease."

A unique feature of the Duke Neurology clinic is its relationship with the nearby Durham VA Medical Center. Veterans are able to receive all of their necessary medical equipment such as specialty wheelchairs, walkers, limb supports, and computers on-site. The Duke Neurology Clinic also is involved deeply in ALS research. A study launched this summer will evaluate a brain-computer interface device for veterans with ALS who are unable to move or communicate. The device consists of a cap with electrodes that connect to a laptop. Users are taught to communicate by spelling in their mind the words they want to speak. The cap's electrodes sense the resulting brain waves and send the data to the computer, which spells and speaks the words. ALS still is an incurable disease, and for now, the focus remains on improving quality of life for those afflicted. For most, the team approach established at the Duke Neurology Clinic appears to be the way to go. "In 100 years of research," says Bedlack, "We have never come close with any drug to doing what we have been able to do with this multidisciplinary model when it comes to prolonging a life and improving quality of life." The American Association of Neurology appears to agree: It recently changed its treatment guidelines for ALS to advocate the use of a multidisciplinary team approach. [Source: MOAA News Exchange Nanette Lavoie-Vaughan article 11 Aug 2010 ++]

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DoD Benefit Cuts Update 02: A consensus is building among current and former military leaders and defense industry executives that rising military personnel costs threaten the viability of the all-volunteer force. In July, two separate advisory groups reached the same general conclusions regarding what needs to be done to sustain the force. In the nearer term, they say, one step that must be taken is to make military retirees pay more out of pocket for their health care benefit. "Unless retirees contribute more for their Tricare insurance, medical costs will not be brought under control and the national defense they served, and for which they fought and sacrificed, will be harmed," says the final Hadley-Perry panel report of the Quadrennial Defense Review Independent Panel. Longer term, and for the future force, panelists say, work must begin on designing new retirement, compensation and promotion systems to replace inefficient and rigid systems adopted after World War II. The situation is so critical that the panel asks Congress to establish a new National Commission on Military Personnel to lead the reform effort. Arnold Punaro, a defense industry executive and retired Marine Corps Reserve major general, chairs a task force for the Defense Business Board that will deliver its final report to Defense Secretary Robert Gates in October. This Task force's initial observations for cutting defense costs through best business practices, briefed to the board 22 JUL, reinforces the notion that personnel accounts must be brought under control by modernizing retirement, pay, health benefits and the "up-or-out" promotion systems.

Both studies deal with a far wider range of initiatives to restructure forces and streamline organizations. The Hadley-Perry report can be read online at <http://www.usip.org/files/qdr/qdrreport.pdf>, and task force observations are at <http://dbb.defense.gov/meetings.html>. What both conclude on the need to control health costs and modernize

compensation systems, Punaro said, is consistent with findings of the 10th Quadrennial Review of Military Compensation and the 2006 Defense Advisory Commission on Military Compensation. But now, with Defense Secretary Gates' leadership and a new awareness among military leaders to the burden of mounting personnel costs, there's a fresh groundswell for change, he said. "I've heard a four-star military leader comment that DoD is turning into a benefits company that will occasionally kill a terrorist," Punaro said in a phone interview 3 AUG. The remark plays off a popular critique of General Motors before its recent bail out, that union contracts had transformed it into a health care company that occasionally built a car. Both the business board task force and the Hadley-Perry panel agree that the current force must be protected from the changes to retirement, pay or promotion policies needed to create a more efficient future force.

"Updating military compensation and redesigning some benefits does not necessitate cuts in pay or benefits for current service members," said the Hadley-Perry report. "These are areas where any adjustment you make will take decades to change," Punaro said. "With something like military retirement, you are not going to break faith with people who joined expecting a certain benefit, even though only 20% stay long enough to earn a retirement." But rapid expansion of military entitlements has become part of "the nation's mandatory spending problems," the task force found. Among "significant unsustainable trends" that the task force listed is paying military retirees and their families "for 60 years after they have served only 20." Another task force slide give details of how military entitlements have expanded "rapidly" over the last decade with Congress passing Tricare for Life, a more robust pharmacy benefit, concurrent receipt for disabled retirees, extra-size active duty pay raises, an improved survivor benefit plan, sharp growth in housing allowances, a bigger death gratuity and more. Punaro declined to criticize any specific initiative. But he said nobody ever sat down and said, "What's the cumulative effect of all this?" The Hadley-Perry report says the effect is personnel costs have grown drastically on a per capita basis.

As the economy recovers and the job market rebounds, Punaro said, the cost of sustaining the military will accelerate even more. He noted that much of the recent entitlement growth has helped only retirees and their families, a population that now outnumbers the active duty community. "Tricare for Life, the largest new benefit ever passed, was not subject to any kind of serious review or debate, as best as I can tell. Is that the way to pass something like that? And, okay, just because you passed it, does it have to be in existence for 100 years? Bob Gates makes a pretty compelling argument that 'health care costs are eating us alive'." Punaro criticized military associations that, he said, push continually for benefits with little heed to more pressing defense priorities. Military leaders and lawmakers this decade have been complicit, he suggested. "It doesn't take a profile in courage to stand up and be for every benefit that anybody has ever dreamed up. That's easy. It takes a lot of courage to be responsible...It looks to some of us that we've changed the slogan 'Praise the Lord and pass the ammunition' to 'Praise the Lord and pass the benefit.' I remember working with military associations when their number one goal was a strong national defense, not more benefits." [Source: Military.com Tom Philpott article 5 Aug 2010 ++]

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Military Golf Courses Update 01: San Diego is home to the U.S. Navy's Pacific Fleet and large military bases throughout the city. The North Island Naval Air Station (NASNI) in Coronado, CA, the Miramar Marine Corps Air Station off of I-15 in San Diego, the Camp Pendleton Marine Corp Base just North of San Diego in Oceanside, CA, the Naval Submarine Base at Pt. Loma and San Diego Naval Station 32nd St. are the largest of many other smaller Naval and Marine Corps bases and facilities located in San Diego, CA. What all these large bases have in common is...they all support very nice and affordable Military Golf Courses for active duty military, retirees and their civilian guests. Choose from these varied and challenging courses: Admiral Baker Golf Course (two 18 Hole Championship Golf Courses), Miramar Memorial Golf Course, Pendleton Marine Memorial Golf Course, Marine Corp Recruiting Depot (MCRD) and the San Diego Naval Station Executive Golf Course. Lastly, the Sea n' Air Golf Course on the North Island Naval Air Station in Coronado is the only golf course in San Diego

besides Torrey Pines Golf Course that sits right on the Pacific Ocean. In fact, it distinguishes itself from Torrey Pines Golf Course in that it not only has fabulous Pacific Ocean views like Torrey Pines, but unlike Torrey Pines, a few of the holes actually play "at sea level" right along the beach and Pacific Ocean. Civilians can play as accompanied guests of active duty and retired military. For a complete rundown on each course's amenities, green and cart fees, location, reservation and contact info refer to www.golfsd.com/sd_milit_courses.html. [Source: www.golfsd.com Aug 2010 ++]

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GI Bill Update 82: A Senate committee has taken a first step toward what veterans groups are calling “GI Bill 2.0” a revised version of the year-old Post-9/11 GI Bill that attempts to simplify and clarify the education benefits program. If finally approved, the revised GI Bill would boost tuition payments, book allowances and living stipends for tens of thousands, as well as improve other benefits. Supporters of the changes say S.3447, the Post-9/11 Veterans Education Assistance Act, passed 5 AUG by the Senate Veterans’ Affairs Committee, could become law later this year, though many changes would not take effect until the fall 2011 school term. “This is a very good bill, and fixes many flaws. We are on our way to getting the GI Bill 2.0,” said Tim Embree of Iraq and Afghanistan Veterans of America, who predicted the bill could become law before Election Day on 2 NOV. Eric Hilleman of Veterans of Foreign Wars was equally supportive, if a bit less optimistic about quick enactment. “We do not yet know the full cost of these improvements, and that would be a factor in whether there are enough votes to pass it,” he said.

The Senate bill, a compromise between veterans groups and the Veterans Affairs and Defense departments, has two big things going for it, Hilleman said: It includes many changes that fix problems in the program — so there is a strong case for pushing ahead quickly — and the measure has the support of the chairmen of the House and Senate Veterans’ Affairs committees. In most cases, the bill would make a generous program even more so. But it would trim some benefits. For example, active-duty members attending private schools, who now have their full tuition and fees paid, would have their reimbursements capped at \$20,000 a year. Living stipends for people attending school less than full time also could decrease for some students. Instead of providing a full stipend for eligible students who attend school more than halftime, stipends would be paid to those who attend classes half-time or more - a slight expansion of eligibility - but payments would be adjusted for the number of credits taken. The bill also would open up the possibility that the Pentagon might limit which service members may share their GI Bill benefits with family members, a right currently extended to almost all of the career force. While the bill would not block transfer rights, it has language clarifying that the purpose of transferability of benefits is to promote recruiting and retention, not to create a new military wide benefit.

Sponsored by Sen. Daniel Akaka (D-HI), Senate Veterans’ Affairs Committee chairman, the bill is similar to H.R.5933, introduced 29 JUL by Rep. Walt Minnick, D-Idaho, and co-sponsored by Rep. Bob Filner (D-CA) House Veterans’ Affairs Committee chairman. Under this bill:

- Stipends would be available to those attending classes as more than half-time students, but payments would be prorated for those who are less than full-time students. For many, this would be less than the full stipend now paid to all students who are more than half-time.
- Distance-learning students would get reduced payments. Living stipends would be paid to students taking solely distance-learning classes, but they would get half the rate given to those attending so-called brick-and-mortar institutions.
- Annual adjustments would happen 1 AUG, to reflect changes made the previous 1 JAN in the military housing allowances on which stipends are based. Current law requires stipends to match military allowances without clearly stating when the stipends should be adjusted.

- Vocational and nondegree classes. On-the-job training and apprenticeships would become covered by the Post-9/11 GI Bill, with participants eligible to receive living stipends based on the location of their employers. They also would be eligible for the book allowance.
- Licensing and certification. The \$2,000 benefit for these types of courses no longer would be a one-time benefit. Multiple courses or tests would be reimbursed as long as total reimbursement does not top \$2,000.

[Source: NavyTimes Rick Maze article 9 Aug 2010 ++]

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Military Death Benefits: A California lawmaker wants to refund Social Security taxes when a service member dies in the line of duty. In what he says would be a new death benefit for survivors, Rep. Jerry McNerney (D-CA) wants to return to the family any Social Security payroll deductions ever paid by a service member, including self-employment taxes. He would make the payments retroactive to cover deaths in the line of duty since Sept. 11, 2001. Line-of-duty deaths would include any member of the armed forces killed as the direct result of armed conflict or while in other hazardous service, or while training under combat conditions or using combat equipment. The amount of the payment would depend on a person’s age and income, but it would equal roughly 6.2% of gross income for most service members. For example, an E-5 with six years of service will have paid about \$5,500 in Social Security payroll taxes, officially called the Federal Insurance Contributions Act, or FICA, Tax. For someone who has been working longer, such as a self-employed National Guard member with 20 or more years of service, the tax refund could be more than \$150,000. Technically, payments would not be refunds. The bill is written so that survivors would be paid an additional death benefit calculated to match Social Security payments made by a member before and during service. Funding for the new benefit would come from the Old-Age and Survivors Insurance Trust Fund, the U.S. Treasury account where payroll taxes are deposited.

Dipping into the Social Security trust fund to provide a death benefit makes McNerney’s bill a controversial idea that is unlikely to pass until lawmakers are able to study a report coming in December from the independent Commission on Fiscal Responsibility and Reform, known as the “debt commission.” That report might recommend an overhaul of Social Security benefits and other federal entitlements, according to congressional aides who work on military benefits. McNerney’s bill, the Support for Families of the Fallen Act (H.R.5921), was referred to the House Ways and Means Committee, which is responsible for Social Security, and to the House Armed Services Committee, which oversees military death benefits. In a statement, McNerney said the bill grew out of his meetings with military survivors. “One of my most somber responsibilities is to visit with families who have recently lost a loved one fighting overseas,” he said. “I’ve seen their grief, and I believe that providing extra help to these families is the right thing to do.” [Source: NavyTimes Rick Maze article 9 Aug 2010 ++]

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Tricare Retired Reserve Update 02: The Department of Defense on 6 AUG 2010, through its Tricare Management Activity (TMA), published the long awaited premium rates for the new Tricare coverage available to Gray Area retirees; those retired members of the Reserve under the age of 60 who are eligible to collect Reserve retirement pay at age 60. The monthly premium rates for members only will be \$388.31 in 2010 and \$408.01 in 2011. However, the monthly rate for member and family will be \$976.41 in 2010 and \$1,020.60 in 2011. These premium rates are significantly greater than anticipated. The new program will bear the name Tricare Retired Reserve (TRR), but it is not to be confused with the full Tricare benefit eligible retired Reserve members will receive at age 60, which is provided at no cost. The TMA announcement marks the first published details of the long awaited implementation of the breakthrough legislation signed into law on 28OCT 09 in section 705 of the FY2010 National Defense authorization Act (NDAA) which authorized Tricare Standard eligibility for Gray Area retirees at full premium cost to DoD. With respect to the premium to be charged for the coverage, the law provides: The

monthly amount of the premium in effect for a month for Tricare Standard coverage under this section shall be the amount equal to the cost of coverage that the Secretary determines on an appropriate actuarial basis. See 10 USC 1076 e (d)(3).

The National Guard Association of the United States (NGAUS) NGAUS has known that the premium for the coverage would be the full cost to the government, but was led to believe by TMA in earlier meetings that the cost would be \$169.68 for an individual member and \$643.46 for a family, which would reflect the actual cost to the government in providing Tricare Standard under the Tricare Reserve Select (TRS) program. TRS beneficiaries pay only 28% of the full TRS cost of coverage to the government. The current TRS rates of \$47.51 for member only and \$180.17 for member and family are 28% of the full government coverage costs which are \$169.68 for an individual member and \$643.46 for a family. Unfortunately the TRR indicated rates reflect a coverage cost determination that is nearly double the costs of the Tricare Standard coverage that DoD is providing an individual member under the TRS program, and 50% greater than the cost of family coverage under TRS.

If the proposed premium costs hold, this will render the program too costly for many of the deserving beneficiaries. NGAUS is asking reservists to contact their Representative and/or Senators to urge them to ask the Government Accounting Office (GAO) to review the accuracy of the premium rates published by the Department of Defense for Tricare Gray Area retirees. One quick and effective method of expressing your views to Congress is to use the "Write to Congress" feature on the NGAUS Web site at www.ngaus.org/writetocongress where you can immediately e-mail your elected representatives. It allows you to compose your own message or use one of their preformatted messages on this and other areas of concern to the Reserve retired community. [Source: NGAUS Leg Up 9 Aug 2010 ++]

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Army Retiree Council Update 03: The CSA Retiree Council marked its 50th meeting 26-30 APR 2010, in the Pentagon. They reviewed 32 issues submitted by installation Retiree councils. Subsequently, they made their 15th CSA report to the Army's Chief of Staff. Briefings from DoD, Army and other leaders, along with pre-meeting research are the tools the Council uses when preparing its report. Health care continues to be the highest priority issue for both current and future Retired Soldiers. Their report raised ongoing health care initiatives including preventive health care, case management, quality outcomes and consistent communication, saying they would enhance health care for all Retirees and their Families. It stated that attempts to reduce the level of benefits of the Military Health Care System raise concerns that the earned entitlement will be eroded based strictly on budgetary constraints. The report contained a number of recommendations.

In the area of health care the Council recommended that the Army:

- Sustain the viability of the military health care program by fully resourcing DoD health programs.
- If Tricare fees must be increased, limit any increase in those fees to the annual future rate of growth in retired pay, with special consideration to not overburdening Retired NCOs, E-7 and below.
- Raise the Tricare provider reimbursement levels to create the physician network needed to make care accessible for all beneficiaries.
- Support legislation to authorize pretax payment of Tricare Prime enrollment fees and premiums for Tricare supplemental, long-term care, and Tricare Retiree Dental Insurance.
- Provide Retirees with a choice of eyeglass frames through a self-funded voluntary Optical Insurance Plan similar to the Retiree Dental Insurance Program. Retirees have long advocated a low-cost option that allows them more choices than the standard brown Army frames currently available at Medical Treatment Facilities.

