

# RAO BULLETIN

## 15 September 2010

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**Vet Insurance ~ Life Update 07:** The U.S. Department of Veterans Affairs failed to inform 6 million soldiers and their families of an agreement enabling Prudential Financial Inc. to withhold lump-sum payments of life insurance benefits for survivors of fallen service members, according to records made public through a Freedom of Information request. The amendment to Prudential’s contract is the first document to show how VA officials sanctioned a payment practice that has spurred investigations by lawmakers and regulators. Since 1999, Prudential has used so-called retained-asset accounts, which allow the company to withhold lump sum payments due to survivors and earn investment income on the money for itself. The 1 SEP 09, amendment to Prudential’s contract with the VA ratified another that had been struck between the insurer and the government 10 years earlier -- one that was never put into writing, Bloomberg Markets magazine reports in its November issue. This verbal agreement in 1999 provoked concern among top insurance officials of the agency, the documents released in the FOIA request show.

For a decade, until the contract was formally changed, Prudential wasn’t fulfilling its obligations to survivors of fallen service members, says Brendan Bridgeland, an insurance lawyer who runs the non-profit Center for Insurance Research in Cambridge, Massachusetts. “It’s very clear they violated the original terms of the contract,” says Bridgeland, who is retained by the National Association of Insurance Commissioners to represent consumers. “Every veteran I’ve spoken with is appalled at the brazen war profiteering by Prudential,” says Paul Sullivan, who served in the 1991 Gulf War as an Army cavalry scout and is now executive director of Veterans for Common Sense, a nonprofit advocacy group based in Washington. “Now vets are upset at the VA’s inability to stop Prudential’s bad behavior.” That the VA allowed Prudential to issue retained-asset accounts for 10 years while the contract required lump-sum payouts is “more evidence that the VA was asleep at the wheel for a decade,” says Sullivan, who was a project manager and analyst at the VA from 2000 to 2006. “When grieving families check the

box that they want a lump sum, they should get it. We remain disappointed and irate at the VA's failure to provide advocacy for veterans," he says.

The language of both the 1965 contract and the 2009 amendment make clear that Newark, New Jersey-based Prudential was required to adhere to the original terms until 2009, regardless of any handshake agreements in 1999, insurance lawyer Bridgeland says. The 1965 contract says any alterations must be made in writing. "No change in the Group Policy shall be valid unless evidenced by an amendment thereto," it says. "No Agent is authorized to alter or amend the Group Policy." The VA and Prudential signed a revised contract in 2007, saying it was "amended in its entirety." That contract, with the exact same words as the 1965 agreement, required that Prudential pay survivors with lump sums. The 2007 revision included the same procedures in the 1965 agreement requiring any changes be made in writing. It contained no mention of the retained-asset system, or of the verbal agreement struck in 1999.

It wasn't until 24 SEP 09, that the changes agreed to by VA official Lastowka and Prudential in 1999 were put into writing. The 2009 amendment allowing Prudential to hold onto death benefit payouts was made retroactive to 1 SEP 09, not back to 1999. By putting in writing a change that was verbally adopted 10 years earlier, the VA is effectively trying to backdate the amendment, says Jeffrey Stempel, an insurance law professor at the William S. Boyd School of Law at the University of Nevada, Las Vegas, who wrote 'Stempel on Insurance Contracts' (Aspen Publishers, 2009). "They're trying to reinvent history," Stempel says. "You really can't do that. This is a blatant giveaway by the VA with nothing for the agency or the people in uniform." Nine of every 10 survivors ask Prudential for lump-sum payments, the VA says. Prudential sends those families "checkbooks" instead of checks. Documents released in the FOIA request show some signs of concern within the VA after Prudential proposed the retained-asset accounts in 1998. Lastowka, the official who allowed Prudential to introduce the Alliance Accounts, said that the insurer's "checkbook" system wasn't protected by the FDIC. [Source: Bloomberg David Evans article 14 Sep 2010 ++]

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**Veterans' Court Update 06:** On 13 SEP, a Los Angeles Superior Court judge will start hearing criminal cases against military veterans charged with nonviolent felonies. The pilot program is meant to give a second chance to veterans who may have gotten into trouble in part due to conditions related to their service, such as post-traumatic stress syndrome, brain injuries and other mental conditions. Orange County has a similar program, which mirrors other veteran courts that have sprung up across the nation. "This is long overdue," Los Angeles Superior Court Judge Michael Tynan (who will preside over the court) said. "Everybody's concentrating on soldiers right now returning from Afghanistan and Iraq, but I'm not sure that these guys are getting the kind of care they ought to get." The veterans' court will start with a maximum of 50 cases at the Clara Shortridge Foltz Criminal Justice Center in downtown Los Angeles. All military personnel will be eligible. Many of the cases are expected to be drug and alcohol-related. Research suggests that veterans often self-medicate to numb the pain of war experiences. Tynan now oversees the county's drug court, also a specialty unit intended for those whose crimes are primarily a result of addiction. The idea is get the defendant into treatment, as opposed to a jail cell.

Some defendants may be referred to Veterans Affairs, which runs outpatient and clinical care facilities in Long Beach, Lancaster and West Los Angeles. Veterans will be supervised for a set period. If they violate conditions of the court, the severity of penalties will increase. The first court of the kind was started in Buffalo, N.Y., in 2008, and so far none of the veterans who completed the program committed new crimes, officials said. Federal lawmakers are looking to pass legislation that would provide funding for treatment and court costs. The VA estimates that 131,000 veterans are homeless on any given night, a situation caused largely by mental illness and substance abuse. Torrance-based Deputy District Attorney John Lonergan, a colonel in the Army reserves, helped set up the local pilot program for veterans. He said, "These men and women are pulled away from their families for a year or more. They are under constant stress, under the microscope, and they come back and face broken marriages and other

difficulties. ... People are finally recognizing the need to treat these individuals. We don't want to relive these issues from Vietnam." [Source: myFoxla.com article 13 Sep 2010 ++]

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**US Misery Index:** The misery index was initiated by economist Arthur Okun, an adviser to President Lyndon Johnson in the 1960's. It is simply the unemployment rate added to the inflation rate. It is assumed that both a higher rate of unemployment and a worsening of inflation both create economic and social costs for a country. A combination of rising inflation and more people out of work implies a deterioration in economic performance and a rise in the misery index. You don't need the U.S. Misery Index to tell you that things are bad in the U.S. Unemployment is near or at all-time highs in many parts of the country, foreclosures continue to happen at unprecedented rates and there are some very real indicators that we are heading toward a double-dip recession. Some of us should count our lucky stars, however. In certain U.S. cities, life is much worse for residents than in other areas of the country. Using a variety of criteria, including unemployment rates, health data, the number of foreclosures, crime statistics, climate and other measures of misery, WalletPop came up with its unofficial list of the 10 worst cities to live in. This list is far from comprehensive, but there are some significant reasons why these cities made the cut:

**1. El Centro CA.** Lose your job in El Centro and it may be quite some time before you find another one. One in four people here are out of work and the city holds the not-so distinguished honor of having the highest unemployment rate (27.5%) in the country (close behind is Yuma AZ at 27.2%). The desert city, which is located in Imperial County just across the border from Mexicali, has a jobless rate triple the national average of 9.5% thanks to the seasonal fluctuations of field laborers. Field work is the county's third-largest employment sector after government, transportation and utilities, according to AOL News. Even with the ebb and flow of its working population, things are still pretty bleak in El Centro. Last year, the city's cemetery went into foreclosure.

**2. Cleveland OH:** The U.S. Census estimated that 2,658 people left the city in 2009, the largest numerical drop among America's major cities. Forbes also put it atop its list of most miserable U.S. cities, factoring in its high unemployment (although at 9.1% it's below the national average), high taxes, lousy weather, political corruption and lousy sports teams. Weather is a big factor, according to Forbes. Located on the south shore of Lake Erie, it gets hit by lake-effect snow, averaging almost 60 inches every winter. Its frigid winters help produce an average annual temperature of only 50 degrees, 10 degrees below the average of the 50 cities measured by Forbes. Nicknamed the "Mistake by the Lake," Cleveland ranked near the bottom when looking at corruption on the Forbes list. "Northern Ohio has seen 309 public officials convicted of crimes over the past 10 years," according to the Forbes story, which cites data from the Justice Department. "A current FBI investigation of public officials in Cuyahoga County (where Cleveland is located) has ensnared more than two dozen government employees and businessmen on charges including bribery, fraud and tax evasion." Cleveland also ranks in the top third of all metro areas for foreclosure rates. The city has thousands of abandoned homes, in part because it provided down payments through the federally-funded Afford-a-Home program to many people who could not afford their mortgage payments.

**3. Detroit MI:** America's most dangerous city, with 1,220 violent crimes per 100,000 people, according to violent crime statistics from the FBI's latest uniform crime report, issued in 2008. It's heavy reliance on the stumbling auto industry hasn't helped matters much. Motown also boasts high foreclosure and unemployment rates. As a result home prices have nosedived. Just last year you could buy a home in Detroit for \$10,000. Foreclosures in metro Detroit were up 35% in the first six months of this year, compared to the same time in 2009. Vacant homes and blight are so bad that the city recently imposed a new ordinance requiring banks and homeowners to register their property with the city for a \$25 annual fee. Even the city's office vacancy rate is high, with a 30% rate that leads the

nation. While Forbes names the Detroit metro area -- which has a 13.7% unemployment rate -- as one of the worst spots to find employment, job growth is expected to rebound as the auto industry starts to recover.

**4. Las Vegas NV:** Las Vegas was one of the hardest hit cities when the housing bubble burst. In fact, the metro area was at the epicenter of the mess, with the highest foreclosure rate in the country in 2009, according to a report on by RealtyTrac. So many homes are empty that some neighborhoods either have no one around or one lone resident. Nationwide, 2.21% of housing units received a foreclosure filing in 2009, compared to 12% in Las Vegas. Those who have hung onto their homes are likely underwater on their mortgages -- meaning their mortgages are worth more than their homes. During the first quarter of 2010, home prices in Las Vegas continued to fall. Prices in the metro area have fallen more than 50% from their peak in AUG 06, the Associated Press reports.

**5. Oklahoma City OK:** The unhealthiest city in the country, as measured by the American College of Sports Medicine's annual fitness index. The index looks at 30 fitness indicators, including obesity and exercise rates, death rate from cardiovascular disease, acres of park land, number of primary care physicians per capita and percentage of residents who bicycle or walk to work. The index compares the 50 largest metro areas on a 100-point scale; Oklahoma City received a score of 24.3, making it the most sluggish city in the U.S. The obesity rate is 30.2%, four points above average. It has an exercise rate of 71% and has half as many baseball diamonds, recreation centers and dog parks as most cities. Detroit and Las Vegas also performed poorly on the fitness index.

**6. Los Angeles CA:** The metro area that stretches from Long Beach to Riverside has the worst ozone pollution in the country, according to the American Lung Association's State of the Air report for 2010. It is ranked third in year-round particle pollution, and fourth in short-term particle pollution. Ozone is the byproduct of pollutants released by cars, chemical plants, refineries, and other sources. It exists naturally in the upper atmosphere of the Earth, but when emitted at ground level, it's considered a harmful outdoor pollutant. Inhaling ozone can cause wheezing, coughing, chest pain, throat irritation, congestion, and can make people more susceptible to respiratory illnesses such as bronchitis and pneumonia, according to the U.S. Environmental Protection Agency. Think about that next time you drive in Los Angeles, which also lays claim the worst traffic in the country.

**7. Phoenix AZ:** Beyond the controversial immigration measure, Arizona 's housing market still remains a mess. According to RealtyTrac's latest foreclosure report, Phoenix and its surrounding area remains among the top 10 worst metro markets when it comes to foreclosures. However, in May, foreclosure activity in the city was down 9% from May 09, offering a tiny sliver of hope. Phoenix also ranks poorly among metro areas in per capita income growth. Between 2007 and 2008, the city's income growth shrank 1.4%, the nation's worst one-year loss. For year-round particle pollution from freeways, power plants and other sources, Phoenix is the worst city in the country.