- Encourage use of the Tricare Mail Order Pharmacy by eliminating copayments for generic and chronic care drugs.
- Continue to support ongoing efforts between DoD and the VA to improve the compatibility of the two health care systems and preserve the benefits for all beneficiary groups.

In the area of communication the Council recommended that the Army:

- Increase the understanding of Soldiers and their spouses of their entitlements and benefits throughout their careers. The Council recommended adding retirement modules to courses for mid-grade and senior grade officers and NCOs and to courses preparing Soldiers for command. They suggested that spouses receive similar instruction in Family Readiness Groups and through Army Community Services.
- Continue to fund three hardcopy issues a year of Army Echoes, the bulletin for Retired Soldiers and Families, while encouraging, but not forcing, recipients to switch from the paper to the e-mail copy.
- Enhance retirement services available to retiring and Retired Soldiers by raising the level of funding for Pre-Transition Services and Post-Transition Services for all installations/garrisons worldwide.
- Ensure that fiscal requirements are part of the annual budget process and that funding for Retirement Services, including Retiree Appreciation Days, is protected in the budget.
- • Through IMCOM, complete the establishment of RSO positions in accordance with the already approved
- IMCOM Standard Garrison Organization at the target grade by the end of FY10 or the completion of the established contracted service support.
- Complete the establishment of Retirement Services Offices at major Army Reserve and Army National Guard commands to ensure all retiring and Retired Army Reserve and National Guard Soldiers, their Families and survivors are properly informed about retirement-related benefits and entitlements.
- Support a test program under which Retired Soldiers who are supported by APOs in Germany would be allowed to send and receive parcels weighing up to five pounds, to quantify the impact on postal workload, service and costs.
- Recognize the contributions of Surviving Spouses by authorizing space-available air travel. As a lower priority category than active duty Soldiers, Surviving Spouses would not burden the stand-by system.

In the area of benefits, the Council recommended that the Army:

- Take care of Surviving Spouses by supporting efforts to eliminate the Dependency and Indemnity Compensation offset to the Survivor Benefit Plan (SBP) annuity.
- Recognize the extraordinary service and sacrifice of Army Reserve and Army National Guard Soldiers by including mobilization periods in support of contingency operations on or after Sept. 11, 2001 when determining the eligibility date for retired pay (instead of the current effective date of Jan. 28, 2008) and by providing medical benefits concurrently with the start of retired pay.
- Support efforts to provide full concurrent receipt of military retired pay and disability compensation to all eligible military Retirees regardless of disability rating or years of service.
- Support the DFAS initiative to forgive any overpayment of retired pay for any period after the date of death of a Retiree through the last day of the month in which death occurs.
- Acknowledge their long-term commitment to the Army by issuing eligible Surviving Spouses an indefinite ID card at age 65.

[Source: Army Echoes May-Aug Issue 2010 ++]

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RSO Locations Update 01: Army Retirement Services Officers are available to answer questions and assist retirees dependents, and survivors from all service branches as needed on benefits, SBP, Retiree Appreciation

Days or anything else retirement-related,. To contact the RSO nearest to you, refer to the following or go to the Army Retirement Services website <http://www.armyg1.army.mil/retire>:

ALABAMA:

- Redstone Arsenal (256) 876-2022 cynthia.anderson1@redstone.army.mil
- Ft Rucker (334) 255-9124 ruck.retirees@conus.army.mil

ALASKA:

- Ft Richardson 1-800-478-7384 or AK only(907) 384-3500 rso@richardson.army.mil
- Ft Wainwright (907) 353-2102 fwarso@wainwright.army.mil

ARIZONA: Ft Huachuca (520) 533-5733 FtHuachucaRSO@hua.army.mil

ARKANSAS: Ft Sill, OK

CALIFORNIA: Presidio of Monterey 1-877-354-2634 pres-dhr-rso@conus.army.mil

COLORADO: Ft Carson (719) 526-2840 retirement-services@carson.army.mil

CONNECTICUT: West Point, NY

DELAWARE: Ft Meade, MD

D.C.: Ft Myer, VA

FLORIDA:

- Central & West - MacDill AFB (813) 828-0163 army.rso@macdill.af.mil
- Rest of FL Ft Stewart, GA

GEORGIA:

- Ft Benning (706) 545-1805 benn.g1hrd.rso@benning.army.mil
- Ft Gordon (706) 791-2654 tim.a.wilson@us.army.mil
- Ft McPherson (404) 464-3219 rso.mcpherson-A@conus.army.mil
- Ft Stewart (912) 767-5013 rso@stewart.army.mil

HAWAII: Schofield Barracks (808) 655-1514 rso@schofield.army.mil

IDAHO: Ft Carson, CO, or Ft Lewis, WA

ILLINOIS: Ft L. Wood, MO; Ft McCoy, WI; Ft Knox, KY

INDIANA: Ft Knox, KY

IOWA: Ft McCoy, WI

KANSAS:

- Ft Leavenworth (913) 684-2425 Leav-RSO@conus.army.mil
- Ft Riley (785) 239-3320 rso@riley.army.mil

KENTUCKY:

- Ft Campbell (270) 798-5280 camp.retire@conus.army.mil
- Ft Knox (502) 624-1765 knox.rso@conus.army.mil

LOUISIANA: Ft Polk (337) 531-0363 polk_rso@conus.army.mil

MAINE: Ft Drum, NY

MARYLAND:

- Aberdeen Pr. Grd. (410) 306-2320 imneapghr@conus.army.mil
- Ft Meade (301) 677-9603 mderso@conus.army.mil

MASSACHUSETTS: West Point, NY

MICHIGAN:

- Ft McCoy, WI
- Lower MI – Selfridge ANGB (586) 239-5580 (or Ft McCoy)

MINNESOTA: Ft McCoy, WI
MISSISSIPPI: Ft Rucker, AL
MISSOURI: Ft Leonard Wood (573) 596-0947 leon.agretsvcs@conus.army.mil
MONTANA: Ft Lewis, WA
NEBRASKA: Ft Riley, KS
NEVADA: Presidio of Monterey, CA
NEW HAMP: Ft Drum, NY
NEW JERSEY:
• ASA Dix (609) 562-2666 rsodix@conus.army.mil
• Ft Monmouth (732) 532-4673 jacqueline.moura@us.army.mil
NEW MEXICO: Ft Bliss, TX
NEW YORK:
• Ft Drum (315) 772-6434 drum.rso@conus.army.mil
• Ft Hamilton (718) 630-4552 hamilton.rso@conus.army.mil
• Watervliet-Wed/Thurs (518) 266-5810 wvarso@gmail.com
• West Point (845) 938-4217 rso@usma.army.mil
NO. CAROLINA: Ft Bragg (910) 396-5304 braggrso@conus.army.mil
NO. DAKOTA: Ft Riley, KS
OHIO: Ft Knox, KY
OKLAHOMA: Ft Sill (580) 442-2645 rso.sill@conus.army.mil
OREGON: Ft Lewis, WA
PENNSYLVANIA:
• Carlisle Barracks (717) 245-4501 carl_rso@conus.army.mil
• Tobyhanna Army Depot (Tues/Wed/Thurs) (570) 615-7409 danielle.dematteo@us.army.mil
RHODE ISLAND: West Point, NY
SO. CAROLINA: Ft Jackson (803) 751-6715 FJrso@conus.army.mil
SO. DAKOTA: Ft Riley, KS
TENNESSEE: Ft Campbell, KY
TEXAS:
• Ft Bliss (915) 568-5204 BlissRSO@conus.army.mil
• Ft Hood (254) 287-5210 hood.dhr.iag.retsvcs@conus.army.mil
• Ft Sam Houston (210) 221-9004 rso@samhouston.army.mil
UTAH: Ft Carson, CO
VERMONT: Ft Drum, NY
VIRGINIA:
• Ft Belvoir (703) 805-2675 gwendolyn.lott@conus.army.mil
• Ft Eustis (757) 878-3648 eustis.rso@conus.army.mil
• Ft Lee (804) 734-6555 leeemarso@conus.army.mil
• Ft Monroe (757) 788-2093 monr.fmretsvcoff@conus.army.mil
• Ft Myer (703) 696-5948 fmme-rso@conus.army.mil

W. VIRGINIA: Ft Knox, KY

WASHINGTON: Joint Base Lewis-McChord (253) 966-5884 lewisrso@conusarmy.mil

WISCONSIN: Ft McCoy 1-800-452-0923 bill.g.walters@us.army.mil

WYOMING: Ft Carson, CO

PUERTO RICO: Ft Buchanan (787) 707-3842 santiago.santiago@conus.army.mil

Overseas RSOs

Europe: **06202-80-6029** RSOAE@eur.army.mil

Germany:

- Ansbach 0981-183-3301 RSOAnsbach@eur.army.mil
- Bamberg 0951-300-9181 RSOBamberg@eur.army.mil
- Baumholder 06783-6-6080 RSOBaumholder@eur.army.mil
- Grafenwoehr 09641-83-8814 @eur.army.mil
- Heidelberg 06221-57-8399 RSOHD@eur.army.mil
- Kaiserslautern 0631-411-7333 RSOKL@eur.army.mil
- Mannheim 0621-730-3371 RSOMA@eur.army.mil
- Schweinfurt 09721-96-8812 RSO.Schweinfurt@eur.army.mil
- Stuttgart 07031-15-3442 usag-s.rso@eur.army.mil
- Wiesbaden 0611-705-5338 RSOWiesbaden@eur.army.mil

Belgium: 0032-65-44-6238 RSO.usagbenelux@eur.army.mil

England: see Kaiserslautern

Italy/So. Europe/Africa/Mid-East: Vicenza 0444-71-7262 RSOVicenza@eur.army.mil

Netherlands: 0031-46-443-7320 RSO.Schinnen@eur.army.mil

Japan: 046-407-3940 RSO@zama.army.mil

Okinawa: 06117-44-4186 RSO@okinawa.army.mil

Korea: 0505-730-4133 RSO@korea.army.mil

Guard And Reserve RSO: Human Resources Command, St Louis, MO, office serving all Guard and Reserve Retired Soldiers and their Families. 1-800-318-5298 ext 4 or (314) 592-0123 sheila.Dorsey@us.army.mil or Stephen.welch@us.army.mil

[Source: Army Echoes May-Aug 2010 ++]

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Military Stolen Valor Update 21: A Marine Corps veteran, who faked a chestful of medals, posed with Mayor Thomas M. Menino, and accepted an award from Toys for Tots soon may be changing bedpans at a veterans hospital to pay society back for the shameful charade after he was sentenced 4 AUG in federal court. "I accept full responsibility for my actions," Michael Frisoli, 46, told a U.S. District Court judge in Boston during sentencing. "I'd like to put this behind me and do what I can for my boys." Prosecutors said Frisoli, 46, of Millbury posed for pictures and accepted awards dressed as a first sergeant pinned with the Purple Heart, a Bronze Star, Navy Commendation and Army Commendation - all with Vs for valor. He also gussied up a Navy/Marine Corps Combat Action Ribbon with two gold stars. Prosecutor Anthony Fuller - who asked Judge Timothy Hilman to sentence Frisoli to four months in jail - recommended that Frisoli, "clean bed pans at the VA hospital." Such service to disabled vets would, Fuller said, "force him to confront the people who are earning these medals."

Frisoli - who passed himself off as a gunnery sergeant at a 2001 Toys for Tots event, but by May 08 had promoted himself to first sergeant at an event with Menino - served two stints in the Reserves in the '80s and early '90s. He

earned a single good conduct medal. Fuller said he requested jail time because while Frisoli was on pretrial release, he was arrested in Millbury for dealing heroin out of his home. He is due in court for that charge later this month. Frisoli's lawyer, William Fick, said his client supports a 19-year-old son and two younger boys, ages 4 and 5, by working at auto dealerships. "There's no question that this conduct is deeply offensive and triggers incredible currents of anger, and rightly so," Fick said. In addition to three years probation, Frisoli must also complete 200 hours of community service, seek therapy and abide by the therapist's recommendations. [Source: Boston Herald O'Ryan Johnson article 5 Aug 23010 ++]

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Military Stolen Valor Update 22: Second Lt. Douglas Sofranko has spent the last year impressing his fellow soldiers in the Florida Army National Guard with stories of his days as a Navy SEAL, while proudly wearing the distinctive Trident insignia on his Army uniform. He even had the SEAL Creed hung on the wall of his office. The problem is, it was all a lie. The 33-year-old Army officer and former enlisted sailor, who works at the Ballard Armory in Miami as rear support for the Guard's 1st Battalion, 124th Infantry, did attend Basic Underwater Demolition/SEAL training in Coronado, Calif., in 1996. But according to Naval Special Warfare Command, he washed out of training. His class graduated without him in FEB 07. "He did not complete training, and he is not authorized to wear the Trident insignia," said Lt. Cate Wallace, spokeswoman for Naval Special Warfare Command. Sofranko has lived his SEAL lie for much of the last year, sources with his Army unit said. Recently, unit members became suspicious of his claims and started making inquiries.

According to his Navy records, after washing out of BUD/S, Sofranko (then a radioman) spent three years at a radio station in Hawaii and was discharged in 24 OCT 99 as an RM3. In JUN 2000, he enlisted in the Pennsylvania National Guard and was assigned to Headquarters Company, 1st Battalion, 111th Infantry. Two years later, he received a general discharge under honorable conditions for unsatisfactory participation, meaning he missed too many drills and other training periods. "He was basically AWOL from the time he joined," said Sgt. Matt Jones, a spokesman for the Pennsylvania National Guard. "He never made an annual training period that we can see, and he was discharged as an E-3." But Sofranko was given another chance. In APR 07, he got a waiver from the Florida National Guard despite his poor Pennsylvania service and was allowed to join in Florida as an E-4. Artley said waivers like this are common in the Guard and are based on a review of the member's service record and personal interviews. A year later, Sofranko entered the Florida National Guard Officer Candidate Program, graduating one year ago.

Sofranko admitted he never graduated from BUD/S training and, when asked why he would wear a badge he did not rate, he answered: "No excuse, really. Just poor, poor judgment." He refuted co-workers' claims that he told them he was a SEAL. "I stated that I had been to the training," he said. According to the Florida National Guard, Sofranko could face disciplinary action if found guilty of wearing the Trident. Though Guardsmen on state duty aren't subject to the Uniform Code of Military Justice, they do fall under their state's military codes, according to A.J. Artley, spokesman for the Florida National Guard. Under Florida code, "Wearing an unauthorized award or insignia is a prohibited act ... If he is found guilty of misconduct, the unit commander would be the one to determine punishment. Punishment could range from making sure Sofranko doesn't wear the award again and a written reprimand, to fines or any number of punishments." [Source: NavyTimes Mark D. Faram article 9 Aug 2010 ++]

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Vet Insurance ~ Life Update 01: Veterans for Common Sense Executive Director Paul Sullivan "said in an e-mail" that his organization is "disappointed so many administration officials appear to have been asleep at the wheel while Prudential," which, according to Bloomberg News, is the "sole provider of life insurance for 6

million US military personnel" and veterans, "stole hundreds of millions of dollars in secret profits from grieving families." Sullivan's comment referred to the fact that in NOV 09, when the Advisory Council on Servicemembers' Group Life Insurance last met, none of the "half-dozen members of President Barack Obama's Cabinet" sitting on the council attended. John Gingrich, chief of staff for US Veterans Affairs Secretary Eric Shinseki, said that it is customary for department heads to send expert representatives to Federal government advisory council meetings and that "VA -- all of us -- remain committed to having the most knowledgeable people serving" on the Advisory Council on Servicemembers' Group Life Insurance. "The advisory council gets briefed on what's going on, how much money is going out, how many death benefits,' says...Gingrich." While Shinseki and other Cabinet members have joined a growing number of lawmakers calling for an overhaul of insurer practice, Prudential has defended retained-asset accounts as helpful to survivors, especially the loved ones of soldiers. 'For some families, the account is the difference between earning interest on a large amount of money and letting it sit idle,' company spokesman Bob DeFillippo told Bloomberg."