**8. Newark NJ:** Newark has been likened to Detroit, but with its own political and social dysfunction. More than a quarter of its population lives below the poverty line, the state has the most Superfund toxic-waste sites in the nation, and Newark Mayor Cory Booker is trying to close a \$70 million budget deficit by cutting items like toilet paper. Non-uniformed city workers will soon start working four-day workweeks. Booker has said he won't raise taxes. While crime in the city has been reduced, it still remains a major issue.

**9. Miami FL:** Detroit is listed by Children's Health magazine as being the worst place to raise a family, but right behind it is Miami . If a city isn't a good place to raise a family, that likely means its also a terrible place to live. Factors the magazine used to come to its conclusions, included crime and safety, education, economics, housing, cultural attractions, and health. According to RealtyTrac, Miami has seen close to 40,000 foreclosures, making it one of the most active markets when it comes to people abandoning their homes. Crime is also a problem. Neighborhood Scout reports that Miami has one of the highest crime rates in the country, with a one in twelve chance that a resident will become a victim of a property or violent crime. Making things even worse, the city not only has some of the worst drivers in the country, but it also has some of the worst commuting times.

10. **Memphis TN:** Memphis has one of the worst violent crime rates in the country, and FBI, the city had the second-worst rate of violent crime. NeighborhoodScout, which tracks crime and other factors in various cities and neighborhoods said, "One's chance of becoming a victim of either violent or property crime here is one in 10. Within Tennessee more than 90% of the communities have a lower crime rate than Memphis." As for political corruption, reportedly nearly one public official per month over the last decade has been charged with public corruption. [Source: [www.miseryindex.us](http://www.miseryindex.us) & WalletPop <http://srph.it/cUWyYi> Aaron Crowe article 5 Aug 2010 ++]

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**Social Security Reset Option:** A relatively unknown Social Security loophole may soon be eliminated by the Social Security Administration (SSA). This loophole, known as the Social Security "do-over" or "reset" option, allows Social Security recipients to withdraw their original application for benefits and to refile for benefits at later age. The logic behind the "do-over" or "reset" option is that it allows a Social Security recipient who at an earlier age (as early as age 62) started receiving monthly benefits to pay back to the SSA all previously received benefits (with no interest and penalties) in order to refile for benefits at a later age. By re-filing at a later age, the recipient will receive a larger monthly check for life. Current Social Security recipients who are considering the payback option should decide as soon as possible as to whether or not they want to take advantage of this opportunity. This is because the SSA is considering terminating the "do-over" option. If the SSA is successful, the "do-over" option could be eliminated within a few months. Under SSA's proposed rules to modify the "do-over" option, Social Security recipients would be permitted to withdraw their application for benefits only once during their lifetime and only within 12 months of when they first began receiving benefits. If they change their mind within the first year, they could stop their benefits, pay back what they had received, and then restart their benefits at a later date and at a higher level based on their age at that time. But once the 12 month deadline has passed, they would no longer be eligible to repay benefits in order to receive a higher benefit at a later age.

Not every Social Security recipient will benefit from the "do-over" option, however. Those recipients who are considering it will likely need a large amount of available cash in order to repay their previously received Social Security benefits. To fully understand the issues involved with a "do-over" strategy, it is important to review the rules with respect to individual eligibility requirements and filing options for Social Security retirement benefits. Any individual with at least 40 credits of Social Security is eligible to collect Social Security retirement benefit starting as early as age 62. But claiming monthly benefits at age 62 will reduce one's benefits by as much as 20 to 30% compared to what the monthly benefit would be if benefits were claimed at full retirement age (FRA) Those individuals deciding to wait past their FRA to start receiving benefits can boost their benefits by as much as 8% for every year they delay the start of benefits until they reach age 70, potentially increasing annual benefits to as much as 132% their base amount. Before deciding to pay back past Social Security monthly retirement benefits, there are some issues that recipients need to consider regarding the consequences of the payback decision, including:

- The recipient must pay back all previously-received benefits received -- this includes benefits received by the recipient, the recipient's spouse, children or any other individual who received benefits based on the recipient's original decision to receive benefits. Also, anyone who received benefits based on the recipient's original decision must also consent in writing to the request for withdrawal of benefits.
- In addition to the monthly Social Security benefit having to be repaid in full, the following items that were possibly withheld from Social Security monthly benefit checks will also have to be repaid: Medicare Part B and Part D premiums; voluntary tax withholding of federal income taxes for all years prior to the current year; garnishments including child support or alimony obligations, IRS levies to collect unpaid federal income taxes, other federal agency collections of money to pay a non-tax debt owed to that agency according to the Debt Collection Act of 1996; and under the Mandatory Victim Restitution Act, certain civil penalties that provide the right to garnish benefits under 18 USC 3613.

- A recipient who previously received Social Security benefits and who paid federal income taxes (and in some states, state income taxes) on these benefits will not have to amend previously filed income tax returns upon paying these benefits. Instead, for federal income tax purposes the individual would claim an "other miscellaneous itemized deduction" on Schedule A for the year(s) the benefits were refunded or submit a claim a tax credit for the tax paid on Social Security benefits received in previous years. The latter calculation involves complex calculations. IRS Publication 915 (Social Security and Railroad Retirement Benefits), available for download at <http://www.irs.gov>, should be obtained for more information and guidance. In particular, the section titled "repayments more than gross benefits" discusses what needs to be done when there is payback of benefits received in previously years. In case of state income taxes that were paid on previously received benefits, the recipient should contact his or her state department of revenue for
- Those recipients who are already enrolled in Medicare Parts A and B could terminate their Medicare coverage but they do not have to. But in withdrawing from Medicare Part B, recipients need to note that unless they are employed and their employer offers health insurance, they will be penalized when they re-enroll in Medicare Part B during a future Medicare Part B "open season" (each year from January 1 through March 31) - in particular, their premiums will increase by 10 percent for every year they delay their Part B enrollment. Recipients who keep their Medicare Parts A and B will be billed by the Centers for Medicare and Medicaid Services (CMS) for future Part B premiums.

Needless to say, a recipient who wants to repay his or her past benefits will likely need to have access to a hefty sum of cash in order to pay all previously-received benefits. This includes all benefits SSA has previously paid to the recipient and if applicable, to the recipient's spouse and to other family members. Actuarial research shows that in order to make the Social Security repayment "pay for itself," a recipient would have to live for at least 12 to 16 years after the higher monthly payments start. Those individuals with a terminal illness and whose life expectancy is short generally will therefore not benefit from the "do-over" option. This is because they will not likely recoup in added monthly benefits the cost of having to repay benefits already received. Also - and perhaps most important - those recipients who want to leave a substantial legacy to heirs should probably avoid the "do-over" option. The reason: the added Social Security monthly benefits cease at the recipient's or the recipient's spouse's death. Adult children will not receive any Social Security survivor benefits at the recipient's death. On the other hand, any cash remaining at the recipient's death that would have been used to perform a "do-over" could be left in the form of a legacy to surviving children.

In order to perform a "do-over" and to repay past benefits, Form SSA-521, downloadable from the SSA website <http://www.ssa.gov>, must be filled out and submitted to the SSA. Note that included on Form SSA-521 is a question in which the SSA asks the recipient of benefits for a reason why he or she is withdrawing his or her application. A response such as that "I need higher monthly income" is usually acceptable to the SSA as a valid reason. Once the form is completed and submitted to the SSA, the SSA will notify the recipient when monthly benefits will cease and the amount of benefits to be repaid. [Source: My Federal Retirement Edward A. Zurndorfer article 10 Sep 2010 ++]

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**Alcohol Abuse Update 01:** Drinking two or three glasses of wine, beer or cocktails daily helped older adults live longer than teetotalers in a study. Research on 1,824 adults ages 55 to 65 found that moderate and heavy drinkers were less likely to die than abstainers over 20 years, said scientists at the University of Texas in Austin and Stanford University in Palo Alto, California. Moderate drinkers were defined as having one to two a day while heavy drinkers had three or more daily, according to the study in the journal *Alcoholism: Clinical & Experimental Research*. The results refuted a common criticism of previous findings that results were skewed when researchers included former problem drinkers with poor health in the abstainers group. The results held up even after excluding results from past problem drinkers those with poor health status such as obesity, the authors said. "Importantly, any

health-protective effects of alcohol appear to be limited to regular moderate drinking,” wrote the study authors, led by Charles Holahan, a psychology professor at the University of Texas. “Heavy episodic drinking -- even when average consumption remains moderate -- is associated with increased cardiovascular risk.”

Overall, older adults who didn’t drink at all had a 49% greater risk of dying during the 20 years of the study than those who drank moderately, the researchers found. Heavy drinkers had a 42% increased risk of dying compared with moderate drinkers, the study found. The results also showed that moderate drinkers lived longer than light drinkers, defined as those drinking an average of less than one drink per day. One or two drinks may be beneficial, though “older persons drinking alcohol should remember that consuming more than two drinks a day exceeds recommended alcohol consumption guidelines,” and may lead to more falls, a greater risk of alcohol abuse and side effects from medications, Holahan said in a statement. The study is published online and will be in the print edition of the journal’s November issue. The research was funded by National Institute on Alcohol Abuse and Alcoholism and the U.S. Department of Veterans Affairs. [Source: Bloomberg David Olmos article 30 Aug 2010 ++]

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**Alcohol Abuse Update 02:** A new study says obesity caused by heavy drinking can add to brain damage caused by drinking itself. Researchers examined the findings of different types of brain scans conducted on 54 men in an alcohol treatment program and compared them with each man's body mass index (BMI). BMI is a measurement that takes into account a person's height and weight. The study findings appear online and in the December print issue of *Alcoholism: Clinical & Experimental Research*. "It is commonly believed that it is the large amount of consumed alcohol by itself that leads to brain injury in alcoholics," principal investigator Dieter J. Meyerhoff, a professor of radiology at the University of California, San Francisco and San Francisco VA Medical Center, said in a journal news release. "This is only partly correct. In previous studies, we have shown that alcoholics who smoke cigarettes have greater brain injury than nonsmoking alcoholics. This new study suggests that a high BMI, independent of drinking and smoking, is also associated with brain injury," Meyerhoff said. "In other words, weight also is related to brain health among those with alcoholism," Susan F. Tapert, a professor of psychiatry at the University of California, San Diego, and director of substance abuse/mental illness in the VA San Diego Healthcare System, said in the news release. "BMI may be a very important factor to consider when examining other potential consequences of alcohol use. Since individuals who consume substantial amounts of alcohol are at risk for obesity, it is important to understand the influence of body fat deposition on the measures we are examining. It could be that metabolic changes resulting from or causing obesity cause harm to the brain, at least among alcoholics," Tapert said. [Source: Bloomberg Business Week HealthDay News article 9 Sep 2010 ++]

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**COLA 2011 Update 05:** Amid a shaky economy and high jobless rates, military retirees are growing worried about the possibility of a second straight year with no cost-of-living adjustment in retired pay. Calculating the annual retiree COLA is complicated, even under “normal” conditions — and the fact that retirees saw no adjustment this year for the first time in a generation complicates the situation further. The COLA is a cumulative calculation based on a year-to-year comparison of the average inflation rate over the final quarter of each fiscal year, July through September. This comparison is done by the Bureau of Labor Statistics using what’s called the Consumer Price Index for Urban Wage Earners and Clerical Workers, or CPI-W. The reason there was no COLA increase this year is because the CPI-W did not increase from the final quarter of fiscal 2008 to the final quarter of fiscal 2009. In such situations, the law says the starting point for calculating a possible 2011 COLA remains the last quarter of fiscal 2008. The Military Officers Association of America notes that after the deflation of 2009, the July 2010 value of the CPI-W is still down 0.7% from the fiscal 2008 final-quarter index. In other words, we’re still in a

COLA “hole.” For retirees to see even a small adjustment in 2011, inflation would have to rise about 1 percentage point in both August and September, MOAA says — an unlikely prospect.