During an appearance on Fox News' Fox And Friends 5 AUG Fox News legal analyst Peter Johnson, Jr., said that while "Missouri and Kansas and other state insurance regulators" are looking at the practice of companies retaining death benefits, there is no Federal regulation against it. Johnson argued that VA needs to "look at this issue immediately." On 4 AUG, the "National Conference of Insurance Legislators called for a 'beneficiaries bill of rights' to protect consumers against abuse by carriers that, for decades, have earned income by retaining death benefits." The group plans to develop a model bill that lawmakers can introduce in state legislatures to protect customers. Defense Secretary Robert Gates, meanwhile, has pledged to help the US Department of Veterans Affairs investigate the practice of companies retaining death benefits, a practice that has been criticized by US Sens. Charles Schumer (D-NY) and John McCain (R-AZ), as well as US Rep. Debbie Halvorson (D-IL), who "introduced legislation last week requiring profit disclosure." [Source: Bloomberg News Evans Capaccio article 5 Aug 2010 ++]

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Vet Insurance ~ Life Update 02: The company responsible for providing life insurance benefits to the families of fallen soldiers hasn't handled payouts properly and has failed to provide beneficiaries automatic cash payments, a Democratic lawmaker said on Tuesday. In an 10 AUG letter to Prudential Chairman and Chief Executive Officer John Strangfeld, Rep. Edolphus Towns (D-NY) expressed concern that families of participants in the Servicemembers Group Life Insurance (SGLI) program and the Veterans' Group Life Insurance (VGLI) program are not fully informed about the procedures for receiving benefits. "I am particularly concerned that some families of soldiers killed while serving their country may not understand that they have the right to this money upfront," the chairman of the House Oversight and Government Reform Committee said in a statement. "It seems unjust that the insurance company can take control of this money without first being granted permission from those it belongs to."

The SGLI and VGLI programs feature retained-asset accounts, in which insurance benefits are paid not as a lump sum, but are held in an account from which beneficiaries can withdraw funds using what appear to be checks. The funds are not protected by the Federal Deposit Insurance Corporation, and a financial institution must cash the checks. The account management firm controls the money until beneficiaries cash out the accounts in full. Towns also noted that Prudential receives 4% interest on these accounts, but pays beneficiaries much less. Though the funds earn more, Prudential pays beneficiaries 0.5% interest on deposits, a rate that is "commensurate and competitive" for this type of account, said Prudential spokesman Bob DeFillippo. Participants in the Federal Employees' Group Life Insurance program also are paid through retained-asset accounts. In the letter, Towns requested more information about Prudential's management of the insurance programs, including details on account security, checks provided to beneficiaries, investment decisions and interest rates. He also expressed interest in whether families were fully informed of their options, the money was adequately guaranteed and the interest paid was adequate. The letter requested a response by 24 AUG.

DeFillippo on 11 AUG confirmed the company had received the letter. "We're going to cooperate fully with the inquiry and welcome the opportunity to assure everyone that the insurance program for the military is being well-managed and is in the best interest of the beneficiaries," he said. Prudential in July announced that it was in discussions with the Veterans Affairs Department to address concerns raised about the SGLI program. [Source: GovExec.com Emily Long article 11 Aug 2010 ++]

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Vet Insurance ~ Life Update 03: Comparable bills pending before both the House and Senate would require contractor insurance companies to change the way they handle the Servicemembers Group Life Insurance (SGLI) and Veterans Group Life Insurance (VGLI) policies they underwrite. The Senate bill would make the Department of Veterans Affairs (VA) and Office of Personnel Management (OPM) tell insurers to offer lump-sum payouts of government-sponsored death benefits to beneficiaries of service members and federal workers as defaults, rather than options. The measure would end contractor insurance companies' practice of offering so-called "retained asset accounts," under which the companies collect as much as 4% interest on money intended for beneficiaries, and hold it in corporate accounts. The money, as such, is earning interest for the companies rather than beneficiaries, says Sen. Charles E. Schumer (D-NY), sponsor of the bill. "It's deeply troubling that insurance companies would promote these accounts as if they were run-of-the-mill checking accounts, yet the insurance companies profit from the interest and provide no FDIC guarantee that the money itself is insured," Schumer said. The House bill, H.R.5993, would require the VA to make contractor insurance companies provide full counseling and disclosure regarding insurance benefits to families of fallen service members. "This legislation will ensure these policies are transparent and life insurance companies are held accountable," said Rep. Debbie Halvorson (D-IL) who sponsored the measure. [Source: Armed Forces News 13 Aug 2010 ++]

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Military Compensation Review Update 07: On 3 AUG the Senate Armed Services Committee heard testimony from former Secretary of Defense William Perry and former National Security Adviser Stephen Hadley, chairmen of the Quadrennial Defense Review Independent Panel. Congress created the panel last year to provide a bipartisan assessment of the Pentagon's 2010 Quadrennial Defense Review (QDR). Overall, the panel's findings call for an increase in defense spending. It concludes that the military currently does not possess enough capabilities to meet national strategic goals. The Panel also concluded that "while the volunteer military has been an unqualified success, there are trends that threaten its sustainability" citing "recent and dramatic growth in cost". The Panel recommends establishing a National Commission on Military Personnel, similar to the 1970 Gates Commission, which proposed the all-volunteer force, to map out compensation and retirement benefit reforms. The Military Officers Association of America (MOAA) acknowledges the need to control costs, but take's exception to some of the panel's claims. Once again the late 90's were used as a base to project personnel cost growth. This baseline is disingenuous at best. Personnel spending hit rock bottom in the late 90's before a recruiting and retention crisis prompted Congress to plus up personnel spending (including the creation of Tricare For Life). MOAA firmly believes the period of rapid growth on personnel spending is behind us. Congress must remain prudent when considering compensation and benefit reform. The all-volunteer force has remained resilient in the midst of almost 10 years of war, and defense reforms must preserve the most precious resource in our nation's arsenal, its people in uniform. [Source: MOAA Leg Up 6 Aug 2010 ++]

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Congressional Spending: Tired of standing by while our government puts us deeper in debt. In addition to contacting your legislators there is now an alternative means of expressing your concerns through YouCut. This is a Republican party initiative designed to defeat the permissive culture of runaway spending in Congress. It allows taxpayers to vote, both online and on their cell phones, on spending cuts that they want to see the House enact. Weekly it provides a number issues, along with a short explanation of each and the savings that would be accrued on how government can save money or eliminate fraud/waste/abuse through legislation. At <http://republicanwhip.house.gov/YouCut/> you can vote on weekly choices for your priorities for reducing federal government spending. After you vote on the current week's choices, the site offers you a means to submit your ideas on program and spending cuts that you feel should be featured on the website in the following weeks. An example of choices for spending cut priorities offered for the week of 2 thru 8 AUG is:

- Prohibit Mandated Project Labor Union Agreements That Increase Government Construction Costs. Saves: 10 to 20 percent per construction project, totaling hundreds of millions of dollars
- Suspend Federal Land Purchases. Saves \$266 million next year and \$2.66 billion over ten years
- Require Collection of Unpaid Taxes From Federal Employees. Savings of potentially \$1 billion
- Prohibit Taxpayer Funding for Campaigns in Foreign Countries and Recoup the Misspent Funds. Saves \$23 million
- Eliminate the "Dodd Clinic" Earmark From Obamacare. Savings of \$100 million over ten years

[Source: Rep. Darrell E. Issa (R-49-CA) Ltr dtd 3 Aug 2010 ++]

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Military Golf Courses Update 01: San Diego is home to the U.S. Navy's Pacific Fleet and large military bases throughout the city. The North Island Naval Air Station (NASNI) in Coronado, CA, the Miramar Marine Corps Air Station off of I-15 in San Diego, the Camp Pendleton Marine Corp Base just North of San Diego in Oceanside, CA, the Naval Submarine Base at Pt. Loma and San Diego Naval Station 32nd St. are the largest of many other smaller Naval and Marine Corps bases and facilities located in San Diego, CA. What all these large bases have in common is...they all support very nice and affordable Military Golf Courses for active duty military, retirees and their civilian guests. Choose from these varied and challenging courses: Admiral Baker Golf Course (two 18 Hole Championship Golf Courses), Miramar Memorial Golf Course, Pendleton Marine Memorial Golf Course, Marine Corp Recruiting Depot (MCRD) and the San Diego Naval Station Executive Golf Course. Lastly, the Sea n' Air Golf Course on the North Island Naval Air Station in Coronado is the only golf course in San Diego besides Torrey Pines Golf Course that sits right on the Pacific Ocean. In fact, it distinguishes itself from Torrey Pines Golf Course in that it not only has fabulous Pacific Ocean views like Torrey Pines, but unlike Torrey Pines, a few of the holes actually play "at sea level" right along the beach and Pacific Ocean. Civilians can play as accompanied guests of active duty and retired military. For a complete rundown on each course's amenities, green and cart fees, location, reservation and contact info refer to www.golfsd.com/sd_milit_courses.html. [Source: www.golfsd.com Aug 2010 ++]

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VA Claims Backlog Update 43: As part of Secretary of Veterans Affairs Eric K. Shinseki's effort to streamline access to benefits, VA officials have removed the signature requirement for veterans who electronically submit an online 10-10EZ Application for Health Benefits. "This singular action will reduce days, if not weeks, for veterans who apply online to access their hard-earned medical benefits and upholds the promise to reduce access barriers to needed care for this nation's veterans," Secretary Shinseki said. Previously, veterans filling out the online application were required to print a copy, sign it and send to their local medical center or wait for a copy to be mailed to them for signature and mailing before enrollment into the VA health care system could occur. For

additional information, go to this VA website or call VA's toll-free number at (877) 222-8387. The online form can be accessed at www.1010ez.med.va.gov/sec/vha/1010ez .

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NDAA 2011 Update 05: The full Senate plans to consider its version of the National Defense Authorization Act (NDAA), S.3454, in September upon return from a month long summer recess. In addition to a 1.4% across-the-board pay raise for all members of the uniformed services, S.3454 would provide full funding of Tricare and include language barring Tricare fee increases through FY 2011. The House has already approved a 1.9% pay increase so the difference will have to be worked out in conference. The Senate bill would also authorize extension of Tricare coverage for eligible dependents up to age 26 and direct DoD to send 6,000 National Guard troops to the US-Mexico border. And it contains two explosively controversial issues—repeal of the 1993 law prohibiting homosexual conduct in the military and provision of abortion services in the military health system. Any one of these provisions could make progress through the Senate difficult. Though the bill does not at this time expand concurrent receipt (CR) or repeal the offset of SBP against DIC compensation, it is likely that these amendments would be offered when the measure comes to the full Senate. A provision extending concurrent payments to medically retired personnel with less than 20 years of service was stripped out of recently-passed H.R.4213, The American Jobs and Closing Tax Loopholes Act. It's anticipated that this legislation will be offered as an amendment to S. 3454. Even if the Senate begins work in mid September it may be quite some time before we see a final bill. A joint conference must still be conducted with the House to iron out differences between the two chambers. The House version of the FY 2011 National Defense Authorization Act (H.R.5136) has been in place since it passed on 28 MAY. [Source: NAUS Weekly Update 6 Aug 2010 ++]

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SVAC Update 05: The Senate Veteran Affairs Committee (SVAC) on 5 AUG marked up and approved the following legislation, some of which were amended. The measures will now go before the whole Senate for a vote, and will have to pass the House before they become law:

- S.3107, which would increase the compensation rates for veterans with disabilities as well as the dependency and indemnity compensation rates for the survivors of certain disabled veterans.
- S.3234, which would create new programs aimed at assisting veterans with employment training and placement services, especially those who have served in Operation Iraqi Freedom and Operation Enduring Freedom.
- S.3325, which would waive copayments for veterans using tele-health services, create an outreach program for veterans in economically distressed areas, and authorize two medical facility construction projects in New Orleans and Long Beach, California. The goal of the legislation is to improve the quality of health care and benefits provided by the Department of Veterans' Affairs, to increase access to health care and benefits and to authorize the construction of the two major medical facilities.
- S.3447, which would make changes and improvements to education benefits for veterans who served after September 11, 2001 by amending title 38 of the United States Code.
- S.3517, which would make changes to the disability compensation claims processing system, such as authorizing certain individuals to sign claims on behalf of individuals who are incompetent or physically incapable of signing.
- S.3609, which would extend until the end of 2012 temporary authority for VA medical disability examinations to be performed by physician contractors.

- An original draft bill that would, in addition to other provisions, amend title 38 of the United States Code regarding the Service Members' Group Life Insurance program's provision of compensation and pensions to surviving spouses of veterans in the months after the deaths of the veteran.
- Draft legislation that would authorize employees of the Veterans Affairs Department to collectively bargain on compensation issues also passed (by a 10-6 vote). The amendment was offered by Senator Sherrod Brown (D – OH), and was subsequently made into its own stand-alone bill.

Several amendments were rejected, including attempts by Senator Richard Burr (R-NC) to have the VA cover health care expenses for Marines and their dependents who were exposed to tainted drinking water during the 1980s at Camp Lejeune, North Carolina and to cut the proposed 20% budget increase in FY 2011 at the VA's Congressional Affairs Office to a 3% increase. The Committee rejected the Camp Lejeune request because Senator David Akaka (D -HI) and others felt that the issue was the Department of Defense's to handle, since they created the problem. In other words, having VA take over DOD's responsibility would take away from VA's ability to better serve veterans in other areas. Senator Burr's attempt to cut the VA Congressional Affairs Office budget increase from 20% to 3% failed mainly due to the Committee's feeling that the office required the funds in order to better respond to Congress' increased interest in veteran affairs. [Source: TREA Washington Update 6 Aug 2010 ++]

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VA Budget 2010 Update 06: The Department of Veterans Affairs (VA) committed the last of its \$1.8 billion in Recovery Act funds 31 JUL, one of the first federal agencies to achieve that milestone. Projects at more than 1,200 sites in all 50 states, the District of Columbia and Puerto Rico will increase access to health care and services to Veterans, while creating jobs and stimulating the economy. "Veterans across the Nation are benefiting from these Recovery Act funds," said Secretary of Veterans Affairs Eric K. Shinseki. "Recovery Act projects are improving medical care, speeding claims processing, enhancing our national cemeteries, advancing our energy efficiency, and generating jobs for Americans." VA rapidly put American Recovery and Reinvestment Act (Recovery Act) funding to work to improve its medical facilities, revitalize its national cemeteries, hire claims processors, upgrade technology systems and assist states in acquiring, building or remodeling state nursing homes and domiciliary facilities for Veterans. The funding received by VA is part of President Obama's economic recovery plan to improve services to America's Veterans. By obligating these funds quickly, VA is revitalizing its infrastructure and moving needed money into the economy. Using Recovery Act funds, VA entered into 1,521 contracts with 696 contractors. Three-quarters of the contractors were Veterans owned businesses, either service disabled Veteran owned businesses or Veteran owned small businesses. [VA News Release 5 Aug 2010 ++]

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Nevada Vet Cemetery: The Northern Nevada Veterans Memorial Cemetery averages about 40 burials per month, and with a \$499,900 Department of Veterans Affairs grant, the local cemetery is now able to provide burial sites for veterans for an estimated 10 years. The grant funds will be used to construct full casketed gravesites, cremains burial areas, additional visitor parking, landscaping, irrigation, and supporting infrastructure. Veterans Cemetery Superintendent Wes Block said the grant is important to the NNVMC and will also be used to develop three acres on the east side of the property, which will include 451 standard burial plots and 1,619 in-ground cremains sites. According to the Nevada Office of Veterans Services (NOVS), the grant funds were sought to meet the growing demands of the cemetery. There are currently about 7,000 veterans laid to rest at the NNVMC. NOVS Executive Director Tim Tetz said they appreciated the support of VA Secretary Shinseki, but noted that the grant does not cover all the anticipated costs. "The State has been unable to allocate additional funds to complete the expansion. Private donors have pledged their support to the project, but additional contributions will likely be needed," said Tetz.