Regardless of what the overall inflation trends indicate, retirees are noticing that living costs continue to increase, particularly health care costs. Perhaps it’s time for a discussion about using a different index for calculating the retiree COLA, such as the Experimental Price Index for the Elderly. The CPI-E is geared to people ages 62 and older, and studies have shown that because it measures a different mix of goods and services, it tends to slightly outpace both the CPI-W and the Consumer Price Index for All Urban Consumers. Obviously, many military retirees are younger than 62. But maybe there’s an argument to be made that it’s worth basing the annual COLA on the CPI-E to help retirees who need it most — those no longer working and living on fixed incomes. If inflation continues to run flat and the possibility of a second year of no COLA edges closer to reality, it will be interesting to see what happens over the next few months as lawmakers campaigning for re-election face hard questions from angry Social Security recipients and military retirees. [Source: [NavyTimes Alex Keenan article 13 Sep 2010 ++]

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**VA Presumptive VN Vet Diseases Update 12:** Sweeping new presumptions about what medical conditions in Vietnam veterans are the result of exposure to the herbicide Agent Orange could lead to benefits for up to 250,000 more veterans. But the \$42.2 billion expansion of disability compensation and medical treatment is raising questions about just how generous the federal government should be. About 90,000 veterans or survivors could receive retroactive benefits by the end of October, covering an average of almost 12 years of back pay, under the new policy announced 31 AUG in a Federal Register notice implementing a decision made last fall by Veterans Affairs Secretary Eric Shinseki. Another 150,000 veterans are expected to apply for benefits that, if approved, would take effect the day of their application. The new rules add Parkinson’s disease, hairy cell and chronic B cell leukemia, and ischemic heart disease to the list of illnesses presumed to be service-connected in Vietnam veterans.

VA officials expect the average disability ratings to be 100% for Vietnam veterans with Parkinson’s disease or the two forms of leukemia, and 60% for those with ischemic heart disease. Disability benefits will not be paid for 60 days — not before 30 OCT— because the new presumptions represent a major change in policy that requires giving Congress time to react. The national commander of AmVets, a major veterans service organization, said he hopes Congress goes along. “AmVets now urges Congress to approve VA’s guidelines so that veterans can start to receive the care and benefits they deserve,” Jerry Hotop said. While VA officials consider it unlikely Congress would block the change, the Senate Veterans’ Affairs Committee will hold a hearing 23 SEP to discuss the expanded benefits, with two particular concerns being raised: the overall costs of the policy change and the inclusion of ischemic heart disease — a condition faced by many older Americans who never served in Vietnam. VA officials acknowledge the heart ailment is common among older Americans as a result of high cholesterol, smoking and other factors, raising the possibility that some Vietnam veterans may have this ailment because of post-service factors that have nothing to do with Agent Orange. But VA defended including the benefit, noting that five separate studies have shown a link between exposure to the herbicide and the heart disease. Because it is impossible to determine the origin of the disease, VA policy errs on the side of veterans, said Bradley Mayes, director of VA’s Boston Regional Office and the former compensation and pension service director who worked on the new Agent Orange rules.

The end result, Mayes said, is that veterans must show only that they have qualifying service and that they have a medical condition associated with exposure to Agent Orange. Rick Weidman of Vietnam Veterans of America, a group that has been pushing for expanded Agent Orange benefits, says the cost of providing disability compensation and health care for veterans exposed to the herbicide should be considered a cost of war. Cost is an issue for some people, especially after former Wyoming Republican Sen. Alan Simpson, cochair of the Commission on Fiscal Responsibility and Reform that is studying ways to reduce federal spending and the national debt, focused on an

Associated Press report that shows diabetes is the chief disability claimed by Vietnam veterans, accounting for about \$850 million a year in compensation. Simpson, an Army veteran and former chairman of the Senate Veterans' Affairs Committee, called it an "irony" that "veterans who saved this country are now, in a way, not helping us to save the country in this fiscal mess." Those remarks sparked angry reactions from some Vietnam veterans. There is no indication that Simpson is urging the so-called Debt Commission to include any Agent Orange-related recommendations in its report, expected in December, but the panel has been looking at the overall cost of military and veterans' benefits. [NavyTimes Rick Maze article 13 Sep 2010 ++]

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**Military Funeral Disorderly Conduct Update 14:** A federal judge overturned Nebraska's ban on flag mutilation 2 SEP, clearing the way for Kansas church protesters to continue trampling on the U.S. flag when they protest at military funerals. The ruling from U.S. District Judge Richard Kopf said the law can't be applied as long as Megan Phelps-Roper and fellow members of the Westboro Baptist Church "otherwise act peacefully while desecrating the American or Nebraska flag during their religiously motivated protests." It was unclear whether the ruling applied only to the church members or to everyone in Nebraska. An earlier temporary block of the law applied only to Phelps-Roper. Attorney General Jon Bruning indicated he would not fight to save the law, which closes the case. [NavyTimes article 13 Sep 2010 ++]

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**Pat Tillman Documentary:** The organization that runs the movie theaters on Navy and Marine Corps installations is following the decision by Army and Air Force installations in declining to show "The Tillman Story" in their movie theaters. The Navy Motion Picture Service, which provides movies to theaters on Navy and Marine Corps bases, "do not support and show documentaries at the military theaters," said Rachele Logan, a spokeswoman for Navy Installation Command. The Army and Air Force Exchange Service (AAFES) operate the theaters on Army and Air Force bases. AAFES officials said 2 SEP that at least for the time being, they will not show the movie. "The Tillman Story" does not portray the Army and Defense Department in a positive light. It is the story of Pat Tillman, who left a million-dollar career as a safety for the NFL's Arizona Cardinals to join the Army in 2002. Tillman was killed in Afghanistan in 2004. The Army initially said Tillman was gunned down while fighting the enemy and awarded him a Silver Star. For more than a month, officials withheld from his family and the public the fact that he was shot by friendly fire. Investigators still have not uncovered exactly who killed Tillman. The "The Tillman Story" was released 20 AUG in just four movie theaters across the whole country, a fact cited by AAFES in justifying their decision. Since that time, "The Tillman Story" has opened in additional theaters in New York, Los Angeles, San Francisco, Washington, D.C. and nine other cities. On 10 SEP it was shown in 14 cities and it will open in an additional five cities by 17 SEP. [Source: TREA Washington Update 10 Sep 2010 ++]

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**PTSD Update 54:** Thousands of troops suffering from PTSD have received Seroquel (a potent anti-psychotic drug) over the past nine years, helping make Seroquel one of Veteran Affairs top drug expenditures and the No. 5 best-selling drug in the nation. But several soldiers and veterans have died while taking the pills, raising concerns among some military families that the government is not being upfront about the drug's risks. They want Congress to investigate. Iraq veteran Andrew White, whose doctors recommended progressively larger doses of Seroquel, was at one point prescribed more than 1,600 milligrams per day -- more than double the maximum dose recommended for schizophrenia patients. According to his father Stan White, "He was told if he had trouble sleeping he could take another [Seroquel] pill." A short time later, White died in his sleep. A VA investigation

concluded that White died of a rare drug interaction. He was also taking an antidepressant and an anti-anxiety pill, as well as a painkiller for which he did not have a prescription. Inspectors concluded he received the 'standard of care' for his condition. It's unclear how many soldiers have died while taking Seroquel, or if the drug definitely contributed to the deaths. At least a half-dozen deaths among soldiers on Seroquel have been confirmed and it is possible there are many others. Spending for Seroquel by the government's military medical systems has increased more than sevenfold since the start of the war in Afghanistan in 2001, according to documents obtained by the Associated Press under the Freedom of Information Act. That by far outpaces the 34% growth in personnel who have gone through the system in that time.

Seroquel is approved to treat schizophrenia, bipolar disorder and depression, but it has not been endorsed by the Food and Drug Administration as a treatment for insomnia. However, psychiatrists are permitted to prescribe approved drugs for other uses in a common practice known as "off-label" prescribing. But the drug's potential side effects, including diabetes, weight gain and uncontrollable muscle spasms, have resulted in thousands of lawsuits. While taking Seroquel, White gained 40 pounds and experienced slurred speech, disorientation and tremors - all known side effects. Last year, researchers at Vanderbilt University published a study suggesting a new risk: sudden heart failure. The study in the JAN 09 edition of the New England Journal of Medicine found that there were three cardiac deaths per year for every 1,000 patients taking anti-psychotic drugs such as Seroquel. Seroquel's unique sedative effect sets it apart from others in its class as the top choice for treating insomnia and anxiety. AstraZeneca PLC, maker of the drug, said it is reviewing the study. The FDA is conducting its own review, citing the limited scope of the Vanderbilt study. The drug, approved in 1997, is their second-best-selling product, with U.S. sales of \$4.2 billion last year. But that success has been marred by allegations that the company illegally marketed the drug and minimized its risks. AstraZeneca agreed to pay \$520 million in April to settle federal allegations that its salespeople pitched Seroquel for numerous off-label uses, including insomnia. Off-label use is the practice of prescribing pharmaceuticals for an unapproved indication. Pharmaceutical companies are prohibited from marketing drugs for unapproved uses. AstraZeneca also faces an estimated 10,000 product liability lawsuits, most alleging that Seroquel caused diabetes

Seroquel has been VA's second-biggest prescription drug expenditure since 2007, behind the blood thinner Plavix. The agency spent \$125.4 million last fiscal year on Seroquel, up from \$14.4 million in 2001. Spending on Seroquel by the Defense Department had increased to \$8.6 million last year, according to purchase records. According to VA, Seroquel is only prescribed as a third or fourth option for patients with difficult-to-treat insomnia stemming from PTSD. The Defense Department's deputy director for force health protection, Michael Kilpatrick, said the government has not seen any increase in dangerous side effects from Seroquel and other drugs. Physicians interviewed by the AP said they began prescribing Seroquel because it was the only drug that offered relief from the nightmares and anxiety of PTSD. "By accident, some people were giving them Seroquel for anxiety or depression, and the veterans said, 'This is the first time I have slept six or seven hours straight all night. Please give me more of that.' And the word spread," said Henry Nasrallah of the University of Cincinnati, who has treated PTSD patients for more than 25 years. Most of the soldiers and veterans seeking treatment for PTSD do so at hospitals run by VA or the Defense Department. [Source: Washington Post Matthew Perrone article 5 Sep 2010 ++]

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**PTSD Update 55:** Recently a judge extended the deadline for a class action lawsuit that hopes to get monetary compensation for veterans who suffered Post Traumatic Stress Disorder (PTSD) from their service in the wars in the Middle East. The extension would allow more veterans to sign on to the pending litigation. The lawsuit was brought on behalf of Operation Enduring Freedom and Operation Iraqi Freedom veterans by the National Veterans Legal Services Program and pro-bono counsel. Military veterans who were discharged between 17 DEC 02 and 14 OCT 08, may be eligible to join the class-action lawsuit Sabo, et. al. vs. U.S. The deadline to sign-up is 10

NOV 2010. For more information on how to sign-up, refer to the ptsdlawsuit.com website. [Source: NAUS Weekly Update 10 Sep 2010 ++]

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**Prescription Drug Disposal Update 02:** On 25 SEP 2010, DEA will coordinate a collaborative effort with state and local law enforcement agencies to remove potentially dangerous controlled substances from our nation’s medicine cabinets. Collection activities will take place from 10:00 a.m. through 2:00 p.m. at sites established throughout the country. The National Take-Back Day provides an opportunity for the public to surrender expired, unwanted, or unused pharmaceutical controlled substances and other medications for destruction. These drugs are a potential source of supply for illegal use and an unacceptable risk to public health and safety. This one-day effort is intended to bring national focus to the issue of increasing pharmaceutical controlled substance abuse. To locate a collection center near you go to [www.dea diversion.usdoj.gov/takeback](http://www.dea diversion.usdoj.gov/takeback) and click on "Find collection site(s) near you". Then either enter you zip code or your city & state. Guidelines for the turn-in are;

- The program is anonymous.
- Prescription and over the counter solid dosage medications, i.e. tablets and capsules accepted.
- Intra-venous solutions, injectables, and needles will not be accepted.
- Illicit substances such as marijuana or methamphetamine are not a part of this initiative.

[Source: DEA Office of diversion Control notice Sep 2010 ++]

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**DoD Benefit Cuts Update 04:** Earlier this year, retired Marine Corps Maj. Gen. Arnold Punaro chaired a panel that helped pave the way for a series of cost-cutting measures at the Pentagon, including efforts to cut overhead and dependence on outside contractors. Now he’s taking aim at something more sacrosanct: Compensation for service members, military retirees and their families. In a speech 3 SEP at the Center for Strategic and International Studies, Punaro said the DoD had become wedded to “GM-style fringe benefits” such as taxpayer-subsidized grocery chains and low out-of-pocket healthcare costs, but added there was a longstanding reluctance to tackle the issue head-on. “There’s been a real reluctance not only to debate these trends, but to even talk about them publicly,” Punaro said. “So there needs to first be recognition of just how much these costs are – and then the nation’s leaders in the Pentagon and Congress need to determine if they are going to put their hands on the helm, or if they are just going to put it on autopilot.” While Punaro said he was speaking in a personal capacity, his remarks are likely to resonate through the Washington and the military community. One audience member joked before asking a question that he “felt a couple of lightning bolts hit the room.”

Punaro described long-term personnel costs as part of a “ticking time bomb” for national security that included rising deficits and ballooning overhead costs in the Department of Defense. According to Punaro, the “fully loaded” annual cost for a mid-career service member on active duty, including benefits and other costs, has more than tripled over the past decade, from around \$80,000 at the beginning of the administration of George W. Bush to nearly \$250,000 a year today. If current trends continue, Punaro said, “The Obama administration will spend more on defense in a single four-year term than since World War II.” Punaro is a member of the Defense Business Board, an independent federal advisory body, and was appointed by Secretary of Defense Robert Gates to lead a task force charged with reducing overhead spending in the Pentagon. The board recently issued a report that recommended the Pentagon trim bloated staffs, eliminate redundant layers of management and get a grip on contractor headcounts. One of its chief recommendations — elimination of Joint Forces Command, a headquarters organization based in Norfolk, Va. – was backed by Secretary of Defense Robert Gates. And Punaro, who is also chief executive of a strategy firm, ended with a provocative soundbite. “The Defense Department should be about putting bayonets in

the heart of a terrorist, or in the heart of a North Korean,” he said. “It shouldn’t be about waving a commissary card. That’s why we have a Department of Defense.” [Source: Wall Street Journal Nathan Hodge article 3 Sep 2010 ++]

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**Military Stolen Valor Update 23:** The American Combat Veterans of War (ACVOW) protested a decision by the Veterans Affairs hospital in La Jolla California to allow a former Marine sergeant to act as a volunteer as part of his community service after pleading guilty to wearing a general's uniform and medals that he did not earn. ACVOW co-founders William Rider and Michael Sloan said the presence of David Weber at the hospital as a volunteer was disrespectful to veterans. "Veterans, particularly combat veterans, have very strong feelings about how ribbons and rank are worn and consider his actions extremely disrespectful," the two wrote in a letter delivered this week to Lorelei Winn, director of volunteer services at La Jolla VA Medical Center. "We are very proud of those in our ranks who have earned their stripes." Weber, 69, pleaded guilty in January in San Diego federal court to a misdemeanor violation under the Stolen Valor Act, which makes it a crime to wear unearned military ribbons or rank. He served in the Marine Corps from 1958 to 1967 and left as a staff sergeant. In recent years, however, he had embellished his service record by bragging about being on clandestine intelligence missions and being promoted to general. His unmasking came when he attended -- wearing the rank of a two-star general -- an event last fall in Ramona celebrating the anniversary of the Marine Corps' founding. Weber was sentenced to three years' probation and 240 hours of community service. He told the North County Times that he was a greeter at the hospital and had not told any tall tales about his military service. "I haven't been telling anyone anything," he told the newspaper. "The only thing I did is to say good morning or good afternoon." Weber may prove to be one of the last people charged under the Stolen Valor Act. Two courts, in separate cases, have ruled it an unconstitutional infringement on free speech. On 10 SEP as a result of the concerns of the ACVOW, it was reported that the Veterans Administration in La Jolla terminated the services of David Weber. [Source: San Diego North County Times Tony Perry article 8 Sep 2010 ++]

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**Veteran College Tips:** Dorothy Gillman, vice president of the National Association of Veterans' Programs Administrators (NAVPA) and veteran’s administrator at Ramapo College of New Jersey, has provided following tips to returning veterans embarking on a college career:

1. **Start by applying.** Whether you are a first time college student or a transfer student, you must fill out an application. Go to the school's website to find the requirements and deadlines. Provide transcripts and test scores as needed and your DD-214 for credits you might have earned while in the service. Take a tour of the campus—either on the web or in person. If you don't know where you want to go, one of the places to help you decide what college or university best suits your needs is [www.military.com](http://www.military.com). For a list of questions to ask on College Campus Tours refer to [www.usnews.com/education/best-colleges/articles/2010/04/02/questions-to-ask-on-college-campus-tours.html](http://www.usnews.com/education/best-colleges/articles/2010/04/02/questions-to-ask-on-college-campus-tours.html) .
2. **Meet the Veterans Administrator.** You are entitled to GI Bill Education Benefits. You want to use them ... now what? Find the Veterans Office on campus and introduce yourself. Staff at this office will explain and guide you through the give-and-take process to receive your benefits. You will be asked to provide various documents and complete different forms so your enrollment can be certified to the VA.
3. **Get your GI benefits.** There is a wide a variety of education benefits offered by the Veterans Administration, including the new Post 9/11 GI Bill, the Montgomery GI Bill, the Yellow Ribbon Program, Transfer of Benefits, and Veterans Vocational Rehab, to name a few. Additionally, individual states offer varying opportunities to National

Guardsmen (some of the benefits come with different levels of eligibility). Whether you are a reservist, in the National Guard, or on active duty, you should check the VA website or discuss your benefits with the school's Veteran's Administrator. You can find a wealth of information as well as the application for benefits at the GI Bill website [www.gibill.va.gov](http://www.gibill.va.gov).

4. **Apply for financial aid.** All students can apply for financial aid by filling out the Free Application for Federal Student Aid (FAFSA) by going to [www.fafsa.gov](http://www.fafsa.gov). This aid can be for grants, loans and/or work-study. While you are eligible for GI Benefits, some colleges and universities look to have bills "resolved" or "covered" while waiting for the VA to send the school the tuition and fees if you are eligible for the Post 9/11 GI Bill. To view a video tape on filling out the FAFSA go to [www.usnews.com/education/paying-for-college/videos](http://www.usnews.com/education/paying-for-college/videos).

5. **Apply for scholarships.** There are many types of scholarships available, including based on merit, academics, athletic, private, and general by area of interest. Some schools offer scholarships specifically for veterans. You have to look. Check the school's website and always remember: Do not pay for any scholarship application. For information on how to build your own personal scholarship go to [www.usnews.com/articles/education/paying-for-college/2010/08/02/8-tips-to-building-your-own-scholarship.html](http://www.usnews.com/articles/education/paying-for-college/2010/08/02/8-tips-to-building-your-own-scholarship.html).

6. **Find a place to live.** The key to being placed in housing is making sure you indicate you are a veteran on all forms. By doing so you may be able to select a roommate from the onset. Otherwise you might be assigned to a room with traditional students (just out of high school), which could be awkward with your recent military experience. Many colleges have housing set aside for veterans; make use of it.

7. **Get an adviser.** Every student is assigned to an adviser. Some schools have advisers specifically for veterans; smaller schools may not, but curriculum is standard for majors at each school. Interaction with the adviser will assist you to develop a suitable educational plan, make your course selections, and determine your major. This person will get to know you and empower you in decision-making skills in education, career, and life choices.

8. **Take the CLEP.** The College Level Examination Program is a series of exams you can take to test your college-level knowledge on what you have learned through on-the-job training, professional development, etc. There are a wide range of exams both general and subjective, worth up to six credits. The cost of a CLEP exam is fractional compared to the cost of tuition and fees. It could assist in skipping general introductory courses, general education classes or could even demonstrate your ability in a foreign language.

9. **Connect with other veterans on campus.** Veterans Centers are popping up on many campuses. They are the place to meet other veterans, to do peer-to-peer networking, to connect student veterans with resources, and to help you to get involved—or simply hang out. If there is no center on campus, start one. Student Veterans of America [www.studentveterans.org](http://www.studentveterans.org) can assist you in forming a chapter at your school.

10. **Get career training and develop skills.** Career services and job placement are available for you while getting your education. Résumé writing and mock interviews are offered. You can be placed in an internship or co-op related to your career goal and earn college credits as well as a stipend or small paycheck.

[Source: US News & World Report | Education article 8 Sep 2010 +]

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**Mobilized Reserve 7 SEP 2010:** The Department of Defense announced the current number of reservists on active duty as of 7 SEP 2010. The net collective result is 983 fewer reservists mobilized than last reported in the 1 SEP 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 74,490; Navy Reserve, 6,931; Air National Guard and Air Force Reserve, 15,502; Marine Corps Reserve, 4,333; and the Coast Guard Reserve, 771. This brings the total National Guard and Reserve personnel who have been activated to 102,025 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/d20100907ngr.pdf>. [Source: DoD News Release No. 911-10 dtd 8 SEP 2010 ++]

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**Federal Tax Law Changes Update 03:** Probably the most distributed email for the past month has been a scare message (Subject: Tax Hikes in 2011) that talks about what would be in three waves the largest tax hike in history starting in January 2011. While the intent of the email is to tie in the increases in taxes and changes in law directly to President Obama's 'redistribution of income' scheme and some of the items in the email are directly related to the President's health care bill, there are several items that should be of concern to citizens. The partisan language at the conclusion of the email is not warranted, and the assertion that this is an attempt to force America to 'Soviet style Socialism and then Communism' is simply a scare tactic. So let's drop the partisanship and examine the particular items. MOAA sat down with their resident financial expert, Phil Dyer, CFP, and went over the list item by item. Their thoughts in brackets follow corresponding items:

**First Wave:** Expiration of 2001 and 2003 Tax Relief. In 2001 and 2003, the Congress enacted several tax cuts for investors, small business owners, and families which are all scheduled to expire on 1 JAN 2011. *[These changes would become the regulations and terms only if Congress did not act to extend the cuts]:*

- Personal income tax rates will rise. The top income tax rate will rise from 35 to 39.6 percent (this is also the rate at which two-thirds of small business profits are taxed). The lowest rate will rise from 10 to 15 percent. All the rates in between will also rise. Itemized deductions and personal exemptions will again phase out, which has the same mathematical effect as higher marginal tax rates. The full list of marginal rate hikes is: The 10%, 28%, 33%, and 35% brackets rises to an expanded 15%, 28%, 31%, 36%, and 39.6% respectively. *[It is extremely unlikely that the tax brackets will not be extended, especially for anyone making under less than \$200k annually or \$250k for families filing jointly.]*
- Higher taxes on marriage and family. The "marriage penalty" (narrower tax brackets for married couples) will return from the first dollar of income. The child tax credit will be cut in half from \$1000 to \$500 per child. The standard deduction will no longer be doubled for married couples relative to the single level. The dependent care and adoption tax credits will be cut. *[This would be something that would hit the most American families directly and, by MOAA's estimations, has about as much chance of expiring as the Rams have of winning the Super Bowl this year.]*
- The return of the Death Tax. There is a 55% top death tax rate on estates over \$1 million. A person leaving behind two homes and a retirement account could easily pass along a death tax bill to their loved ones. *[This has a high probability of coming back in some incarnation, but it is extremely unlikely that the rate will be for estates worth over \$1 million.]*
- Higher tax rates on savers and investors. The capital gains tax will rise from to 20% and the dividends tax will rise to 39.%. These rates will rise another 3.8% in 2013. *[Will most likely increase in 2013 vice 2011.]*

**Second Wave:** Obamacare. *[Can hardly be considered a historic wave of new taxes and affects a much smaller portion of the populace than the email implies.]*

- Americans will no longer be able to use health savings account (HSA), flexible spending account (FSA), or health reimbursement (HRA) pre-tax dollars to purchase non-prescription, over-the-counter medicines except insulin.