In Nevada eligible veterans and their spouse, may be buried at either the Northern Nevada Veterans Memorial Cemetery in Fernley or the Southern Nevada Veterans Memorial Cemetery in Boulder City. There is no charge for the plot or for opening and closing of the grave site of a veteran. A \$450.00 fee is charged for the burial of a family member. Headstones are provided at no cost by the federal government. Military honors are provided by military units, however, a cemetery staff member can assist in making these arrangements. Both cemeteries are located in quiet, peaceful surroundings, and provide an atmosphere of respect and dignity to those who have served. The cemeteries were established in 1990 and have become the final resting place for over 10,000 veterans and their family members. One plot is allowed for the interment of each eligible veteran and for each member of their immediate family, except where soil conditions or the number of decedents of the family require more than one plot. Specific plots may not be reserved as plots are assigned by the cemetery superintendent. Casket and cremation burials can be accommodated at both cemeteries.

National Veteran Cemeteries now allow for married veterans to have separate burial entitlements -- meaning that women veterans can now be buried side by side with their veteran husbands. The Nevada Veterans Cemetery does have an established procedure allowing the space next to an interred veteran to be reserved for the veteran's spouse if they choose separate interment. This is a great change in procedure to honor our women veterans! If you have any questions, would like to pre-register, or make any pre-registration changes, you can contact the Northern or Southern Nevada Veterans Memorial Cemetery directly. To determine if you are eligible, to make advanced reservations, or if you have any questions, call either cemetery office at: Northern Nevada Veterans Memorial Cemetery: (775) 575-4441 or Southern Nevada Veterans Memorial Cemetery: (702) 486-5920. To search for burial locations of veterans refer to the Nationwide Gravesite Locator http://gravelocator.cem.va.gov/j2ee/servlet/NGL_v1. [Source: Reno Gazette-Journal article & www.veterans.nv.gov 29 Jul 2010 ++]

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VA Burial ~ Gravesite Locator: At http://gravelocator.cem.va.gov/j2ee/servlet/NGL_v1 you can search for burial locations of veterans and their family members in VA National Cemeteries, state veterans cemeteries, various other military and Department of Interior cemeteries, and for veterans buried in private cemeteries when the grave is marked with a government grave marker. The Nationwide Gravesite Locator includes burial records from many sources. These sources provide varied data; some searches may contain less information than others. Information on veterans buried in private cemeteries was collected for the purpose of furnishing government grave markers. VA does not have information available for burials prior to 1997. Erroneous information can be corrected, but there is no means to add to the information contained in the existing record. If your search returns incorrect information about a veteran or family member buried in a national cemetery, contact the cemetery directly to discuss your findings. To report incorrect information about a veteran buried in a private cemetery, click on "Contact the VA" at the bottom of the site's page. Names cannot be added to the listing if a government grave marker was not furnished for the grave, or if the existing government grave marker was furnished prior to 1997. For more complete information concerning individual records, suggest you contact the cemetery or local officials.

The American Battle Monuments Commission provides information on service members buried in overseas cemeteries. If you cannot locate the person you are searching for, provide the below information on each individual and send it to: U.S. Department of Veterans Affairs, National Cemetery Administration (41C1), Burial Location Request, 810 Vermont Ave., NW, Washington, DC 20420. Most requests take approximately four weeks for a reply. Be sure to include your return mailing address, phone number or Internet e-mail address with your request :

- Full name, including any alternate spellings
- Date and place of birth
- Date and place of death

- State from which the individual entered active duty
- Military service branch

[Source: http://gravelocator.cem.va.gov/j2ee/servlet/NGL_v1 Aug 2010 ++]

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Prescription Drug Disposal Update 01: Leftover medicine has a way of causing trouble.

Flushed down the drain, it pollutes lakes and rivers as well as our drinking water. Kept at home, it's a poison risk for small kids and teen. And passed along to a family member or a friend, it encourages people to dose themselves without a prescription. Of more than 4 billion prescriptions written yearly, it is estimated that that some 40% go unused. That's about 200 million pounds of meds, including those in liquid form. To help dispose of unused medications properly; the National community Pharmacists Association has launched a "Dispose My meds" campaign. More than 800 community pharmacies in 40 states have signed on. To locate one go to www.DisposeMyMeds.org and enter your zip code to find a participating pharmacy near you. If one is near you just bring them the drugs and it will send them to a medical-waste disposal facility. Or you can get a prepaid postage envelop and mail the drugs from your home. If a drug take-back or collection program is not available in your area, refer to Federal Guidelines from the Office of National Drug Control Policy on the proper disposal of medications at www.WhiteHouseDrugPolicy.gov. These are:

- Do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so. For information on drugs that should be flushed refer the FDA website <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>
- To dispose of prescription drugs not labeled to be flushed, you may be able to take advantage of community drug take back programs or other programs, such as household hazardous waste collection events, that collect drugs at a central location for proper disposal. Call your city or county government household trash and recycling service and ask if a drug take back program is available in your community.
- If a drug take back or collection program is not available:
 1. Take your prescription drugs out of their original containers.
 2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
 3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
 4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.
 5. Place the sealed container with the mixture, and the empty drug containers, in the trash.

[Source: Parade Magazine Dr. Ranit Mishori article 4 Jul 2010 ++]

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VAT Tax Update 01: Use of a national VAT sales tax is one option our government has for reducing the U.S. deficit. Each 1% of assessed VAT tax could generate approximately \$1 trillion of revenue for the federal government over the next 10 years according to the Congressional Budget Office. The list of European countries below indicates what their citizens now pay. If implemented in the United States the initial% age most likely would not be anywhere near the numbers you now see in Europe. However, in each European country noted they started out right around the 1% or 2%.

- United Kingdom: Income Tax: 50% VAT: 17.5%

- Germany: Income Tax: 45% VAT: 19%
- France: Income Tax: 40% VAT: 19.6%
- Greece: Income Tax: 40% VAT: 25%
- Spain: Income Tax: 45% VAT: 16%
- Portugal: Income Tax: 42% VAT: 20%
- Sweden: Income Tax: 55% VAT: 25%
- Norway: Income Tax: 54.3% VAT: 25%
- Netherlands: Income Tax: 52% VAT: 19%
- Denmark: Income Tax: 58% VAT: 25%
- Finland: Income Tax: 53% VAT: 22%

[Source: Various Jul 2010 +]

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Tricare Breast Cancer MRI's Update 01: Tricare covers mammograms every year beginning at age 40. However, if you and your doctor determine you fall into a higher risk category, Tricare will cover mammograms beginning at age 35. Mammograms are part of Tricare's clinical preventive services, so Tricare beneficiaries can receive them at no cost and without prior authorization. To find a mammography facility near you: Go to • www.triwest.com/mammogram ; Click on "Search by Facility"; Enter your ZIP code and a search radius; Select "Radiology Centers" from the "Facility Type" menu ; and Click the "Search Facilities" button. For more information about breast cancer prevention and other important health issues, visit the "Healthy Living" portal at www.triwest.com .

Your risk for breast cancer increases if you have a close relative with the disease, but 70 to 80% of women who develop breast cancer have no family history of it, according to the American Cancer Society. It is important that you get regular screenings and mammograms based on your age and risk factors. Know Your Risks The best way to determine when to begin regular mammograms is by discussing your risk factors with your doctor. Some possible risk factors include:

- Gender: Breast cancer is 100 times more common in women than men, but men can get it too.
- Age: Breast cancer risk increases as you age. Two of three invasive breast cancers develop in women 55 and older.
- Genetics: Between 5 and 10% of breast cancer cases could be due to heredity.
- Family history: If you have a close blood relative with breast cancer, your risk doubles.
- Dense breast tissue: Women with denser breast tissue have a greater risk of developing breast cancer than those with more fatty tissue.
- Not having children or having them later in life: Women who never had children, or had them after 30, have a slightly higher risk.
- Recent birth control use: Women who use oral contraceptives are at a slightly greater risk for developing breast cancer. However, once oral contraceptive use stops, the risk may decline back to normal over time.
- Obesity: Especially after menopause, obesity can be a continual risk factor for breast cancer.
- Lack of exercise: Evidence suggests that lack of exercise increases a woman's risk for breast cancer. However, more studies are needed to determine how much exercise will decrease the risk.

For more information on the risk factors for breast cancer, visit the American Cancer Society's Web site at www.cancer.org . [Source: Tricare Health Matters Dr. Jack Smith article Issue 5 2010 ++]

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IRS Tax Brackets: The Bipartisan Tax Fairness and Simplification Act of 2010 (S.3018) introduced FEB 2010 by Senators Ron Wyden (D-OR) and Judd Gregg (R-NH), aims to make the Federal income tax system simpler, fairer, and more fiscally responsible. The bill is currently referred to the Senate Committee on Finance and has no additional co-sponsors. The proposed legislation would reduce the number of individual tax brackets from the current six to three: 15%, 25%, and 35% as follows.

1. Current: Single / Married Filing Jointly 2009 Tax brackets

- 10% Bracket \$0 - \$8,375 / \$0 - \$16,750
- 15% Bracket \$8,375 - \$34,000 / \$16,750 - \$68,000
- 25% Bracket \$34,000 - \$82,400 / \$68,000 - \$137,300
- 28% Bracket \$82,400 - \$171,850 / \$137,300 - \$209,250
- 33% Bracket \$171,850 - \$373,650 / \$209,250 - \$373,650
- 35% Bracket \$373,650+ / \$373,650+

2. Proposed: Single / Married Filing Jointly / Head of Household 2011 S.3018 Tax brackets

- 15% Bracket \$0 - \$37,500 / \$0 - \$75,000 / \$0 - \$56,250
- 25% Bracket \$37,501 - \$70,000 / \$75,001 - \$140,000 / \$56,251 - \$105,000
- 35% Bracket Over \$140,000 / \$140,000 / \$105,000

Additional provisions of the bill as amended would revise the Internal Revenue Code to:

- Increase the standard tax deduction;
- Eliminate miscellaneous itemized tax deductions after 2010;
- Exclude from gross income 35% of certain dividend income and gain on capital assets
- Allow a new tax credit for interest on state and local bonds
- Revise rules for tax-exempt retirement plans and education tax credits and create tax-exempt Lifetime Savings Accounts
- Deny a tax deduction for punitive damages.
- Make permanent specified provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 that: increased the earned income, dependent care, and child tax credits; and repealed limits on personal exemptions and itemized tax deductions.
- Impose a tax on Internet gambling.
- Eliminate the Alternative Minimum Tax (AMT) which raises taxes for millions of middle-class Americans.
- Eliminate the foreign earned income exclusion which concerns all US taxpayers living and working abroad. American Citizens Abroad (www.aca.ch) is reviewing the text of the bill, to ascertain its potential impact on overseas Americans and its chances of passing.

[Source: The Tax Baron Report Jul 2010 ++]

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Military Discounts Update 04: With the economy down and consumers looking for ways to trim their budgets, business is booming at the hundreds of “scratch and dent” stores scattered around the country. Such stores sell groceries at huge discounts off what the same items would cost in your local supermarket, often 50% or more. That’s because the stores buy up truckloads of nonperishable food, cleaning supplies, paper goods, pet food and other items that have been returned by supermarkets. The reasons for returns: Packages have been scratched or dented or otherwise damaged, the items are near or beyond their “sell-by” dates, they have been overstocked or discontinued, they are no longer seasonal (think Halloween in November), or they just didn’t sell well. You never

know what you're going to find in one of these places, so you'll need a flexible shopping list. One week there will be shelves of canned corn and detergent, the next week no corn but plenty of orange juice and artichoke hearts. Salvage stores are plentiful in some states, scarce in others. Go to Anderson's Country Market at www.andersonscountrymarket.net/directory for a state-by-state list maintained by one store as a public service. [Source: AARP Joan Rattner Heilman article 6 Jul 2010 ++]

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Gout: Once called the disease of kings not only because so many royals came down with it, but also because it seemed to afflict those who overindulged in food and wine, and only the very rich could afford to spoil themselves that way. In fact gout is a form of arthritis. It is an inflammatory joint disease that causes acute pain and swelling. It develops when uric acid crystals form in and around the joints; commonly affecting the big toe joint (this symptom is called podagra). Symptoms of gout usually begin suddenly, often at night. The main symptom of gout is pain, sometimes so severe that patients report waking up in the middle of the night feeling as though their joint (often the big toe) is on fire. It causes warmth, pain, swelling, redness, and extreme tenderness of the affected joint, and it may cause chills and fever. Gout can involve episodes of nearly unbearable pain in one or more of the joints. of the feet, ankles, knees, wrists, fingers, and elbows. The intense pain is the result of a buildup of the compound uric acid in the joint, although not everybody with high levels of uric acid gets gout. Some speculate that uric acid is more likely to deposit where blood pools, which is often at the extremities, and specifically the big toe. Other risk factors include taking certain medications, such as some types of water pills for high blood pressure, and having a family member who suffers with gout.

While gout has been prominent in historical figures, nowadays it is a disease of ordinary people. According to the Arthritis Foundation, more than 2 million Americans, mostly men at a younger age, are dealing with it. New cases of gout have doubled in the last few decades. It is often associated with food and drink. Drink too little water or too much alcohol and you run the risk of increasing uric-acid levels in your body. Eat foods rich in purine, and your risk of having an attack is increased. High purine foods include dried beans, game meats, gravy, certain fishes (anchovies, herring, mackerel, sardines) liver, and mushrooms. Recent studies have found that drinking coffee may help lower uric-acid levels. And a 20-year study of more than 49,000 men in the U.S. published in a 2009 issue of Archives of Internal medicine reported that vitamin in C seemed to reduce the risk as well: Men who took 1000mg to 1499mg a day had a 34% lower risk of gout; those who took 1500mg a day had a 45% lower risk.

Treating pain and inflammation is the goal when a patient seeks help for an acute attack. Among the medications used for this purpose is colchicine, a first century A.D. treatment. While colchicine is very effective, it often causes nausea, vomiting and diarrhea. These side effects are uncommon when this drug is given intravenously. Because of the unpleasant side effects of colchicine, non-steroidal anti-inflammatory drugs (NSAIDs) have become the treatment of choice for most acute attacks of gout. The NSAID that is most widely used to treat acute gout is indomethacin. NSAIDs may also have significant toxicity, but if used for the short-term, are generally well tolerated. Aspirin and aspirin-containing products should be avoided during acute attacks.

Once an attack is over doctors will try to prevent flare-ups by lowering excess amounts of uric-acid, either by limiting the uric acid the body produces or by improving the kidney's ability to remove it from the body. Until recently the main drugs for that purpose were Allopurinol, used since 1964, and Probenecid, used since 1950. The choice between these two types of drugs depends on the amount of uric acid in the urine. Unfortunately, these have serious side effects for people with impaired kidney function, who are unable to take a full dose. Recently the FDA approved the first new gout medication in 40 years called Uloric (generic name febuxostat). It also lowers uric-acid levels but is more easily tolerated by those with kidney problems. Other new medications now in clinical trials should be safer as well. So while gout continues to be a painful affliction, it is also one of the most treatable forms of

arthritis. If you want to find a rheumatologist in your area, check the American College of Rheumatology membership directory at www.rheumatology.org/directory/geo.asp. If you want more information on this or any other form of arthritis, contact the Arthritis Foundation at (800) 283-7800 or visit the Arthritis Foundation web site at www.arthritis.org. [Source: Parade Magazine Dr. Ranit Mishori article Jul 2010 ++]

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VA Presumptive VN Vet Diseases Update 09: The Department of Veterans Affairs likely will begin in October to pay thousands of disability claims to Vietnam veterans with ischemic heart disease, Parkinson's disease and B-cell leukemia -- illnesses newly associated with exposure to defoliants, including Agent Orange, used in that war. A 60-day countdown to the day that VA can start compensating up to 86,000 veterans retroactively for these diseases will begin when VA publishes its final implementing regulation, which could be in early AUG. Congress sent a strong signal of support to these veterans in JUL when first the Senate and, on 27 JUL, the House passed the Supplemental Appropriations Act of 2010 (H.R.4899) which included \$13.4 billion for VA to pay the first wave of compensation claims for these diseases. VA estimates this expansion of Agent Orange-related claims, which VA Secretary Eric Shinseki announced last OCT, will benefit over time more than 153,000 and cost more than \$42 billion in its first decade of payments. The White House's Office of Management and Budget is near to clearing the VA regulation through its last review hurdle. Once the final regulation is published in the Federal Register, Congress will have 60 days to review and possibly block the regulation.