- A cap on flexible spending accounts (FSAs) of \$2500. *[For most people, the \$2500 cap won't be noticed.]*
- Additional tax on non-medical early withdrawals from an HSA increases to 20%,

**Third Wave:** The Alternative Minimum Tax (AMT) and Employer Tax Hikes. *[Would only be an issue if Congress failed to enact an extension to the yearly fix that ensures that the number of families affected remains low.]*

- Without indexing families will have to calculate their tax burdens twice, and pay taxes at the higher level.
- Small business expensing will be slashed to \$25,000 maximum and 50% expensing for larger businesses will disappear.
- Taxes will be raised on all types of businesses. *[The fate of any increases are, at worst, still up in the air, and at best, an almost sure-to-pass group of extensions. Especially in a hot mid term election year, MOAA expects Congress to ensure that these changes don't come into effect.]*
- The deduction for tuition and fees will not be available. Tax credits for education will be limited. Teachers will no longer be able to deduct classroom expenses. Coverdell Education Savings Accounts will be cut. Employer-provided educational assistance is curtailed. The student loan interest deduction will be disallowed for hundreds of thousands of families.
- Charitable Contributions from IRAs no longer allowed. *[Expired at the end of 2009.]*
- The W-2/1099R/1042S tax forms sent by a private concern or governmental body gross income figure will be increased to show the value of whatever health insurance you are given. *[The amount is not taxable and does not factor into your tax brackets.]*

[Source: MOAA News Exchange 8 Sep 2010 ++]

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**Vet Toxic Exposure ~ El Toro:** A Marine veteran's widow has been awarded compensation (DIC) for the death of her husband from progressive small lymphocytic lymphoma and chronic lymphocytic leukemia (CLL) caused by exposure to burnings at four landfills on the former Marine Corps Air Station El Toro, California. Her husband had been stationed at El Toro from AUG 68 to APR 70 during which time he worked as an air freight man and drove a truck. He wore a gas mask and protective shoes during this time. After his death in APR 08 a JUL 08 rating decision issued by the Department of Veterans Affairs VARO in Waco, Texas denied entitlement to service connection for the cause of the Marine's death. However, the VA Board of Veterans' Appeal on 10 MAY 2010 ruled in favor of the veteran. The Marine served on active duty service from OCT 66 to OCT 70. He did not serve in Vietnam. The immediate cause of death was respiratory insufficiency, progressive small lymphocytic lymphoma and CLL. Other significant conditions which contributed to the his death included chronic kidney disease, chronic anemia, diabetes, Agent Orange exposure, posttraumatic stress disorder (PTSD), hemiparesis and arthritis aneurysm by history.

In 1990, El Toro was included on the United States Environmental Protection Agency (EPA) National Priorities list of hazardous waste sites requiring cleanup. The base was on the 1993 BRAC hit list, closed in 1999, and most of the property sold at a public auction in 2005. Trichloroethylene (TCE) and perchloroethylene (PCE) were two organic solvents used on the base as degreasers for aircraft parts for decades. These chemicals and other contaminants were found in the base's soil and groundwater. Activities at the base generated harmful waste and pain residues, hydraulic fluids, batteries and other waste into the soil and grounds from several past operations. There were four landfills located on the base which burned solid waste, oil, paint residues, flammable fluids, jet fluid, industrial solvents, aviation gasoline and other liquids into the air. The VA found that the El Toro Marine was exposed to benzene, alkalating agents, aromatic amines, solvents used in chemicals, plastic, rubber, exposure to petroleum products, paint, agricultural chemicals and chemical exposures while on the base. All are known causes of leukemia. According to the VA, "it was more likely than not that the Veteran's leukemia and lymphoma were

caused from this in-service chemical exposure at El Toro MCAS during his transport of hazardous materials and his exposure to pollution from landfill burnings.”

The Marine served at El Toro for more than one year and worked in Air Freight Operations. His death certificate indicated that his causes of death included CLL and small lymphocytic lymphoma. The OCT 09 opinion from the Veteran’s treating VA physician, the only competent medical opinion of record, established a nexus between the Veteran’s cause of death and his service. This opinion was buttressed by the APR 99 CDC report which confirmed the burning of hazardous materials at base landfills during the Veteran’s service at El Toro. The VA noted that all the elements for the “grant of service connection for the Veteran’s cause of death had been demonstrated.” The organic solvent contamination of soil and groundwater at El Toro is shared by many military bases. Millions of dollars were spent in remediation by the Navy. However, like other veterans, no El Toro veteran was notified of the health effects of exposure to organic solvents, toxic metals, and radionuclide. A number of El Toro veterans reported serious illnesses linked to exposure on the former base

The EPA reported that TCE was discontinued at MCAS El Toro in the mid-1970s. Many Marine veterans dispute this story. Reports from Marines on the base in the 1980s and 1990s indicate usage of TCE, even though the official word is that it was not used. TCE is a carcinogen and was widely used by the military and industry for decades without regard for sound environmental practices. A TCE plume now spreads from El Toro into Orange County for miles. Veterans can access useful information about the base’s contamination at 3rd Marine Aircraft Wing, MCAS El Toro. Their website [www.mwsg37.com](http://www.mwsg37.com) provides information to Marines and their dependents who lived and worked at MCAS El Toro of the contaminants in the soil and groundwater and the health effects of exposure to these contaminants. [Source: Salem News Robert O'Dowd article 6 Sep 2010 ++]

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**Vet Cemetery California Update 08:** The opening of the Miramar National Cemetery, much anticipated by veterans because it will allow military casket burials in the county for the first time in 44 years, has been delayed. The new cemetery, next to the Miramar Marine Corps Air Station, originally was planned to open this month, but work was pushed back because of challenges by some construction bidders. Casket burials won’t begin until February. “We’re kind of disappointed about Miramar, but that’s the way the ball bounces,” said Joe Brunner, United Veterans Council of San Diego County chairman. “We will have our cemetery at Miramar one way or another.” If there’s a bright spot for veterans at Miramar, it’s this: The fledgling cemetery will open for burial of ashes in November. And, in a new policy, cremated remains can be laid to rest in a four-by-four-foot plot with an upright marble headstone, mirroring the regimented look of the nation’s most revered veterans cemeteries. But, as Brunner points out, “The big thing at Miramar is in-ground casket burials.” The good news for San Diego’s veterans is that the 100 yr. old Fort Rosecrans National Cemetery in Point Loma plans to add 27,000 niches for interment of ashes, virtually guaranteeing the iconic site will have openings for another decade.

San Diego County veterans haven’t had a place for traditional burials since the 1966, when Rosecrans filled up. Since then, the only caskets laid to rest on the windswept Point Loma peninsula have been a small number of troops killed in action in Iraq and Afghanistan and relatives of service members already in a plot. That situation won’t change at Rosecrans, but the more than 100-year-old cemetery stands poised for a new era of construction. The National Cemetery Administration will spend roughly \$20 million there to add more columbarium walls for cremated remains. The first phase, about 6,400 niches in a former maintenance yard on the edge of bay-facing slope, is slated to be ready in December. That’s just in time. A 6,200-niche wall built in 2008 is almost full, as World War II veterans die at the rate of 1,000 a day and Vietnam War veterans get older. “When I first got here in November of 2007, we were about out of space, as far as the columbarium went,” said Kirk Leopard, cemetery director. “After speaking with veterans organizations in the area and being familiar with the San Diego area, I knew we couldn’t close Fort Rosecrans.” Leopard, a retired Navy corpsman, negotiated with the Navy to get more land for the

cemetery, clearing a path for two additional sections of columbarium walls. One, with 6,200 niches, will tentatively be complete in 2012 and the next, with 15,000 spaces, will follow as funding comes available.

That's not the only work happening at Rosecrans. Officials are poised to sign a \$2.3 million contract for the third phase of work to realign and shore up rows and rows of marble headstones that became wobbly over time. Leopard pointed down a line of white markers. Some lean forward, looking like loose teeth. Others are noticeably shorter than their neighbors. They are victims of shifting soil underneath. This is what happens when 240-pound rectangles are planted in raw earth, without additional support. Fort Rosecrans is employing what's now the Department of Veterans Affairs standard technique for shoring up older headstones. Workers remove the marble markers, putting them aside for safekeeping. Digging down three feet, they pour a trench of concrete. Next, a concrete box goes in the trench where the marker will sit. The headstone is placed in the box. Gravel gets filled around it, and, finally, soil and sod are placed on top. Phase one is complete and phase two is almost done. Eight to 10 phases will be required to cover the whole cemetery, he said. The recent scandal at Arlington National Cemetery outside Washington, D.C., has thrown a spotlight on the issue of grave identification. As Rosecrans removes its headstones for realignment, Leopard said workers use two systems to keep track of who's who. Each marble marker has a number etched on the back, and it corresponds to a master map of the cemetery. In addition, the contractor marks each stone with a number, using a black grease pencil. Those numbers are charted on a separate map, giving the VA a backup system for identification.

Aside from the ongoing work, the difference between Arlington and Rosecrans, or any of the VA-run cemeteries, is computerization. The VA's burial grounds embraced computerized records in 1994. The Virginia cemetery was still using paper cards to house its information. The VA's nationwide gravesite location database is online at [gravelocator.cem.va.gov](http://gravelocator.cem.va.gov). A regional spokesman for the National Cemeteries Administration said he's not aware of any problems with marker mix-ups due to realignment projects going on at VA cemeteries, such as Los Angeles National Cemetery. Construction crews have been hard at work since late July at Miramar, where they hope to finish the \$23 million first phase in a year. The project was delayed because of legal protests by three contractors who bid on the job. About half of the 10,000 casket sites planned for the first phase will be available in February, Leopard said. About 2,600 in-ground cremated remains burial plots will be ready to go in November. Bulldozers and other heavy equipment will still be running for those first burials, but cemetery officials say they will work to screen visitors from the bustle and noise. Brunner, the veterans' council chairman, said there will always be noise at Miramar anyway. It will be the sound of Marine jets taking off from the nearby Marine air station, a sight that some people request for veterans funerals. "At Miramar, you'll get a fly-over every day," he said. [Source: Union-Tribune Jeanette Steele article 6 Sep 2010 ++]

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**GI Bill Update 83:** The Veterans Affairs Department has deployed a fully automated system to process benefits for veterans attending college under the 2008 GI bill just in time to manage the enrollment for the 2010 fall semester, top VA officials said during a press briefing on 2 SEP. Roger Baker, chief information officer at VA, said the new system, developed in partnership with the Space and Naval Warfare Systems Center Atlantic, went live on 23 AUG and relies on rules engine software to increase the number of claims an examiner can process from 2,000 a day to 10,000. The new GI bill, formerly the 2008 Post-9/11 Veterans Educational Assistance Act, greatly expands the benefits the government gives veterans for college education from the previous version. The benefits are more complex than the previous GI bill, which essentially paid veterans a flat rate to cover tuition. The new bill calculates tuition benefits based on the veteran's length of service and the highest tuition charged by a public college in the veteran's home state. Separate housing allocations are based on cost-of-living allowances for 300 ZIP codes. The rules engine software automatically works through the complex set of permutations to determine the tuition aid a

veteran is entitled to, whether the school is a public or private university, and a housing allowance to determine rates, Baker said.