Sen. Jim Webb (D-VA) showed his intent to lead that review by adding language to the war supplemental stating that, as the Congressional Review Act requires, none of the \$13.4 billion can be spent for 60 days. This gives Congress time to weigh the cost and review the science behind the decision. Sen. Daniel Akaka (D-HI), chairman of the Senate Veterans Affairs Committee on which Webb serves, has scheduled a 23 SEP hearing where presumably VA officials and independent medical researchers will explain why these diseases should be compensable for any veteran who suffers from them and served even a day in Vietnam. Webb has argued the VA is interpreting the Agent Orange Law of 1991 too liberally, linking ailments generally associated with aging to wartime exposures, and committing VA to billions of dollars in added compensation payment, because Congress chose to forfeit its own oversight responsibilities. Webb notes that the 2001 decision linking Type II diabetes to Agent Orange has resulted in more than 220,000 veterans -- nearly one in 10 who served in Vietnam -- drawing disability compensation for an illness often associated with unhealthy diets, aging or family history. That Congress kept \$13.4 billion in the war supplemental to pay for expansion of Agent Orange presumptive diseases dampens prospects that Webb can block the regulation at this late hour.

Since MAR, VA has been urging veterans with these diseases, or their survivors, to file claims immediately because payment will be retroactive to the claim filing date. VA lawyers conceded to a federal appeals court last week that the department missed deadlines set in the Agent Orange Act for reviewing the latest science report and for publishing rules to expand claims eligibility to these diseases. Those missed deadlines spurred several advocacy groups for Vietnam veterans to mount a legal challenge to force VA to pay claims now. VA lawyers are arguing the delays were unavoidable, given the complexity and budgetary implications involved. Also, they told the U.S. Court of Appeals for the Federal Circuit that the impact of the missed deadlines is minimized by the fact that payments, when they begin, will be retroactive to the date original claims were filed. So the same groups who have filed the lawsuit, including Paralyzed Veterans of America and the Non-Commissioned Officers Association, can provide the relief they seek "by encouraging their members to file benefits claims immediately, thereby establishing an effective date for their benefits prior to publication of the final regulation," VA advised the appeals court. Thomas E. Riley, an attorney for the veterans, conceded that veterans who have filed claims will get retroactive payments and thus are protected. But most eligible veterans haven't filed claims yet, aren't likely to until the regulation is published, and thus are losing out on months of payments. "Out of 200,000 expected claims," the brief explains, "only 50,000

claims have been received so far. Thus 150,000 Vietnam veterans continue to be prejudiced by the VA's delay, and there is simply no basis for the VA's suggestion that petitioners 'can and have obtained' the relief they seek."

Barton F. Stichman, co-director of the National Veterans Legal Services Program in Washington D.C., also helped prepare the lawsuit. He disagrees with Webb that VA is applying the Agent Orange law more broadly than Congress intended by compensating for diseases often associated with aging. The facts don't support that analysis, Stichman said. What scientists found for these diseases -- "sufficient evidence to suggest an association" to Agent Orange exposure -- "is the exact same characterization the National Academy of Sciences has used for all the other diseases previous VA secretaries have service-connected," Stichman said. Also, he said, "there's nothing to indicate Congress was only thinking rare diseases would get this presumptive service connection." In fact, with every fairly common disease added to the Agent Orange presumptive list -- lung cancer in 1994, prostate cancer in 1996, Type-II diabetes in 2001 -- Congress not only didn't protest but it soon codified the decisions in the law. "Whenever the VA added a new disease," Stichman said, Congress "would amend the Agent Orange Act to stick the disease into the law so that no future secretary could change the decision. They put the congressional seal of approval on the decision...That weakens [Webb's] argument." [Source: Mil.com Tom Philpott article 29 Jul 2010 ++]

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Cantaloupes: (Not veteran related but good to know if you like cantaloupes as much as I do): Cantaloupes can have up to 20% sugar, the sweetest of any melon -- but a bum specimen often tastes no more exciting than a cucumber. They are unique among melons in that they are the only ones that continue to ripen after they're harvested. It's not a lot; most of the sugar-and-perfume-making has to happen while it's on the vine, but the good news is that when you buy a freshly harvested melon that already smells terrific, you can go to bed knowing that it's going to get even better. The other thing that's unique about cantaloupes is that when they're fully mature, they "slip" from the vines and don't need to be cut from the plant. Look at the stem end, where it's connected to the vine. You want what's called a "full slip" -- an "innie" of a belly button, nice and clean. If it's an outie, that means the picker tore the fruit away before it's ready, and it won't ripen. It's a sure sign of a flavorless melon. Next, pick it up and take a look at the whole thing, making sure it's got a nice symmetrical shape and is heavy for its size. Feel the netting, that webby layer of skin. It should feel dry or "corky," not tacky or waxy. And the background color should have very little, if any, green -- you want it yellow or a creamy color. Green skin means that it's unripe or worse, immature, meaning that it can't ripen. Smell the melon, particularly at the blossom -- the other side from the stem end. It should be just a little softer than the rest of the melon, and the smell should be terrific, tropical and sweet and floral. They can be so fragrant that in the 1800s, pocket-size variants were bred to be kept on your person as an air freshener. If you can sign off on all of the above, all signs point toward a serious cantaloupe. If you're buying the fruit from a farmer and can find out when it was harvested, know that peak ripeness is usually two or three days after it was picked. Take it home and let it sit at room temperature, checking on it daily. If it seems to be getting more fragrant and whatever green color that's on it is fading, it's still ripening. After a day of that, keep it in the fridge, where it will stay at peak ripeness for another day or two. [Source: Salon Daily Newsletter Francis Lam article 6 Aug 2010 ++]

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COLA 2011 Update 04: As ordered reported by the Senate Committee on Veterans' Affairs on 5 AUG 2010, Veterans' Compensation Cost-of-Living Adjustment Act of 2010 (S.3107) would increase the amounts paid to veterans for disability compensation and to their survivors for dependency and indemnity compensation (DIC) by the same cost-of-living adjustment (COLA) payable to Social Security recipients. The increase would take effect on 1 DEC 2010, and the resulting adjustment would be rounded to the next lower dollar. The COLA that would be authorized by this bill is assumed in the Congressional budget Office's (CBO's) baseline, consistent with section

257 of the Balanced Budget and Emergency Deficit Control Act, and savings from rounding it down were achieved by the Balanced Budget Act of 1997 (Public Law 105-33) as extended by the Veterans Benefits Act of 2003 (Public Law 108-183). Because the COLA is assumed in CBO's baseline, the COLA provision would have no budgetary effect relative to the baseline. Relative to current law, CBO estimates that enacting this bill would increase spending for those programs by \$50 million in fiscal year 2011. (The annualized cost would be about \$70 million in subsequent years.) This estimate assumes that the COLA effective on 1 DEC 2010, would be 0.1%. S.3107 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments. Enacting S. 3107 would not affect direct spending or revenues relative to CBO's baseline; therefore, pay-as-you-go procedures do not apply. On 12 MAR 2010, CBO transmitted a cost estimate for H.R.4667, the Veterans' Compensation Cost-of-Living Adjustment Act of 2010, as ordered reported by the House Committee on Veterans' Affairs on 10 MAR 2010. The two bills are similar and their estimated costs are the same. [Source: CBO Cost estimate Report 5 Aug 2010 ++]

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Communicating With Congress Update 03: The estimated population of the United States on 1 AUG 2010 was 307,874,000. According to the Bureau of Labor Statistics (BLS), 228,614,000 are in the work force. Throw in another 20,000,000 illegal aliens (no one really knows with certainty how many illegal aliens are in the United States), and you have a population base of roughly 327,874,000 that is being defended by 1,400,000. That equates to only four tenths of a percent (0.4%) of the population is defending the other 99.6%! If you include the 1.3 million in the Guard and Reserve who are now used as if they were active duty forces, there are a total of roughly 2.7 million people defending the 327,874,000, or roughly eight tenths of a percent (0.8%) defending the other 99.2%. In 1970, there were over 45 million living veterans in the United States. In 1999 there were nearly 30 million veterans of which 18 million were in the work force. Today, the BLS reports there are 22,060,000 living veterans of which 11,794,000 are in the work force. Depending on the survey, over 1,000 veterans now die each day!

This data has many ramifications. With 38 years of an all volunteer military, America now has two generations of citizens that have no idea of what really goes on in the military and the importance of having a strong military. This lack of understanding impacts political and social attitudes towards the military. The population base for veteran service organizations is dwindling rapidly which is why many are changing their membership rules in order to maintain membership in a rapidly declining demographic environment. Today, there are fewer defenders of our freedoms living who understand the importance of maintaining a strong military. And without a strong military, we cannot maintain our freedoms, our free market capitalist economy and our constitutional republic. Remember these numbers when you next talk to your representatives in Congress. [Source: VetJobs Veteran Eagle article 1 Aug 2010 ++]

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Veteran Charities Update 13: Questions have been raised about a \$50 million project in Kennedale TX to honor veterans who have died since the September 11 terrorist attacks. The Texas Attorney General is looking into documentation behind the United States Fallen Heroes Foundation which is soliciting funds for the project. The memorial project was introduced to the public during a slick presentation at a news conference two months ago. An animation showed 15 acres of land in Kennedale that would be the site of a memorial. A Web site honoring veterans was set up at www.fallenheroesfoundation.com and TV spots in which families of vets were used to solicit money. "This memorial will also include all military personnel that have died post-9/11 and have died as a result of combat and non-combat injuries and trauma," said Walter Coleman, the alleged Chairman of the U.S. Fallen Heroes Foundation. But while Coleman was happy to be on TV to raise money, he canceled two appointments with WFAA

News 8 to discuss the organization. When he finally did show up, he would not let them record an interview. "I'll be interviewed, but not on camera," he said. Coleman also did not want to be interviewed about his application to the IRS for tax-exempt status.

The IRS has no record of the U.S. Fallen Heroes Foundation. News 8 discovered Coleman signs documents with two signatures and two names: Evan Coleman and "Walter Coleman. "I'm both," he said when asked about the dual identity. "I'm Walter Raleigh Evan Coleman Jr." He said his use of one name of the other "depends on the documents." Records indicate that Coleman used "Walter" as a first name after a credit union sued him for \$10,000 in debt under the name of "Evan Coleman. Another question surrounds Coleman's military record. Kennedale City Manager Bob Hart is one of several people who say Coleman represented himself as a veteran. "My impression is that he would have served in Vietnam, because he's made comments in that regard," Hart said. But when pressed, Coleman told News 8 he was never in the military.

Coleman runs the Fallen Heroes Foundation from his home in Mansfield, which until recently was also the home of the Texas/Louisiana Fallen Heroes Foundation. Although Coleman has given documents to the City of Kennedale which include a non-existent employer identification number, or EIN, Coleman passes it off as an innocent error. In Kennedale, construction crews are already working on a new road that would have gone by the memorial. The City of Kennedale says it will now investigate the background of the Fallen Heroes Foundation. The city has signed a contract to sell 15 acres of land to the foundation, but Hart says Kennedale has not lost any money in the deal. "They've signed the contract, yes. But the contract allows for an 18-month window in which to raise funds to acquire the land," Hart said. The Texas Attorney General has asked the Fallen Heroes Foundation for all of their records. [Source: WFAA Byron Harris article 28 Jul 2010 ++]

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Veteran Charities Update 14: Tommy Clack, field manager and veterans' service officer for the Georgia Department of Veterans Services for the east side of Atlanta, warns "Things aren't always what they seem". Telephone solicitors may not be who they say they are and just because a guy with a pair of camouflage pants and a flag sets up a table outside a local retail store, he may not be a veteran. Clack says scam artists are running rampant in an effort to circumvent government funding and charitable donations intended for veterans. "It's an epidemic going on in Georgia and the country," he said. "All these billions of dollars the federal government is acknowledging they are putting into the veterans' arena, there are unscrupulous people out there who want to partake of that. They fake being a veteran, fake credentials, have fake offices and collect money from an unknowing public. The reason is simple — the word 'veteran' evokes an emotional response. When you use the word 'veteran' in public, you're going to get a response," he said. "Americans want to take care of them."

Newton County resident Randy Upton said he was curious about a group he found soliciting money in front of one of the area Wal-Mart stores and struck up a conversation with them. He said the solicitors acknowledged they were not veterans, had never served, much less been wounded, in military service and were being paid to sit in front of the store, dressed in paramilitary outfits and collect funds. Clack says emphatically citizens should not donate to any group without knowing if the money is actually going to be used for the stated purpose. "I suggest before anybody gives them money, you find out about them by getting a financial sheet showing where their money goes and if they are putting most of it back into the community. What services are they providing. What veterans are they benefiting? Legitimate groups are going to take your name and address and mail you a financial statement. Those groups are required to do a monthly, quarterly, yearly statement to show where their money goes," he said. The work of the Disabled American Veterans, the American Legion, Veterans of Foreign Wars, Georgia Vietnam Veterans of America and Vietnam Veterans of America and the Order of the Purple Heart are legitimate charities

and the money given to them does go to benefit veterans. “All those are national groups with national headquarters. They are registered with the state of Georgia, they have credentials and we know where their money goes,” he said.

Citizens should take note, however, of the exact names of these organizations because a favorite ploy of unscrupulous groups is to call themselves by names very similar to these in hopes that contributors won’t notice. As to telephone calls and mailings soliciting money, Clack again says use caution. “I tell everybody, don’t respond to phone calls. You don’t know where that is going — not just veterans, but anybody,” he said. “A lot of phone solicitations, they’re hiring people to make those phone calls and it is a very lucrative business.” He said with mailings, citizens can check those organizations out. “In every state you can go to the Secretary of State’s Office and find out if they are legitimately registered. Find out if they are a 501-(c)3 (non-profit, tax-exempt) organization, meaning they are doing this as volunteer work. If they’re not, 501-(c)3, then they’re using part of the money raised to pay salaries, per diems and a lot of other things,” he said.

Clack said other disturbing scams are seminars telling about veterans benefits and offers to complete paperwork for veterans. While they may not be illegal, they are an unnecessary expense. “It’s another attempt to tap into billions of dollars in the veterans arena,” he said. “In Georgia and in every state, you have Veterans Affairs offices with service officers who are trained, accredited and certified to help veterans, widows and family members do their paperwork properly.” Those services are offered free, and, in fact, that is what Clack’s Conyers office and 48 others throughout the state do on a daily basis. “What we do, we do at no charge. Therein lies a big difference between what I call the fraudulent side of this. Individuals go on the Internet or ask for a VA pamphlet, read what needs to be done and then they announce they have a seminar going on in our local assisting living ... or nursing homes. Then they charge \$85 to \$150 to come to that seminar. They pass out the paperwork and that’s never complete,” Clack said. “In one of the cases we have out here on our side of town, they will actually charge for the seminar, give the veteran the paperwork and tell them to bring it to my office to make sure it’s correct. In reality, they could come to our office and never pay the charge.”

He invites citizens to call his Veterans Services office at (770) 388-5075 or the headquarters at (404) 656-2300 to check out organizations before making charitable donations or spending money for so-called veterans services. For those who are looking for ways to help veterans, Clack invited them to call, as well. “Anybody who puts the uniform on, earns certain benefits ... but you don’t get them unless you ask for them in writing. That’s what we do,” he explained. “We maximize the language, the direction you want to go in, what is real, what is not, what is achievable, what’s not achievable ... by doing that we end up maximizing what each veteran is entitled to.” He acknowledged that applying and collecting veterans benefits is often a time-consuming and tedious process, but having someone fill out the paperwork does not speed anything up. In fact, it often slows the process down because it is done incorrectly. Clack, who has worked for Veterans Services for 40 years, said the Veterans Administration and the Veterans Services offices are different. “The VA doesn’t like to hear this, but I am a firm believer ... the VA is in the business of finding a way to say no and minimize. We’re in the business of being able to find a way to say yes and maximize,” he said. [Source: Newton News Barbara Knowles article 7 Aug 2010 ++]

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VA Care ~ Sleep Apnea: The number of veterans receiving disability benefits for a sleeping disorder has increased 61% in the past two years and now costs taxpayers more than \$500 million per year, according to Veterans Affairs data released to USA TODAY. More than 63,000 veterans receive benefits for sleep apnea, a disorder that causes a sleeping person to gasp for breath and awaken frequently. It is linked to problems ranging from daytime drowsiness to heart disease. The top risk factor for contracting the disorder appears to be obesity, though a sleep expert at the VA and a veteran's advocacy organization cite troops' exposure to dust and smoke in places such as Afghanistan and Iraq as contributing factors. More claims are likely to be made in the future as Baby

Boomers age and get heavier, says Max Hirshkowitz, director of the Sleep Disorder Center at the Houston Veterans Affairs Medical Center. Veterans are four times more likely than other Americans to suffer from sleep apnea, Hirshkowitz said. About 5% of Americans have the disorder, he said, compared with 20% of veterans. Veterans with a disability rating of 50% require breathing assistance with the airway pressure device, the VA said. The breathing machines work well, Hirshkowitz said, and can prevent veterans from developing more serious heart and lung problems.

Veterans benefits for sleep apnea are more generous than those for workers in the private sector, records show. Elaine Fischer, a spokeswoman for the Washington State Department of Labor and Industries, which handles workers' compensation in that state, said the department is not aware of any occupational exposure that would cause sleep apnea. "We're unaware of it being directly caused by something work related," she said. In 2007, Congress asked the Department of Veterans Affairs to pay closer attention to sleep apnea among veterans. Greater awareness of the disorder has prompted more veterans to seek treatment, Hirshkowitz said. The result has been a sharp increase in claims and disability payments to veterans: According to data provided to USA TODAY by Veterans Affairs:

- The number of veterans claiming sleep apnea as a disability has jumped to 63,118 in 2010 from 39,145 in 2008, a 61% increase.
- Payments to apnea patients with a disability rating of 50 — by far the largest group receiving benefits — rose to a minimum of \$534 million in 2010 from \$306 million in 2008. The minimum payment for a disability with a rating of 50 is \$9,240 a year but increases if a veteran is married and has children.

The Social Security Administration recognizes sleep apnea as a disability. It pays benefits to those who can't work because of a disability that is likely to last at least one year or will kill them. The VA says veterans, however, can receive benefits and hold jobs. Hirshkowitz said, "Some veterans may be predisposed to sleep apnea because many are built like football players. They're big men, and as they age, many become sedentary and gain an enormous amount of weight. When you get to middle age or late middle age your level of exercise does not maintain particularly when you have knee problems and hip problems." Daniel Chapman, a psychiatric epidemiologist at the Centers for Disease Control and Prevention, agreed: "I really can't think of a reason other than what's happening in the general population, which is that we're growing increasingly obese." Chapman and Hirshkowitz said some sleep apnea cases may be caused by exposure to toxins from smoke or fires. Along with increased screening, the rise in sleep apnea cases may also be due to exposure to dust, sand and grit in Iraq and Afghanistan, said Thom Wilborn, a spokesman for the Disabled American Veterans organization. "Give a guy a rifle and put him in a desert, and he's going to suffer some respiratory issues," Wilborn said. Losing weight can help some people with sleep apnea, Hirshkowitz said. Though he notes that some thin men and some women also have the disorder. [Source: USA Today Tom Vanden Brook article 7 Jun 2010 ++]

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DFAS AOP: Retiree arrears of pay (AOP) is any pay due the retiree but unpaid at the time of their death, to which a named beneficiary is entitled. Typically, this is a prorated amount that covers the first day of the month through the retiree's date of death. The retirement pay of a military member stops on the first day of the month in which the retiree dies. Therefore, all pay deposited after the date of death - including pay deposited for that month - is automatically recouped by DFAS from the retiree's checking account. After a complete audit of the retirement account, any arrears of pay is calculated and paid to the retiree's named beneficiary. Prompt reporting of a retiree's death is necessary to avoid extensive recoupment of unearned payments.

Arrears of Pay distribution is based exclusively on the retiree's beneficiary election on their retired pay account. If no beneficiary was elected on the retired pay account, payment will be distributed in accordance with the federally-mandated Order of Precedence. Questions about arrears of pay can be directed to the DFAS Contact

Center at 1-800-321-1080 between 7:00 a.m. and 7:30 p.m. EST M-F. Two documents are needed by DFAS to process an Arrears of Pay claim. Both must be forwarded to DFAS either via FAX at (800) 469-6559 or mail addressed to: DFAS, P.O. Box 7130, London, KY 40742-7130. Note that all outstanding funds must be returned to DFAS before an Arrears of Pay can be made. The documents needed are:

- SF1174 claim form for each beneficiary. This form can be downloaded at www.dtic.mil/whs/directives/infomgt/forms/eforms/sf1174.pdf . Supplemental instructions for completing the form are available at www.dfas.mil/rapay/forms/SF1174-Instructions.pdf .
- A copy of the retiree's Death Certificate that specifies the cause of death

[Source: www.dfas.mil/rapay/retirementpay/arrearsofpay.html Aug 2010 ++]

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Thrift Savings Plan YTD 2010: After two very tough months, TSP participants likely are breathing a sigh of relief at the July returns; all 10 funds saw gains in July:

- The I Fund, which invests in overseas companies, rebounded in July, gaining 10.78%. That followed months of losses, most notably an 11.2% drop in May. Despite the gain, the fund remains down 4.81% this year to date.
- The S Fund, which invests in small and mid-size companies and tracks the Dow Jones Wilshire 4500 Index, showed about 7% returns in July. This gain reversed trends from May and June. In June, the S Fund lost 6.9% . The S Fund is up 6.15% this year to date
- The C Fund, invested in common stocks of large companies on the Standard & Poor's 500 Index, showed about 7% return in July. This gain reversed trends from May and June. In June, C funds lost 5.24%. The C Fund is still down slightly for the year, with losses of 0.11%.
- The F Fund, invested in fixed-income bonds, saw a 1.07% increase in July, below the 1.56% growth posted in June.
- The government securities (G) fund, TSP's most stable offering, earned 0.23% in July, almost identical to June's 0.24% gain.

The 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 July. The funds had struggled in May and June, each posting losses in those months. All five life-cycle funds are up for the year. The L Income Fund, for people who have reached their target retirement date and are withdrawing money from their TSP accounts monthly, has gained 1.89% so far this year; the L 2010, 1.81% ; the L 2020, 1.22% ; the L 2030, 1.1% ; and the L 2040, 0.94% .

[Source: GovExec.com Elizabeth Newel article 2 Aug 2010 ++]

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VA Performance Update 02: Caring for veterans is a moral obligation, President Barack Obama said 2 AUG in a speech at the Disabled American Veterans National Convention in Atlanta. "Every American who has ever worn the uniform must know this: your country is going to take care of you when you come home," Obama said. "Our nation's commitment to our veterans – to you and your families – is a sacred trust." The president lauded Veterans Affairs Secretary Eric K. Shinseki for "building a 21st century VA," calling the administration's commitment to the veteran community historic. "We need to keep our military strong, our country safe and our veterans secure," the president said, noting VA's \$15 billion budget increase last year, the largest hike in 30 years. The additional budget is improving health care benefits for Vietnam War veterans suffering from Agent Orange-related illnesses. Gulf War veterans also now receive care for chemical exposure during Desert Storm.

Obama also noted the elimination of co-payments for catastrophically disabled veterans as well as proposed legislation that would allow severely disabled retirees to draw military retirement and VA disability benefits. "It's the right thing to do," the president said. "We've drastically improved health care across the board." Other VA initiatives include efforts to create a single lifetime electronic medical record that veterans will be able to download from the VA website. This makes it easier for veterans to share their records outside the VA health system. VA is also tackling records and claim application backlogs by hiring thousands of claim processors. VA officials are working to remove paper from the claims process, which they believe will end the backlog once and for all, Obama said. Obama recognized VA efforts to end homelessness among veterans and improve veteran employment opportunities. "We're not going to be satisfied until every veteran who has fought for America has a home in America," he said. Shinseki has spoken candidly many times during his tenure as VA secretary about his desire to end veteran homelessness. VA has initiatives with the Housing and Urban Development Department as well as new programs to treat drug addiction and psychological issues before homelessness can become an issue.

Initiatives such as the Post-9/11 GI Bill and job-placement programs also may help in keeping veterans off the streets, Obama said, noting directives he's given for the federal government to make hiring veterans a priority. "Every business in America needs to know our vets have the training, they've got the skills, and they're ready to work," Obama said. "Our country is stronger when we tap the incredible talents of our veterans." Obama spoke about improved care for wounded warriors and disabled veterans. "We're continuing to direct unprecedented support to our wounded warriors in uniform -- more treatment centers, more case managers and delivering the absolute best care available," he said. "For those who can, we want to help them get back to where they want to be -- with their units. And that includes servicemembers with a disability, who still have so much to offer our military." Still, the president acknowledged, much work remains for VA and his administration to further improve veteran care. Servicemembers and veterans, Obama said, have taught Americans to remain vigilant and resilient in the face of challenges. "You are the very essence of America -- the values that sustain us as people and the virtues our nation needs most right now," he said. [Source: AFPS Michael J. Carden article 2 Aug 2010 ++]

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VA HIV Testing Update 02: If HIV is ignored, it can lead to illness and death. It is the virus that causes AIDS This is why it is so important to get medical care if you find out you have it. Do not be afraid to seek a doctor or nurse practitioner with experience in treating HIV-infected patients--he or she can help you to stay well. Most VA doctors who treat HIV are specialists in infectious disease. They work with a team of other health professionals who focus on HIV as a chronic, or lifelong, disease. Treatments for HIV are not perfect (no medicine is), but can be very effective for many people. A doctor or other health care provider can explain the best options for you. If you work with your health care provider in planning your care, you can deal with the disease in a way that is best for you. Things you can do are:

Before Appointments. Start with a list or notebook. Prepare for your appointment with your doctor by writing down the following. That way you won't forget anything during the appointment. You may want to ask a friend or family member to come with you and take notes. It can be difficult for you to take notes and pay attention to what your doctor is saying at the same time:

1. Any questions that you have (print out questions to ask your doctor and take it to your appointment).
2. Any symptoms or problems you want to tell the doctor about (include symptoms such as poor sleep, trouble concentrating, feeling tired).
3. A list of the medications that you are taking (include herbs and vitamins).
4. Upcoming tests or new information you've heard about.
5. Changes in your living situation, such as a job change.

During Appointments. Go over your lab work, and keep track of your results. If your doctor wants you to have some medical tests, make sure you understand what the test is for and what your doctor will do with the results. If you don't understand what your doctor is saying, ask the doctor to explain it in everyday terms. If you feel your doctor has forgotten something during the appointment, it is better to ask about it than to leave wondering whether something was supposed to happen that didn't. It's your right to ask questions of your doctor. You also have a legal right to see your medical records. After all, it's your body. Be honest. Your doctor isn't there to judge you, but to make decisions based on your particular circumstances. Tell your doctor about your sexual or drug use history. These behaviors can put you at risk of getting other sexually transmitted diseases as well as hepatitis. If your body is fighting off these other diseases, it will not be able to fight off HIV as effectively. You may get sicker, faster. If you have sex with someone of the same sex or someone other than your spouse, it's OK to tell your doctor. The VA is not the military. It does not have a "don't ask, don't tell" policy. You cannot get kicked out of the VA or lose your benefits if you have sex with someone of your same sex, or someone other than your spouse.

Monitor your Health. Once you have been diagnosed with HIV, you need to pay closer attention to your health than you did before. You can keep track of your immune system in two ways. First, have regular lab tests done. Lab tests often can show signs of illness before you have any noticeable symptoms. Second, listen to what your body is telling you, and be on the alert for signs that something isn't right. Note any change in your health--good or bad. And don't be afraid to call a doctor. Your doctor will use laboratory tests to check your health. Some of these tests will be done soon after you learn you are HIV positive. For your first few doctor visits, be prepared to have a lot of blood drawn. For information on specific tests, go to the Understanding Laboratory Tests www.hiv.va.gov/vahiv?page=diag-02-00. The lab tests look at several things:

- How well your immune system is functioning
- How rapidly HIV is progressing
- Certain basic body functions (tests look at your kidneys, liver, cholesterol, and blood cells)
- Whether you have other diseases that are associated with HIV

Be Aware of Possible Complications. Certain changes can happen to HIV-positive people who are living longer and taking HIV medicines. Some people have experienced visible changes in body shape and appearance. Sometimes these changes can raise the risk of heart disease and diabetes. Also, by weakening your immune system, HIV can leave you vulnerable to certain cancers and infections. These infections are called "opportunistic" because they take the opportunity to attack you when your immune system is weak. You don't need to panic every time you have a headache or get a runny nose. But if a symptom is concerning you or is not going away, it is always best to have a doctor check it out even if it doesn't feel like a big deal. The earlier you see a doctor when you have unusual symptoms, the better off you are likely to be. The following symptoms may or may not be serious, but don't wait until your next appointment before calling a doctor if you are experiencing them.

- Breathing problems: persistent cough, wheezing or noisy breathing, sharp pain when breathing, difficulty catching your breath
- Skin problems: Appearance of brownish, purple or pink blotches on the skin; Onset of rash--especially important if you are taking medication
- Eye or vision problems: blurring, wavy lines, sudden blind spots; eye pain; sensitivity to light
- Aches and pains: numbness, tingling, or pain in hands and feet; headache, especially when accompanied by a fever; stiffness in neck; severe or persistent cough; persistent cramps; pain in lower abdomen, often during sex (women in particular)
- Other symptoms: mental changes--confusion, disorientation, loss of memory or balance; appearance of swollen lymph nodes, especially when larger on one side of the body; diarrhea--when severe, accompanied by fever, or lasting more than 3 days; weight loss; high or persistent fever; fatigue; frequent urination

Protect Others. Once you have HIV, you can give the virus to others by having unprotected sex or by sharing needles (or, if you are pregnant or have an infant, during pregnancy, childbirth, or by breast-feeding). This is true even if you are feeling perfectly fine. Using condoms and clean needles can prevent infecting other people. It can also protect you from getting other sexually transmitted diseases. Sometimes it can be difficult to explain that you have HIV to people you have had sex with or shared needles with in the past. However, it is important that they know so that they can decide whether to get tested. If you need help telling people that you may have exposed them to HIV, most city or county health departments will tell them for you, without using your name. Ask your doctor about this service. Before telling your partner that you have HIV, take some time alone to think about how you want to bring up the subject. Decide when and where would be the best time and place to have a conversation. Choose a time when you expect that you will both be comfortable, rested, and as relaxed as possible. Think about how your partner may react to stressful situations. If there is a history of violence in your relationship, consider your safety first and plan the situation with a case manager or counselor.

Know when to Consider Treatment. Whether or not to start treatment for HIV is a decision that each person must make with his or her doctor. While anti-HIV drugs (also known as antiretrovirals) can be lifesavers, there are good reasons to delay taking them right away. In general, you and your doctor will need to consider: how well you feel; how healthy your immune system is (this is usually measured by your CD4 count); whether or not you have AIDS; whether you can stick to a treatment plan. Life does not end with a diagnosis of HIV. In fact, with proper treatment, people with HIV can live very healthy lives. Taking care of your overall health can help you deal with HIV:

- Get regular medical and dental checkups.
- Eat a healthy diet and exercise regularly.
- Avoid smoking, recreational drug use, and go easy on alcohol.
- Practice safer sex (it can protect others from getting HIV, and can protect you from other sexually transmitted diseases)

[Source: <http://www.hiv.va.gov> Jul 2010 ++]

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Flag Presentation Update 05: The United States Flag Code establishes advisory rules for display and care of the flag of the United States. It is Section 1 of Title 4 of the United States Code (4 U.S.C. § 1 et seq). The following guidelines for displaying the flag indoors and should be followed:

Indoor Display

- The union is always in the upper left corner. When on display, the flag is accorded the place of honor, always positioned to its own right. Place it to the right of the speaker or staging area or sanctuary. Other flags should be to the left.
- The flag of the United States of America should be at the center and at the highest point of the group when a number of flags of states, localities, or societies are grouped for display.
- When one flag is used with the flag of the United States of America and the staffs are crossed, the flag of the United States is placed on its own right with its staff in front of the other flag.
- When displaying the flag against a wall, vertically or horizontally, the flag's union (stars) should be at the top, to the flag's own right, and to the observer's left.