In the fall of 2009, the first year Afghanistan and Iraq veterans were able to apply for education benefits under the new GI bill, VA was unable to process claims because it mostly relied on a manual system. By the end of SEP 09, well into the beginning of the school year, it had processed only half the pending claims. To ensure students would have funds to take care of daily living expenses, Veterans Affairs Secretary Eric Shinseki ordered emergency payments up to \$3,000 each to students who had not received a check in early October. Keith Wilson, director of the education service at VA, said the new system allows VA to handle an increase in claims more smoothly compared to last year. The department has so far received 206,000 claims this year, up 14% from 157,000 in the 2009 fall semester. VA has approved payment for 130,000 of those claims, he said. VA still needs to automate the processes for colleges and universities to input the required data on veteran students and the payment information sent to the Treasury Department, Wilson said. Data from schools will be entered automatically into the system later this fall, and the department will install by December software to automatically manage output of payment data. [Source: GovExec.com Bob Brewin article 3 Sep 2010 ++]

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**GI Bill Update 84:** Tuition and fee caps under the Post-9/11 GI Bill are increasing in most states for the fall 2010 school term, which is good news for students who are affected by the caps set for every state. For example, the maximum charge per credit hour is increasing by 71% in South Carolina, 39% in Missouri, 34% in the District of Columbia and 30% in Mississippi under state tuition and fee limits set 30 AUG by the Veterans Affairs Department. But the news is not all good — some veterans attending private schools or graduate programs could be in for a shock this fall when their Post-9/11 GI Bill payments dramatically drop. Student veterans in Minnesota attending private colleges where tuition and fees exceed the state caps, for example, are seeing maximum credit hour charges that are 40% below the fall 2009 term, a decline that could reduce VA payments by as much as \$7,000 for full-time students. Big drops in maximum fee charges per term are also being seen in Florida, New Mexico, Washington and the District of Columbia, which could leave students with more out-of-pocket costs if they aren't public-school undergraduates paying in-state tuition. The biggest percentage drop (50%) comes in the District of Columbia. Tuition and fees under the new GI Bill are based on charges for in-state undergraduates at the most expensive public college or university in each state.

For many veterans, the newly published rates will create confusion because of big increases in the maximum fees that result largely from expenses related to flight training at public colleges. As a result, the new fee cap is \$85,255 in Utah, \$50,752 in Kansas and \$45,774 in Colorado. The Kansas limit represents a 1,234% increase over last year's \$3,804 limit. Big jumps in fee caps do not necessarily mean huge increases for most student veterans, because VA pays the actual fees charged to students. VA and major military and veterans groups are working with Congress on a new benefit structure that would create a single, nationwide cap on tuition and fees to replace the current individual state limits. Under the proposal, already approved by the Senate Veterans' Affairs Committee and expected to be considered soon by the House Veterans' Affairs Committee, VA would continue to fully pay in-state tuition and fees for undergraduates, and would pay up to \$20,000 in tuition and fees for all other students. That cap would be adjusted each year to keep pace with the overall rise in tuition and fees. VA has no say over increases or decreases in state tuition and fee caps; the limits are based on tuition and fees reported to VA by state approving agencies. [Source: NavyTimes Rick Maze article 13 Sep 2010 ++]

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**VA Diabetes Mellitus Care Update 06:** Because of worries about Agent Orange, about 270,000 Vietnam veterans (more than one-quarter of the 1 million receiving disability checks) are getting compensation for diabetes, according to Department of Veterans Affairs records. More Vietnam veterans are being compensated for diabetes than for any other malady, including post-traumatic stress disorder, hearing loss or general wounds. Tens of thousands of other claims for common ailments of age (erectile dysfunction among them) are getting paid as well because of a possible link, direct or indirect, to Agent Orange. And the taxpayers may soon be responsible for even more. The VA said 30 AUG that it will add heart disease, Parkinson's disease and certain types of leukemia to the list of conditions that might be connected to Agent Orange. The agency estimates that the new rules, which will go into effect in two months unless Congress intervenes, will cost \$42 billion over the next 10 years. Lawmakers and federal officials who have reservations about the spending are loath to criticize a program that helps servicemen. They have largely ignored a 2008 report in which a group of scientists said the decision to grant benefits to so many on such little evidence was quite extreme. "There needs to be a discussion about the costs, about how to avoid false positives while also trying to be sure the system bends over backwards to be fair to the veterans," said Jonathan M. Samet, a public health expert who led that study and now serves as director of the Institute for Global Health at the University of Southern California.

The VA uses a complex formula when awarding benefits and does not track how much is spent for a specific ailment, but AP calculations based on the records suggest that Vietnam veterans with diabetes should receive at least \$850 million each year. That does not include the hefty costs of retroactive payments or additional costs for health care. The agency spends \$34 billion a year on disability benefits for all wars. Dr. Victoria Anne Cassano, director of radiation and physical exposures at the Veterans Health Administration, part of the VA, pointed to the wording of the 1991 federal law on Agent Orange that said officials should find a positive link to diseases "if the credible evidence for the association is equal to or outweighs the credible evidence against the association." It's a low bar. But Cassano said the law requires the VA to act without consideration of cost. She also said it is the best way to ensure that deserving veterans don't get lost in the shuffle. "Does it make you take a deep breath? Does it give you pause? Yes," she said. "But you still do what you think is the right thing to do."

The VA interpreting that 1991 law and studies that indicated potential associations has over time added ailments that have no strong scientific link to Agent Orange. The nonprofit Institute of Medicine's biennial scientific analysis of available research, to which the VA looks for guidance, has repeatedly found only the possibility of a link between Agent Orange and diabetes, and that even a chance of a correlation is outweighed by factors such as family history, physical inactivity and obesity. "Whatever the relationship between dioxin or Agent Orange and diabetes, it's a very small piece of the puzzle," said Dr. David Tollerud, an environmental health professor at the University of Louisville. He led an Institute of Medicine committee that first reported in 2000 on a possible link between diabetes and Agent Orange. Tollerud's committee concluded that evidence was limited and that chance or other factors could not be ruled out. Yet the VA in 2001 put diabetes on the list of ailments that get automatic approval for benefits.

One large study released since then, costing \$143 million and published in 2005 after 25 years of research, surveyed the airmen responsible for loading and dumping Agent Orange during Operation Ranch Hand, as the spraying missions were called. The final round of testing actually showed the prevalence of diabetes among those participants was slightly lower than among pilots who did not take part — 18.2% versus 19.3%. Some 23% of Americans 60 and older have diabetes, according to the Centers for Disease Control and Prevention. Some members of Congress are pushing to include those veterans who served off the coast of Vietnam — which would add an estimated 800,000 people to the 2.6 million who served there on land. Cassano, the VA official, said the agency is looking at it. The government's benefit-of-the-doubt policy contrasts with its stand toward Vietnam. The U.S. has approved several million dollars in recent years to help Vietnam clean up Agent Orange. But it has declined to provide health and financial support to Vietnamese people affected by the herbicide, with the American ambassador in Hanoi saying there is insufficient evidence that it causes health problems.

Disability benefits are a lot like workers' compensation, providing income to veterans who incurred ailments from their active-duty service. The benefits can last a lifetime even if the veteran holds a full-time job. They often transfer to surviving family members when a veteran dies of the disability. They are paid in addition to any medical, education and pension coverage that veterans receive. Many veterans have a combination of ailments that are crunched in a formula to determine their benefits. This makes it difficult to determine how much is being spent solely on diabetes. Most veterans get a 20% disability rating for diabetes, which amounts to about \$3,000 per year if it is their only ailment. If each of the 270,000 Vietnam veterans got the minimum compensation for their diabetes, it would add up to \$850 million every year. Congress gave the VA the ability to deem ailments presumptive (automatically awarded) because of exposure to Agent Orange. The VA did that for five illnesses for which the Institute of Medicine found sufficient evidence of an association, such as leukemia, non-Hodgkin's lymphoma and soft-tissue cancers. The list of presumptive medical problems has grown to include seven ailments with only a limited or suggestive link to Agent Orange. A link that scientists said could be influenced by other factors, such as chance or bias in scientific studies. Those include diabetes along with prostate cancer and lung cancer. Compensation can also be awarded for ailments secondary to the covered condition. Type 2 diabetes, for example, can bring a host of complications, such as high blood pressure, erectile dysfunction or cataracts. Erectile dysfunction is now the seventh-most-compensated disability for Vietnam veterans, with more than 80,000 getting benefits for it last year, and an AP review of hundreds of case summaries found that many of the claims stemmed from veterans with diabetes linked to Agent Orange.

Anthony Principi, a Vietnam veteran and former VA secretary who added diabetes to the list, said he struggled with the decision. "I did the best I could with the information that was given to me. I wish there was more information that I could have had," he said. Principi said he expected a surge of diabetes claims but is still surprised by the numbers. The evidence of a link between Agent Orange and heart disease or Parkinson's is inconclusive, according to the Institute of Medicine. But the VA is moving ahead with plans to add both illnesses to the list of presumptive conditions. The VA estimated earlier this year that heart disease compensation alone will cost taxpayers more than \$30 billion over the next decade. About 17% of Americans ages 65 to 74 have heart disease, according to the CDC. Vietnam combat veteran Sen. Jim Webb (D-VA) questioned the decision to spend billions for heart disease coverage. In a letter to VA Secretary Eric Shinseki this year, the lawmaker said Congress intended that benefits would be automatically granted "for relatively rare conditions." "Over time, however, presumptions have expanded to include common diseases of aging," Webb wrote. [Source: AP Mike Baker article 30 Aug 2010 ++]

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**Flu Prevention Update 03:** It's flu-shot season already, and for the first time health authorities are urging nearly everyone to get vaccinated. There is even a new high-dose version for people 65 or older. Crowds lined up for hours for scarce shots during last fall's swine flu pandemic, when infections peaked well before enough vaccine could be produced. This year, a record vaccine supply is expected -- an all-in-one inoculation that now promises protection against that swine flu strain plus two other kinds of influenza. Shipments began so early that drugstores are offering vaccinations amid their back-to-school sales. But without last year's scare factor, the question is how many people will heed the new policy for near-universal vaccination. No more stopping to check if you're on a high-risk list: A yearly dose is recommended for virtually everyone except babies younger than 6 months -- the shot isn't approved for tots that young -- and people with severe allergies to the eggs used to brew it. "Influenza is serious, and anyone, including healthy people, can get the flu and spread the flu," said Dr. Anne Schuchat of the Centers for Disease Control and Prevention. "Flu vaccines are the best way to protect yourself and those around you."

The CDC was moving toward that policy even before last year's pandemic brought home an inescapable fact: The flu virus doesn't just kill grandparents and babies and people with weak lungs or hearts, although they're particularly

vulnerable. It also can kill healthy pregnant women and 30-somethings. And 5-year-olds. "We were discussing how we were going to go get his Star Wars Halloween costume after he got out of the hospital ... and all of a sudden his eyes lost their focus," said Serese Marotta of Dayton, Ohio, describing for reporters how her son Joseph, 5, died of swine flu last October before vaccine was available in her community. She urged families to make vaccination a priority. Here are some questions and answers about flu:

**Q: I got vaccinated against both seasonal and that so-called H1N1 flu last year, so why do I need vaccine this year?**

A: It protects against a different strain of the H3N2 influenza family that has cropped up, as well as last year's swine flu, part of the H1N1 family, and a Type B strain. Every year a different flu vaccine is brewed to match the constantly changing flu strains that circle the globe.

**Q: Why is there a new high-dose version for seniors?**

A: Your immune system weakens with age, so it doesn't respond as actively to a flu shot. Sanofi Pasteur's Fluzone High-Dose quadruples the standard dose for people 65 and older. This winter, scientists will track if that translates into less illness. Until that proof's in, the CDC says it's OK to choose either option. Dr. Marvin Bittner of the Veterans Affairs Medical Center in Omaha estimates the new shot might benefit one in four seniors and said his center has ordered enough for that population, while other VA clinics aren't ordering as much.