Outdoor Display

- When the flag is displayed from a staff projecting from a window, balcony, or a building, the union should be at the peak of the staff unless the flag is at half-staff. When it is displayed from the same flagpole with another flag, the flag of the United States must always be at the top except that the church pennant may be

flown above the flag during church services for Navy personnel when conducted by a Naval chaplain on a ship at sea.

- When the flag is displayed over a street, it should be hung vertically, with the union to the north or east. If the street runs north-south, the stars should face east. For streets running east-west, the stars should face north. If the flag is suspended over a sidewalk, the flag's union should be farthest from the building and the stars facing away from it.
- When flown with flags of states, communities or societies on separate flag poles which are of the same height and in a straight line, the flag of the United States is always placed in the position of honor—to its own right. The other flags may be the same size but none may be larger.
- No other flag should be placed above it. The flag of the United States is always the first flag raised and the last to be lowered.
- When flown with the national banner of other countries, each flag must be displayed from a separate pole of the same height. Each flag should be the same size. They should be raised and lowered simultaneously. The flag of one nation may not be displayed above that of another nation in time of peace.[8]
- The flag should be raised briskly and lowered slowly and ceremoniously.
- Ordinarily it should be displayed only between sunrise and sunset, although the Flag Code permits night time display "when a patriotic effect is desired." Similarly, the flag should be displayed only when the weather is fair, except when an all weather flag is displayed. (By presidential proclamation and law, the flag is displayed continuously at certain honored locations like the United States Marine Corps Memorial in Arlington and Lexington Green.)
- It should be illuminated if displayed at night.
- The flag of the United States of America is saluted as it is hoisted and lowered. The salute is held until the flag is unsnapped from the halyard or through the last note of music, whichever is the longest.

[Source: http://en.wikipedia.org/wiki/United_States_Flag_Code Jul 2010 ++]

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Medicare Fraud ZPICs: According to congressional investigators, It took private contractors (sleuths) hired by Medicare an average of 178 days last year to refer fraud cases to law enforcement. By that time, many cases go cold, making it difficult to catch perpetrators, much less recover money for taxpayers. A recent inspector general report also raised questions about the contractors, who play an important role in Medicare's overall effort to combat fraud. Out of \$835 million in questionable Medicare payments identified by private contractors in 2007, the government was only able to recover some \$55 million, or about 7%, the report found. Medicare overpayments, which can be anything from a billing error to a flagrant scam, totaled more than \$36 billion in 2009, according to the Obama administration. President Barack Obama has set a high priority on battling health care fraud and waste, hoping for savings to help pay for the new law covering millions now uninsured. Medicare's private eyes don't seem to be helping much.

Sen. Charles Grassley (R-IA) questions whether taxpayers are getting good value from for-hire fraud busters. His office, which is investigating the contracting program, obtained Medicare data for the last four years on how long it took to refer cases to federal agents. "Medicare is already a pay-and-chase system when it comes to fraud, waste and abuse," said Grassley. "Providers are paid first, then questioned if there's a problem. Add to that mix contractors who sit on cases of ongoing fraud when they should be referring them to law enforcement, and you have a recipe for disaster." As ranking Republican on the Senate panel that oversees Medicare, Grassley is trying to find out why it takes the contractors so long, and how much the government is currently paying the companies. In 2005, taxpayers paid them \$102 million. At least seven private companies Medicare calls "Program Safeguard Contractors" are working to detect fraud, part of a program that dates to the late 1990s. They oversee specific areas of jurisdiction, and some have more than one contract with Medicare.

The contractors investigate allegations of wrongdoing, acting as scouts for the government's criminal investigators. And they're also supposed to conduct "proactive" analysis to spot emerging fraud trends. For instance, they can use sophisticated computer models to scan millions of Medicare records for suspicious patterns to identify dishonest providers. In practice, their performance has been uneven. The contractors have widely different track records. One identified \$266 million in overpayments in 2007, while another found just \$2.5 million, the Health and Human Services inspector general said in May. Earlier, the inspector general found gaping differences in the number of new cases the contractors generate for law enforcement. Some had hundreds of cases, while others were in the single digits. Most were doing a poor job at spotting new fraud trends, with "minimal results from proactive data analysis," the inspector general concluded.

The Obama administration says it's aware of the problem and is close to completing a reorganization of the contractors, to consolidate their work, define their jurisdictions more clearly, and help them coordinate better with claims processors and law enforcement. The private sleuths will now be called "Zone Program Integrity Contractors" -- or ZPICs for short. "By using these new contractors that can review claims across multiple providers and benefit categories, we will be better able to identify cases of waste, fraud or abuse," said Medicare spokesman Peter Ashkenaz. "And, we will be better able to monitor both the ZPICs' overpayment and collection efforts to make sure that they are performing their own oversight responsibilities." In fairness to the contractors, the low collection rate may not just be their fault. Investigators say that when Medicare notifies a provider about a disputed payment, the fraudulent ones often just close up shop and move on. [Source: USA Today Ricardo Alonso-Zaldivar article 8 Aug 2010 ++]

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Medicare Fraud Update 46:

- **McAllen TX** - Office staff at a Mission clinic continued to see patients and bill federally funded health care programs well after the doctor they worked for had become incapable of practicing medicine, federal prosecutors said Thursday. Despite not having medical degrees, Eliza Lozano Lumbreras, 63, and San Juanita Gallegos Lozano, 54, made diagnoses, wrote prescriptions and racked up more than \$270,000 in Medicare and Medicaid bills in their employer's name — often while he sat nearby in a near vegetative state, according to a 13-count indictment filed against them. FBI agents arrested both women 1 AUG, nearly a week after another man pleaded guilty to charges that he had used the incapacitated doctor's name to defraud Medicare and Medicaid. The 71-year-old physician — identified in court filings only by the initials R.J.P. — was declared unfit to practice medicine in 2001 after being diagnosed with Parkinson's disease. But Lumbreras and Lozano kept his office open for four more years and submitted nearly 8,000 bills to federally funded health care programs.
- **Miami FL** - Rolando Nogueira, 48, and Jose Nogueira, 52, pleaded guilty 2 AUG for their roles in a \$13.7 million HIV infusion Medicare fraud scheme. They were among six South Floridians indicted in March. Rolando was an owner and operator of T&R Rehabilitation Professional Corp. Jose worked at T&R. Rolando Nogueira admitted that, between JAN 05 and JUL 05, he and his co-defendants enlisted recruiters and patients into a scheme that billed Medicare for services that were not provided or medically necessary. Medicare paid about \$4.1 million of the fraudulent claims. Sentencing is set for 5 NOV.
- **Miami FL** - Clinic operator David Marrero, who recruited his 76-year-old aunt as a patient to trick Medicare into paying him for bogus HIV therapy, has been sentenced to 10 years in prison. Marrero's ex-wife, Maria Valero Marrero, one-time owner of the Tendercare Medical Center, was also sentenced to almost six years in prison. U.S. District Judge Ursula Ungaro ordered the divorced couple to repay \$2.7 million to the federal health care program. In May, Marrero was convicted of committing health care fraud in a scheme with his former wife and two other employees, billing Medicare \$5.8 million for HIV therapy

that was never provided to patients between 2005 and 2007. Earlier this year, his ex-wife and two patient recruiters, brothers Keith Ernest Humes and Lawrence Edward Humes, pleaded guilty to one health care fraud conspiracy charge. According to court records, David Marrero transferred ownership of the fraudulent HIV clinic to his ex-wife as part of their divorce settlement.

- **Atlanta GA** - Robert M Ritchea, MD, has been sued in a federal complaint on charges of submitting false or fraudulent claims to Medicare. Dr. Ritchie allowed an unlicensed medical assistant to inject patients with pain medications and then improperly billed Medicare for the treatments. In so doing he violated the False Claims Act by improperly billing Medicare for pain injections administered by an unlicensed medical assistant. The unlicensed medical assistant, acting at the direction of Ritchea, performed unnecessary pain injection procedures that were billed to Medicare as nerve blocks. The Alabama State Board of Medical Examiners does not permit medical assistants to perform the pain injection procedures for which Ritchea billed. He admitted to both the Alabama State Board of Medical Examiners and the Georgia Composite State Board of Medical Examiners that the procedures were not medically necessary and that they were over-prescribed and over-utilized. RITCHEA billed Medicare for more expensive procedures than were actually performed and he billed Medicare for other services that are not reimbursable by more than \$2.2 million in over 4300 separate claims. Pursuant to the False Claims Act, if Ritchea is found liable, the government is entitled to treble damages and civil monetary penalties ranging from \$5,500-\$11,000 per claim.
- **McAllen TX** - On 3 AUG former Hidalgo County Commissioner Guadalupe Garces Jr. and his wife Araceli Garces were sentenced to 41 months and 33 months in prison respectively for defrauding government health programs through their ambulance service. The judge also ruled that they must pay about \$637,000 in restitution. The Garces submitted \$14 million in fraudulent claims to Medicare and Medicaid and used their Edinburg ambulance companies to transport people to and from dialysis clinics when ambulance transport was not necessary.
- **Scottsdale AZ** - Dr. Stewart C. Mann, 58, was sentenced 2 AUG for billing Medicare for at least \$480,000 worth of malignant lesion excisions that were never performed between MAR 05 and JAN 08. Apparently, during visits for unrelated conditions, Mann told several patients that they had lesions located on their backs that might be cancerous and needed to be removed. These patients came to Mann's office for frequent removals of the lesions that Mann removed by excision rather than curetting or shaving them off. He reportedly billed Medicare for excisions because they paid more than billing for shaving or curetting. Mann falsely diagnosed most of the lesions as malignant because he received more money for excisions when malignancy was found. He also billed Medicare for excisions on dates when patients did not see him. Mann falsified patient records to make it seem his billings were legitimate when he was audited by Medicare.
- **Seattle WA** - One of the largest providers of diagnostic imaging services for doctors and hospitals has agreed to pay at least \$1.2 million to settle an allegation of Medicaid billing fraud. The fraud allegation came in a whistle-blower lawsuit filed by a Seattle doctor and a former company vice president. The lawsuit was filed against Minnesota-based Center for Diagnostic Imaging five years ago. Earlier this week, the Department of Justice announced it intended to intervene in the case and was on the verge of settling the billing issue. Lawyers for the whistle-blowers Seattle radiologist Dr. Alexander Serra and Patricia West say the settlement amount is inadequate and they will fight for more in court.
- **Miami FL** - Jose Garcia, 56, admitted operating a Little Havana clinic that submitted \$11 million in false claims for HIV medical services and that he paid kickbacks to Medicare patients to bilk the federal healthcare program. Garcia, who pleaded guilty 6 AUG, operated Global Med-Care Corp., a Miami clinic that was actually owned by Carlos, Luis and Jose Benitez, three Miami-Dade brothers charged in a related Medicare fraud scheme in 2008. The clinic received \$6 million in Medicare payments. The Benitez brothers, who billed Medicare a total of \$109 million for bogus HIV treatments at a dozen Miami-Dade clinics, fled to the Dominican Republic in 2008, according to the FBI. But authorities believe the brothers,

all naturalized U.S. citizens, have since moved to Cuba where they remain in jail on immigration violations. Garcia, who fled to Mexico after being indicted on Medicare fraud charges in 2008, offenses could send him to prison for up to 15 years.

- **Naples FL** - In a whistleblower lawsuit unsealed 2 AUG, former hospital CEO J. Michael Mastej accused his former employer of offering money, free rent and private jet trips to entice doctors to refer Medicare patients to the company's hospitals and filing fraudulent claims on services HMA's facilities provided the ill-gotten Medicare patients. The fraud spanned from at least 2007 to the present at facilities "in Florida and elsewhere." HMA presently operates approximately 56 hospitals in 15 states. The petition states: "(HMA) concealed their illegal activities from the United States in an effort to defraud the United States into paying Medicare claims it would not have otherwise paid."
- **Chicago IL** - Cardiologist Sushil Sheth, 50, lied thousands of times to Medicare and other insurers in order to receive millions of dollars he did not earn for patients he never treated. He used the fraud proceeds to live a lavish lifestyle, purchasing a suburban mansion, property in Arizona, luxury automobiles, and investing in various venture capital opportunities. Sheth regularly submitted claims seeking payment that, when added together, had him providing more than 24 hours of medical services and treatment in a single day. He was sentenced 10 AUG and ordered to begin serving the 60-month prison term in two months. He pleaded guilty a year ago to one count of health-care fraud after being charged in JAN 09. Sheth was also ordered to pay restitution totaling approximately \$13 million and he agreed to forfeit property and funds totaling more than \$11.3 million that the government seized from him. Sheth admitted that he obtained approximately \$13 million between JAN 02 and JUL 07, including approximately \$8.3 million from Medicare and some \$5 million from other public and private health care insurers -- in fraudulent reimbursement for the highest level of cardiac care when those services were not performed -- and then used the proceeds for his own benefit. He used his hospital privileges at three hospitals to access and obtain information about patients without their knowledge or consent. He then hired individuals to bill Medicare and other insurance providers for medical services that he purportedly rendered to patients whom he knew he never treated. Typically waiting almost a year after the treatment was purportedly provided, Sheth submitted more than 14,800 false claims for reimbursement for providing the highest level of cardiac care - - requiring hands-on treatment in an intensive care unit -- on multiple days during patients' hospital stays.

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Medicad Fraud Update 19:

- **West Orange NJ** - Isaac Arowosaye, 53, owner and operator of Be Kind Health Care Services located in Orange, pleaded guilty 4 AUG to second-degree health care claims fraud, according to the New Jersey Attorney General's Office. His wife, Emily Arowosaye, 43, also pleaded guilty to third-degree Medicaid fraud, officials said. She is vice president of Be Kind Health Care Services and also the nurse supervisor. Under the plea agreement, the state will recommend a sentence of three years in state prison for the husband and a probationary sentence for the wife. Sentencing is scheduled for 13 SEP. The Arowosayes agreed to pay \$800,000 in restitution to the Medicaid program. In addition, the defendants agreed to pay an \$800,000 civil penalty and to be debarred from the Medicaid program for five years.
- **New York City NY** - Garcia, 53, a former New York City supervising investigator for the state Office of Medicaid Inspector General (OMIG), admitted that he threatened a pharmacy owner with the filing of "negative report" that could potentially lead to a fine of \$36,000 or a Medicaid suspension unless the owner paid him \$9,000. The pharmacy owner did not pay the bribe, but taped his conversations with Garcia and reported the wrongdoing to police. Garcia was prosecuted and pleaded guilty 4 AUG to bribe receiving in the third degree with sentencing set for 6 OCT. Garcia had supervised OMIG's New York City undercover

unit, which investigates providers for Medicaid fraud. As a result of the investigation, he resigned from OMIG. on 11 AUG.

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State Veteran's Benefits: The state of California provides several benefits to veterans. To obtain information on these refer to this **Bulletin's Attachment** for an overview of those listed below. Benefits are available to veterans who are residents of the state. For a more detailed explanation of click on "**Learn more about ...**" wording highlighted in blue on the attachment.

- Housing Benefits
- Financial Assistance Benefits
- Employment Benefits
- Veteran Business Benefits
- Education Benefits
- Other State Veteran Benefits

[Source: www.military.com/benefits/veteran-benefits/california-state-veterans-benefits Aug 2010 ++]

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Military History: The original Purple Heart award was instituted by George Washington in 1782 to reward troops for "unusual gallantry" and "extraordinary fidelity and essential service." The award was a purple cloth heart edged in silver braid, and was to be worn over the left breast of the uniform. Only three awards are known to have been issued, of which two are known to exist today.

The Purple Heart as we know it today was reestablished in 1932 by chief of Staff General Douglas MacArthur to coincide with the 200th anniversary of the birth of George Washington. The original criteria for award of the Purple Heart as published in the War Department Circular No. 6 of February 22, 1932 states that the medal be awarded to anyone serving in the Army who had received combat-related injuries or had received the AEF's Meritorious Service Citation Certificate during WWI, the latter criteria harkening back to the intent of George Washington's "Badge of Military Merit". Although this award was retroactive to any soldier wounded from the Civil War on, eligible recipients were required to submit a formal application to the War Department for approval before the issuance of the medal. In 1942 the Army estimated that approximately 186,000 living veterans were eligible to receive a retroactive Purple Heart. Approximately 78,000 retroactive Purple Hearts were awarded between 1932 and 1942. The award of the Purple Heart was not authorized by the Navy until 1942, sailors and Marines who had been wounded prior to 1932 were eligible to apply for the medal. While no numbers are available concerning the award to Navy and Marine personnel, approximately 12,000 sailors and Marines were wounded between the Civil War and the Nicaragua Campaign of 1932.

In April 1942 the War Department amended its policy regarding the issuance of the Purple Heart. The new regulations authorized the posthumous award of the Purple Heart retroactive to December 7, 1941, and eliminated the use of the medal as a merit award. In December 1942 the Navy Department authorized the award of the Purple Heart for all fatal and non-fatal wounds retroactive to December 7, 1941. However, sailors and Marines wounded prior to this date were still eligible to receive a Purple Heart upon application. The award of the medal during WWII became increasingly decentralized. Authority for the award was given to hospital commanders and unit commanders in the case of non-fatal wounds, and the War Department in the case of fatal wounds awarded to the next of kin. Thus while no official count of the number of Purple Hearts issued can be established, official War

Department records indicate approximately 964,000 battle casualties (non-fatal and fatal) for the period of December 7, 1941 through December 31, 1946. Again, due to the decentralization of awards, exact numbers of medals awarded for the Korean War cannot be established. There were approximately 33,600 fatal and 103,200 non-fatal casualties during this period.

Awards for Vietnam Era this period fall into two categories: awards for wounds received in the Vietnam Theatre of Operations (Vietnam, Cambodia, and Laos) and other geographical areas, including the attack on the USS Pueblo, the Dominican Republic, and Cuba. Approximately 200,700 Purple Hearts were awarded during this period. Currently, in addition to awards to those killed or wounded "in any action against an enemy of the United States", the criteria for the award of the medal was amended to include those killed or wounded as a result of an international terrorist attack, and as part of a peacekeeping force. Thus in addition to awards for Grenada (Operation Urgent Fury), Panama (Operation Just Cause) and Iraq (Operation Desert Storm and Operation Iraqi Freedom) the medal is awarded for fatal and non-fatal wounds arising as a result of peacekeeping efforts such as Lebanon, Haiti, Somalia, and Bosnia-Croatia. [Source: www.purplehearts.net/id6.html Aug 2010 ++]

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Military History Anniversaries:

- Aug 16 1780 - Revolutionary War: American troops are badly defeated by the British at the Battle of Camden, South Carolina.
- Aug 16 1945 - WWII: Lieutenant General Jonathan Wainwright, who was taken prisoner by the Japanese on Corregidor on 6 MAY 42 is released from a POW camp in Manchuria by U.S. troops.
- Aug 17 1943 - WWII: Allied forces complete the conquest of Sicily.
- Aug 18 1914 - WWI: Germany declares war on Russia while President Woodrow Wilson issues his Proclamation of Neutrality
- Aug 18 1951 - Korea: Battle of Bloody Ridge began which continued until 5 SEP
- Aug 19 1812 - War of 1812: The USS Constitution earns the nickname "Old Ironsides" during the battle off Nova Scotia that saw her defeat the HMS Guerriere.
- Aug 21 1942 - WWII: U.S. Marines turn back the first major Japanese ground attack on Guadalcanal in the Battle of Tenaru.
- Aug 22 1945 - Vietnam: Conflict in Vietnam begins when a group of Free French parachute into southern Indochina, in response to a successful coup by communist guerilla Ho Chi Minh.
- Aug 23 1950 - Korea: Up to 77,000 members of the U.S. Army Organized Reserve Corps are called involuntarily to active duty to fight the Korean War.
- Aug 25 1921 - WWI: The U.S., which never ratified the Versailles Treaty ending World War I, finally signs a peace treaty with Germany.
- Aug 26 1942 - WWII: First black Marine (Howard Perry) entered first recruit training camp (Montford Point, NC) for black Marines
- Aug 27 1776 - Revolutionary War: British defeat Americans in Battle of Long Island
- Aug 27 1945 WWII: B-29 Superfortress bombers begin to drop supplies into Allied POW camps in China.
- Aug 27 1945 - WWII: US troops land in Japan after Japanese surrender
- Aug 29 1862 - Civil War: Battle of Bull Run, VA (Manassas, Gainesville, Bristoe Station)
- Aug 29 1916 - Congress creates US Naval Reserve
- Aug 29 1942- WWII: The American Red Cross announces that Japan has refused to allow safe conduct for the passage of ships with supplies for American POWs.
- Aug 29 1944 - WWII: 15,000 American troops liberating Paris march down Champs Elysees
- Aug 29 1990 - Iraq: Saddam Hussein declares America can't beat Iraq

- Aug 30 1813 - Creek Indians massacre over 500 whites at Fort Mims Alabama.
- Aug 30 1862 - Civil War: 2nd Battle of Bull Run - Confederates beat Union
- Aug 31 1941 - WWII: 23 U-boats sunk (80,000 ton) this month
- Aug 31 1942 - WWII: U boats sunk 108 ships (544,000 ton) this month
- Aug 31 1951 - Korea: The 1st Marine Division begins its attack on Bloody Ridge. The 4 day battle results in 2,700 Marine casualties.

[Source: Various Aug 09 ++]

Military Trivia 10:

- Lt. Col. George Armstrong Custer paid a \$127.80 premium for a life insurance policy in 1874, two years before the Battle of Little Bighorn. How much was his coverage?
A: It was for \$5,000.
- By what name did Chief Crazy Horse know the Little Bighorn River, the scene of Custer's last stand?
A: The Greasy Grass River.
- At a 1986 auction, what was the winning bid for two arrows from the Battle of Little Bighorn?
A: \$17,000.
- What state was the setting of the Battle of the little Bighorn, where George Armstrong Custer made his infamous last stand?
A: Montana.
- What was George Armstrong Custer's rank when he was killed at Little Bighorn in 1876.
A: Lieutenant Colonel.
- Who fired the first Union shot of the Civil War?
A: Gen. Abner Doubleday, in 1861, at Fort Sumter. He is the same Abner Doubleday who is often incorrectly given credit for inventing baseball.
- What nation was the first to use frogmen in warfare?
A: Italy, in December 1941, against the British in the Mediterranean. Three frogmen disabled the British battleships Valiant and Queen Elizabeth, as well as a tanker and a destroyer, in Alexandria harbor.
- What did the U.S. military name in honor of American physiologist Ancel Keys?
A: The K ration--the small packet of food, containing all the essential nutrients, that served as emergency rations for soldiers in the field.
- What major Japanese company made the famous Zero fighter plane during World war II?
A: Mitsubishi, The company now known for its cars, TVs and hundreds of other products, was prohibited from producing aircraft to seven years after the war.
- How long --in days--did the 1991 Persian Gulf War last?
A: 42 days from January 16 to February 27.
- Translated from Pentagon doublespeak, what is a "combat emplacement evacuator"?
A: A shovel.
- The site of what state capital was given to the Marquis de Lafayette for his services during the Revolutionary War?
A: Tallahassee, Florida. Lafayette never occupied the then-wilderness site, but one of the city's early residents was a nephew of Napoleon Bonaparte, Prince Napoleon Achelle Murat, who married a grandniece of George Washington.
- When Adolph Hitler declared himself ruler of the Third Reich, what did he view as Germany's first and second Reich's?
A: The first was the Holy Roman Empire of Charlemagne; the second was Bismarck's united Germany, declared in 1871 and known as the German Empire.

- To celebrate the patriots' success in getting the British to evacuate Boston on this day in 1776, Gen. George Washington chose "Boston" as his army's password of the day. What did he pick as the proper response?
A: St. Patrick.

[Source: www.triviafool.com/page93.htm Jul 2010 ++]

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Tax Burden for North Dakota 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 North Dakota:

Sales Taxes

State Sales Tax: 5% (food and prescription drugs exempt); 6% on lodging, 7% on alcoholic beverages. Cities or counties which have adopted home rule charters may levy additional sales and use taxes up to 2.5%.

Gasoline Tax: 23 cents/gallon

Diesel Fuel Tax: 23 cents/gallon

Cigarette Tax: 44 cents/pack of 20

Personal Income Taxes

Tax Rate Range: Low - 1.84%; High - 4.86% (Rates for single person)

Income Brackets: 5 - Lowest \$33,950; Highest \$372,950 (Rates for single person)

Personal Exemptions: ** Single - \$3,500; Married - \$7,000; Dependents - \$3,500. There is also a new marriage income tax credit with a maximum limit of \$300. State allows personal exemption as provided in the Internal Revenue Code.

Standard Deduction: Federal amount (\$5,450 - single, 10,900 - joint). State allows standard deductions as provided in the Internal Revenue Code.

Medical/Dental Deduction: Full

Federal Income Tax Deduction: *None

Retirement Income:

Retirement Income Taxes: A total of \$5,000 can be excluded from military, civil service, some state/local government, and qualified pensions, minus amount of Social Security received. Out-of-state government pensions are fully taxed. Call 701-328-3275 for more information.

Retired Military Pay: If Form ND-2 is used, an exclusion is allowed if a retiree is at least 50 years of age. The exclusion is equal to the lesser of (1) the total amount of taxable military retirement benefits reduced by any Social Security benefits received, or (2) \$5,000 reduced by any Social Security retirement benefits received. SBP benefits are taxed according to 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.

Property Taxes

All real property in the state is subject to tax by the state, counties, townships, and municipalities. Residential property is taxed as 9% of assessed value. North Dakota exempts all personal property from taxation (except certain oil and gas refineries and utilities). That means no property tax on items like office equipment, inventory, accounts receivable, or materials in process.

There is also a Homestead Tax Credit available to senior citizens (65+) or disabled persons who own or rent their home. Your income, plus the income of your spouse and any dependents, may not exceed \$26,000 for the calendar year preceding the assessment. Refer to www.nd.gov/tax/misc/faq/property or call (701) 328-3127 for details. Personal property is not taxed.

Inheritance and Estate Taxes - North Dakota does not have an inheritance tax. It was repealed in 1927 and replaced with an estate tax. There is an estate tax based on a decedent's total gross estate and limited to the credit for state death taxes allowed on the Federal 706 estate tax return.

For further information, visit the North Carolina Dakota State Tax Department site www.nd.gov/tax or call (701) 328-3275. [Source: www.retirementliving.com Aug 2010 ++]

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Congressional Alphabet: To better understand what is happening to veteran legislation as it proceeds through Congress it is useful to know the language used by our representatives as they conduct business. Following are some of the words or expressions you will see while reading about or listening to House and Senate sessions:

- **FAST-TRACK.** Refers to special expedited procedures meant to speed up the regular legislative process. Both the House and Senate must make special arrangements to set aside the regular order and use "fast-track" procedures instead. Fast-track rules have been used most often when considering trade agreements. They limit debate and prohibit, or severely restrict, amendments.
- **FEDERAL DEFICIT.** The amount by which federal expenditures exceed federal revenues.
- **FILIBUSTER.** The term used for an extended debate in the Senate which has the effect of preventing a vote. Senate rules contain no motion to force a vote. A vote occurs only once debate ends. The term comes from the early 19th century Spanish and Portuguese pirates, "filibusteros", who held ships hostage for ransom.
- **FIREWALL.** A budgetary term for the legal barrier separating defense from domestic spending. Firewalls prevent savings in one category from being applied toward increased spending in another.
- **FIRST READING.** First Reading of a bill occurs at the time of its introduction. In modern congressional practice, bills are no longer read in full at this stage, unless a member of Congress so demands. The practice stems from the old English practice when many legislators were illiterate.
- **FISCAL YEAR.** The FISCAL YEAR for the federal government begins on October 1 and ends on September 30. For example, fiscal year 1999, or "fy '99" began on Oct. 1, 1998 and ended on Sept. 30, 1999.
- **FIVE MINUTE RULE.** The rule that governs debate on amendments in the Committee of the Whole. It allows five minutes for and five minutes against each amendment. However, Members routinely extend this time.
- **FLOOR.** Refers to the chamber in the Capitol where members assemble to conduct debate and vote. Members are said to be "on the Floor" when they assemble, and "to have the Floor" when they speak.
- **FLOOR MANAGER.** The floor manager leads the effort on the House or Senate floor to debate and pass a bill, resolution, or conference report. The floor manager, usually the chairman of the committee or

subcommittee which reported the bill, controls and allocates the debate time to Members on his/her side of the issue.

- **FLOOR PRIVILEGES.** Floor Privileges allow non-members on the Floor. They are granted to only a few staff members at a time. Floor privileges are also extended to the President, Vice-President, Cabinet members, members of the other chamber, and former members.
- **FRANKING PRIVILEGES.** Franking Privileges allow members to send official mail using his/her signature instead of a stamp.
- **FRONTLOADED OR BACKLOADED.** Terms to describe the placement of changes in a multi-year budget plan. Tax or spending changes set for the first years are frontloaded. Those for the last years are backloaded.
- **THE GALLERIES.** The balconies overlooking the House and Senate chambers. Separate seating areas are provided for the public, press, staff, and family members.
- **GAO.** The General Accounting Office. It audits federal agencies and programs for Congress.
- **GERMANE.** The technical term for "relevant." Amendments are said to be germane or non-germane to a bill. The House requires germaneness of amendment at all times unless an exception is made by special rule. In most circumstances, the Senate does not require germaneness. Senate tradition permits Senators to offer amendments on any subject even if unrelated to the bill's topic.
- **GOP.** "Grand Old Party." Used for the Republican party, the term originated in the late 1870's, coined by newspaper headlines, to refer to the dominance of the Republican party. Until Franklin Roosevelt's election in 1933, Republicans had controlled the White House for 56 years, the Senate for 60 years, and the House of Representatives for 50 years.
- **GPO.** The Government Printing Office. It prints laws, bills, committee reports, etc. GPO sells these documents to the public and distributes an allotted number of them free to members.

[Source: C-SPAN Congressional Glossary Aug 2010 ++]

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Veteran Legislation Status 13 AUG 2010: The House and Senate will be in recess through 12 & 13 Sep respectively. For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111th Congress refer to the Bulletin's House & Senate Veteran Legislation attachments. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for dates that you can access your legislators on their home turf. [Source: RAO Bulletin Attachment 13 Aug 2010 ++]

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Have You Heard? Bumper Stickers Seen On Military Bases:

- Except For Ending Slavery, Fascism, Nazism and Communism, WAR has Never Solved Anything.
- U.S. Marines - Certified Counselors to the 72 Virgins Dating Club.
- U.S. Air Force - Travel Agents To Allah
- Stop Global Whining
- When In Doubt, Empty The Magazine
- Naval Corollary: Dead Men Don't Testify.
- The Marine Corps - When It Absolutely, Positively Has To Be Destroyed Overnight
- Death Smiles At Everyone - Marines Smile Back
- Marine Sniper - You can run, but you'll just die tired!
- What Do I Feel When I Kill A Terrorist? A Little Recoil
- Marines - Providing Enemies of America an Opportunity To Die For their Country Since 1775
- Life, Liberty and the Pursuit of Anyone Who Threatens It
- Happiness Is A Belt-Fed Weapon
- It's God's Job to Forgive Bin Laden - It's Our Job To Arrange The Meeting
- Artillery Brings Dignity to What Would Otherwise Be Just A Vulgar Brawl
- One Shot, Twelve Kills - U.S. Naval Gun Fire Support
- My Kid Fought In Iraq So Your Kid Can Party In College
- Machine Gunners - Accuracy By Volume
- A Dead Enemy Is A Peaceful Enemy - Blessed Be The Peacemakers
- If You Can Read This, Thank A Teacher.. If You Can Read It In English, Thank A Veteran
- Some people spend an entire lifetime wondering if they made a difference in the world. But the U.S. ARMED FORCES don't have that problem. ...Ronald Reagan

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Don't be a fool and die for your country. Let the other sonofabitch die for his.

-- **George S. Patton (1885 - 1945)** *attributed*

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