**Q: Will I need just one shot?**

A: Most people will, but any children under 9 getting their first-ever flu vaccine will need two, a month apart, to prime their immune systems.

**Q: What if my child's first-ever vaccine was last year and she got one dose of seasonal and one dose of swine flu vaccine?**

A: She wasn't primed enough and needs her two doses this year, said Dr. Michael Brady of Nationwide Children's Hospital, who co-authored the American Academy of Pediatrics flu vaccination guidelines out Monday.

**Q: Will there be enough vaccine?**

A: Manufacturers project 170 million doses. Obviously that won't cover the entire population, but the CDC knows its near-universal vaccination policy won't spark a stampede for shots. Before last year, flu vaccine was recommended for 85% of Americans but only about a third got vaccinated. Last year nearly all 114 million doses of seasonal vaccine were used, but as the swine flu outbreak slowed, just 90 million doses of the special vaccine were used out of nearly 162 million eventually produced for the general public.

**Q: Who's at high risk from flu?**

A: Young children, anyone 50 or older, anyone with chronic medical conditions such as asthma or heart disease, pregnant women. Also, health workers and caregivers of infants can infect the vulnerable unless vaccinated.

**Q: Who can use the nasal spray vaccine?**

A: FluMist is for healthy people 2 to 49, no pregnancy or underlying health conditions.

**Q: When should vaccination start?**

A: Chain pharmacies already have started vaccinating; protection will last all winter. It takes about two weeks to kick in, and flu typically starts circulating around November.

**Q: How do I know it's safe?**

A: Unprecedented safety monitoring last year turned up no rare side effects from the special swine flu-only vaccine sold in the United States. "We're hoping a lot of the myths people had about the influenza vaccine may be a little bit

less of a concern," said pediatrics specialist Brady. Abroad, a few reports of narcolepsy after a European swine flu vaccine are being probed; that vaccine didn't sell here. An Australian seasonal vaccine dosed for young children won't be sold here after being linked to some fever-related seizures in that country.

**Q: Why should I bother since fewer people than usual died last year?**

A: Last year's U.S. toll: about 12,000 deaths, 60 million illnesses and 265,000 hospitalizations. New CDC statistics last week suggest flu strain mortality varies widely, from 3,000 in an exceptionally mild year to 49,000 in a recent really bad one -- and it's impossible to predict how bad each year will be.

[Source: The New York Times | Health article 30 Sep 2010 ++]

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**Tricare Preventive Health Program Update 03:** Immunization is a key weapon in the fight against disease. Preventing disease is an important part of readiness for military members, and a cornerstone of health for Tricare families and retirees. Since we are heading into the flu season this is a great time for Tricare beneficiaries to inventory their family's shot records. "It doesn't matter how old a beneficiary is, everyone needs protection against dangerous viruses like influenza and tetanus," said Rear Adm. Christine Hunter, deputy director of the Tricare Management Activity. "Immunizations for children also prevent measles, whooping cough, pneumonia and meningitis, while vaccines for adults also protect against hepatitis and shingles." H1N1 influenza is no longer in the headlines, but the World Health Organization reports the virus is still a global problem. There could be danger in believing the risk is gone, especially for Tricare beneficiaries traveling internationally or going on cruises. Family members whose active duty sponsors are assigned to overseas locations also are at risk.

Tricare covers the seasonal and H1N1 flu and age-appropriate doses of vaccines recommended by the Centers for Disease Control and Prevention (CDC). **Beneficiaries can visit participating Tricare retail network pharmacies to receive seasonal flu, H1N1 flu and pneumonia vaccines at no cost.** This expanded coverage is available to all Tricare beneficiaries eligible to use the Tricare retail pharmacy benefit. To find a participating pharmacy go to [www.express-scripts.com/Tricare/](http://www.express-scripts.com/Tricare/) or call Express Scripts at 1-877-363-1303. Tricare regularly adds coverage for new vaccinations based on CDC recommendations. For more information about the vaccines recommended by CDC, go to [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). To visit the Military Health System Immunization Awareness page, go to [www.health.mil/Themes/Immunization.aspx](http://www.health.mil/Themes/Immunization.aspx). [Source: TMA News Release 26 Aug 2010 ++]

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**Tricare Retired Reserve Update 03:** Tricare Retired Reserve (TRR) is a premium-based, worldwide health plan that qualified Retired Reserve members and qualified survivors may purchase to begin in any month of the year. Qualification extends to those who may lose coverage under another Tricare health care plan under their sponsor's account no break in coverage. Once enrolled:

- If the composition of a sponsor's immediate family changes (e.g., marriage, birth, adoption, death), you may purchase TRR coverage.
- If TRR coverage is in effect when the sponsor passes away, qualified survivors may purchase or continue TRR coverage until the day the sponsor would have turned 60.
- If TRR member-and-family coverage is in effect at the time of death the Defense Enrollment Eligibility Reporting System (DEERS) will automatically convert TRR member-and-family coverage to TRR survivor coverage.
- If TRR member-only coverage is in effect at the time of death eligible survivors may qualify to purchase TRR survivor coverage.

- In addition to access to network and non-network Tricare providers, enrollment provides access to care at military treatment facilities (MTFs) on a space-available basis

The 2011 member only monthly premium is \$408.01 and the member plus family monthly premium is \$1,020.05. The premium payment is due no later than the last day of the month for the next month's coverage. Failure to pay total premium amounts due will result in a termination of coverage due to nonpayment. A 12-month TRR purchase lockout will go into effect. Members must meet the outpatient deductible each federal fiscal year (i.e. 1 OCT thru 30 SEP) before Tricare outpatient cost-sharing begins. The annual deductible is currently \$150 a year for individuals and \$300 a year for families. The amounts of member payments for outpatient services after their annual deductible is met are 20% of the negotiated rate for Tricare Network providers and 25% of the Tricare-allowable charge, plus fees up to 15% above the Tricare-allowable charge for Tricare-Authorized Non-Network providers. The TRR catastrophic cap is \$3,000. The catastrophic cap is the maximum amount you will pay for health care each federal fiscal year. The cap applies to all Tricare-covered services inclusive of annual deductibles, outpatient and inpatient cost-shares, and pharmacy copayments based on Tricare-allowable charges. Monthly premiums, payments above the Tricare-allowable charge, and payments for non-covered services are not credited toward the TRR catastrophic cap. The Tricare Retired Reserve Brochure is now available for download at <http://www.Tricare.mil/Tricaresmart/product.aspx?id=790&CID=88&RID=3>. [Source: Tricare TRR Brochure Aug 2010 ++]

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**Debt Reduction Commission Update 02:** By executive order President Obama on 18 FEB 2010 created the National Commission on Debt Reduction after a proposed U.S. Senate commission, sponsored by Republican Judd Gregg and Democrat Kent Conrad, was rejected by the Senate. The commission was tasked with making recommendations for reducing the federal deficit to three percent of gross domestic product and balancing the federal budget by 2015. The administration predicted that the U.S. government will rack up \$1.56 trillion debt for fiscal year 2010. The national debt is \$14.3 trillion. The commission's job is to help bring down the federal budget deficit to 3% of gross domestic product by 2015, compared with nearly 10% today, and to propose ways to hold down the surging costs of government programs such as Medicare, Medicaid and Social Security. The president asked the panel to look at the U.S. tax code and has not ruled out tax increases for the middle class should the commission deem them necessary.

The President selected Erskine Bowles and Alan Simpson to head the commission, the National Commission on Fiscal Responsibility and Reform. Bowles is a Democrat and former chief of staff for President Bill Clinton where he brokered the Balanced Budget Act of 1997 with Republicans in Congress. He ran unsuccessfully for the Senate in 2002 and 2004. Simpson is a Republican and former senator from Wyoming. Although Obama's commission will lack any requirement for Congress to act on its advice, however, Democratic leaders in Congress have pledged to call floor votes on any proposal reported out of the commission. The 18-member commission includes 12 members of Congress, six each from the House and Senate, equally split between the parties. Mr. Obama named six other members, including the chairmen; none are current public officeholders and two are Republicans. While Republicans complain that Democrats have a 10 to 8 majority, Mr. Obama in his executive order required that at least 14 members must approve any recommendations sent to Congress. That gives Republicans a veto. The commission plans to meet monthly. Three smaller groups will meet each Wednesday on specific areas - taxes, spending on entitlement programs like Medicare and Social Security, and all other spending.

President Obama told his bipartisan debt commission on 27 APR that "everything has to be on the table," while the Federal Reserve chairman, Ben S. Bernanke, suggested overhauling the nation's tax code to raise more revenue.

The comments of the two men, one a Democratic president and the other a Republican appointee, reflected a growing consensus that the nation's debt is growing too large to control by spending cuts or tax increases alone. Yet even as the commission opened its first meeting, both liberals and conservatives were mobilizing to oppose one approach or the other. Simpson warned the panel, "The extreme right and the extreme left will savage our final product." That assumes, however, that the commission will agree to one before its 1 DEC deadline. Expectations are low given the party polarization, especially in an election year.

Simpson has survived calls for his ouster from President Obama's fiscal commission, but critics of the panel are using the former senator's recent controversial remarks to try to torpedo the commission itself. A leading liberal group who pressed for his dismissal over his blunt remarks he made on Social Security and veterans benefits now says it's time to scrap the commission, too. "I don't think there's any way it could come up with something for the benefit of the nation," said Alex Lawson, spokesman for Social Security Works, a group backed by unions and other organizations on the left. The White House has stood by Simpson even as liberals have criticized him for his sharp rhetoric.. He used colorful language to describe Social Security, calling it a "milk cow with 310 million tits" in an e-mail to the author of a Huffington Post column questioning the deficit panel's focus. Simpson also said that the author, the head of the Older Women's League, should call him back when she finds "honest work." Simpson and the commission's Democratic co-chairman, Erskine Bowles, have said they hope the fiscal panel comes up with proposals to extend the solvency of Social Security, which has enough money to pay out full benefits until 2037.

One reason Obama chose Simpson to lead his panel was for his bluntness. White House Press Secretary Robert Gibbs said the administration doesn't condone Simpson's comments but insisted he would continue to serve on the commission. The calls for Simpson's firing have grown in number since the White House stood by him, in part because of a comment he made about veterans benefits. In an Associated Press story on an expected increase in the cost of Agent Orange disability payments to Vietnam veterans, Simpson said "the irony [is] that the veterans who saved this country are now, in a way, not helping us to save the country in this fiscal mess." Simpson has said he's used to the criticism and expects more of it as head of the debt panel. During public appearances on the Hill, he often tells his commission colleagues to "watch out when they're using emotion, fear, guilt and racism on you in this game, because that's how you pass or kill anything in this joint." The nature of the task that Simpson faces doesn't make it easier for him, said former Rep. Lee Hamilton (D-IN), the co-chairman of the most successful bipartisan panel in recent memory: the 9/11 Commission. "I think the [fiscal] commission has a very important and very formidable task, so it is not surprising that you have differences of opinion on a commission with such a scope. I hope of course that they come up with a unanimous report, which is very, very hard to do." [Source: Various 14 Sep 2010 ++]

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**Health Care Reform Update 37:** Fighting back when your insurance company denies a claim just got a little easier thanks to federal rules recently issued under the health care overhaul law. The new regulations expand consumer's rights to appeal denials, including the right to an independent, external review board. Consumers can also use the appeals process when their coverage is cancelled. Previously, rules regarding a patient's right to appeal varied by insurer and state. The changes create consistency in the appeals process and for the first time, extend the external review guarantee to employees of companies that offer their own health plans without contracting with an insurance provider. The regulations will apply to new health insurance plans starting 23 SEP 2010. "Until the health care law reform, only a select number of states honored external review," said Erin Moratty, a spokesman with the Hampton Va. nonprofit Patient Advocate Foundation, which helps patients navigate the appeals process. "Now every state is required to have a process for external appeals." To date, external review boards have reversed about 45% of appealed denials, according to the Kaiser Family foundation. [Source: AARP Candy Sagon article Sep 2010 ++]

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**Health Care Reform Update 38:** The new federal health care law is bringing additional demands by insurance companies that doctors and hospitals be held to higher quality standards. While this push by insurers on quality implies that consumers will get better care because doctors and hospitals will be measured against the best performers, there may be an unintended consequence: It could leave patients with fewer choices of medical care providers, depending on which health plans they purchase. Meanwhile, controversy is emerging as to how these doctors and hospitals will be selected to be on an insurer's list of preferred choices. While insurance companies say quality is what gets the name of a doctor or hospital on its preferred choices list, cost is also a major factor. A doctor who manages his patient's medical care better and keeps costs low, for example, would be more apt to make the list. Insurers argue that higher-quality medical care at a lower cost is attainable. "Network participation will largely be based on quality outcomes, and it's not now," said Steve Hamman, vice president of networks at Blue Cross and Blue Shield of Illinois. "It's well documented that quality care reduces costs."

Consumers typically get medical care at a lower cost or discount through their insurance networks. A doctor who is selected or hospital procedure that is done out of network generally comes with a higher out-of-pocket price tag, which can eat into a deductible or result in the patient picking up the entire bill. "The doorway to these (insurance company) networks is a quality doorway," said Dr. Scott Sarran, chief medical officer at Illinois Blue Cross, the state's largest health insurance company. "There will be winners and losers" in which doctors and hospitals make these lists. The trend toward quality measurements and standards has been in the works for several years, but implementation of the new health law is adding to the urgency. Among measures to ensure quality, the law requires state-regulated health plans, largely those selling policies to individuals and small to medium-size businesses, to spend at least 80% of premium dollars on medical care. That's squeezing insurers' profits. As a result, health plans are using the quality measures as a way to scale back choices of doctors and hospitals in certain networks. "Insurance companies are going to have to be more efficient with the money they collect," Illinois Insurance Director Michael McRaith said. "They are going to expect more from the providers that they contract with."

In the past, HMOs have been one way insurers controlled costs because these plans restrict provider choices to their networks. Illinois Blue Cross has two HMOs, HMO Illinois and BlueAdvantage, and is considering a third health plan with a smaller network. This third option would be designed to provide coverage on the coming state-regulated insurance exchanges, which will be created by 2014 under the health care law intended to expand coverage to 32 million Americans who don't have health benefits. Already, most health plans regularly provide doctors and hospitals information on how they perform against their peers as a nudge for them to improve. For example, insurers send profiles to gynecologists comparing how many of their patients get mammograms each year with the average within respective health plan networks. And insurers are beginning to respond to consumers' hunger for information on medical care providers. Illinois Blue Cross will make quality measures of doctors and physician groups publicly available on its Web site beginning in 2011.

Medical care providers and hospitals have some concerns about the methodologies and criteria that will be used to make insurers' preferred choices list. The American Medical Association is worried doctors could be penalized if they tend to provide services for populations that need more medical care, such as elderly consumers who are more apt to suffer from chronic conditions. That could skew the rating for a medical provider because those repeat visits may make it appear the doctor isn't doing an adequate job when the reality is the patient has a chronic condition that requires more care. Dr. Sam Ho, UnitedHealth Group's chief medical officer, said, "Insurers increasingly will provide doctors and hospitals enhanced payments if they meet certain quality measures. Medical care providers "will be paid less and less on volume and more on value." Doctors and hospitals are finding ways to embrace the changing landscape. At NorthShore University HealthSystem in Chicago's suburbs, Dr. Kenneth Anderson is setting goals for its hospitals' doctors and nurses to use fewer urinary catheters, which often are unnecessarily and account

for about two in five hospital infections nationally. That has helped NorthShore remain in most health plan networks in Chicago and helps to ensure it will continue to do so. [Source: Chicago Tribune Bruce Japsen article 4 Sep 2010 ++]

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**Tricare User Fee Update 53:** On 1 SEP Defense Secretary Robert Gates spoke with troops from the 4th Infantry Brigade, 3rd Infantry Division during a visit to Camp Ramadi in Iraq. He launched into a brutal assessment of the military’s Tricare health care system calling it a constant source of complaints from troops and badly in need of financial reform in the face of rapidly increasing cost estimates to the federal government. Gates for months has called on Congress and the Defense Department to head off the potentially explosive costs facing military health care in coming decades for millions of young servicemembers who have served in Iraq and Afghanistan. Health care cost the department \$19 billion in 2000, but is estimated to reach \$50 billion in fiscal 2011 and \$65 billion by 2015, according to Gates. “We simply can’t sustain that,” he said.

One of the reasons behind the deficit is that Tricare has not increased premiums in nearly 15 years since its creation in 1996. Active-duty personnel and their families should not have to pay higher health care premiums to finance those reforms, Gates told the troops. Rather, **he suggested possibly charging higher premiums and co-pay fees to those retired personnel using the system who have access to private health care plans through their employers.** Pentagon planners have pushed for those premium increases for years, but veterans groups and many members of Congress — both Republican and Democratic — have strongly opposed such a move. Congressional budget planners have removed the idea from the Pentagon’s annual budget proposal multiple times over the last decade. The Defense Department did not include the rate hikes in their fiscal 2011 plan. Where civilians using other federal care systems today pay an average annual out-of-pocket cost of about \$3,400, Tricare enrollees pay just \$1,200, Gates said. “In terms of people on active duty, I would be surprised to see any significant changes in their costs at all,” he said.

Complaints and concerns about the Tricare system are frequently raised in troop meetings with top military leaders and it was a young soldier who asked Gates about the state of military health care reform in the question-and-answer session. “I get briefings at the Pentagon all the time about how popular Tricare is and how everybody’s happy with it,” Gates responded. “Well, I tell you, I’ve been on this job going on four years and I’ve visited a lot of folks, a lot of facilities, a lot of ships, a lot of air bases and I have yet to find somebody stand there and tell me this is a great system. “Instead I hear all kinds of stories about bureaucratic hassles, about difficulty in finding a primary caregiver, having to wait in line a long time [and] having to drive a considerable distance to see a specialist.” At Fort Bragg in June, one soldier asked visiting Adm. Mike Mullen, chairman of the Joint Chiefs of Staff, if the installation was adequately prepared to handle the expected influx of thousands of more troops and families coming with the base realignment plan. Her daughter already endured a six-month waiting list at the on-base military hospital to get treatment for a rare disease. Instead, the mother had to seek private, and much more expensive, off-base health care. [Source: Stars and Stripes Kevin Baron & Leo Shane article 3 Sep 2010 ++]

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**Tricare User Fee Update 54:** Following is the Military Officers Association of America (MOAA) position regarding the recent remarks made by Secretary of Defense Robert Gates bashing beneficiaries for Tricare Problems

There you go again, Mr. Secretary. Speaking to troops in Iraq about Tricare, Secretary of Defense Robert Gates again trotted out a series of statements about how Tricare isn’t meeting beneficiary needs, how military health care

cost growth since 2000 is unsustainable, how active duty servicemembers and their families' sacrifices should earn them free health care, and

... That the solution to Tricare's problems is to make military retirees pay fees more comparable to civilian beneficiaries' fees. This continues a trend of misdirection by DoD and service leaders — citing misleading budget figures, lauding the sacrifices of the currently serving, acknowledging system problems, and then proposing new ways to sock it to military beneficiaries instead of fixing the real system problems. Let's start with the basics.

**Point 1:** Anybody who uses the year 2000 as a benchmark for measuring DoD personnel or health care cost growth — as if that actually were a reasonable benchmark — is trying to stack the budget deck. In 2000, virtually everyone in DoD and Congress agreed the military health benefits system was broken and hurting retention. Retirees were being summarily dropped from Tricare at age 65 and routinely locked out of military medical facilities. Congress and service leaders alike insisted that had to be fixed and passed Tricare For Life to address it. DoD leaders applauded congressional passage at the time — and have been complaining ever since about the cost of doing what they previously acknowledged was the right thing. So let's not act as if 2000 should be the standard for military health care costs. And don't try to tell us cost growth since then is "unsustainable." Cost growth in the future won't be anything like what it's been since 2000, because we'll (hopefully) never again have to start from such a horribly inadequate budget baseline.

**Point 2:** Another reason why cost growth has risen in recent years is we've gone through a horrendous national recession during which many military retirees lost their jobs and/or suffered cutbacks in their civilian employers' health care benefits. Understandably, many fell back to relying on the military coverage they had earned (or so their military leaders had told them through their entire careers) by virtue of their decades of service and sacrifice in uniform. Like most of their predecessors in tough budget times, today's DoD and service leaders choose to focus on the cost effect of that and conveniently turn their backs on previous repeated assurances that military health care is a retiree's hard-earned right and benefit.

**Point 3:** When top military and civilian leaders acknowledge the shortcomings of the military health care system in providing timely and effective care for the wounded and their families and other beneficiaries, why is it their "solutions" seem to focus more on getting private-sector agencies involved and putting more burden on beneficiaries than on fixing the systems for which they themselves are responsible? In part, they do that because it's easier for them than solving the admittedly hard problems in getting three service medical systems, multiple contractors, and DoD health administrators to work efficiently together. But these kinds of misdirection efforts belie their own responsibilities to beneficiaries and the inadequacies of their own leadership efforts.

**Point 4:** The implication of the secretary's and other DoD and service leaders' statements about the treatment of currently serving and retired forces is that we owe the troops and their families everything while they're on active duty, but they shouldn't let the door hit them on the way out once they leave service. MOAA certainly supports no-fee care for the active force and their families. But in seeking to retain large numbers of quality people for a career, retention officials and brochures also focus heavily on health care and retirement benefits to be earned by accepting active duty sacrifices for 20 or 30 years. Many in the audience addressed by Gates in Iraq were nearing the end of their service careers after three or four or more combat tours. If they spoke up to ask the secretary what exactly he thinks that service should earn them in terms of health care once they leave active duty, what would the answer be? Gates' specific words to those servicemembers were, "Where civilians using other federal care systems today pay an average annual out-of-pocket cost of about \$3,400, Tricare enrollees pay just \$1,200." That certainly would seem to mean he now believes the decades of service and sacrifice that military beneficiaries endure above and beyond what "civilians using other federal care systems do" isn't worth the \$2,200 difference. Does anyone think "serve 20 years and multiple combat tours and earn the same health care benefit as federal civilians who don't have to endure that" is a powerful retention pitch? Does anyone think today's career active duty forces who hear these statements won't understand the message that "we intend to significantly reduce your future health benefits for serving a career"?

**Point 5:** MOAA doesn't disagree efforts must be made to hold down DoD health care cost growth. What they object to is the persistent failure of defense officials to acknowledge that a significant part of that cost growth is because of wartime requirements, unique service readiness requirements, and plain inefficiencies in system budgeting and execution. For years on end, MOAA has offered repeatedly to work with DoD on joint initiatives to reduce costs for the government and for beneficiaries while also improving health care outcomes. Had the defense department taken them up on those offers four or five years ago, the Pentagon already could have saved billions of dollars in the interim. But far more often than not, offers got the stiff-arm from DoD leaders. So most of the progress that's been made has come as the result of work with Congress to force changes down the Pentagon's throat. MOAA wants more effective efforts to address DoD's own cost inefficiencies rather than putting such concentrated focus on increasing beneficiary fees.

**Point 6:** MOAA isn't saying retiree health care fees should stay the same forever. That's not realistic (or appropriate, if retirees ever start getting COLAs again). What they object to most strongly is the misrepresentation of historical budget reality and the disingenuous distinction between currently serving and retired forces — as if decades of service and sacrifice are subject to instant devaluation at the moment of departure from active duty. Military retirees are tired of having their health care fees compared with those of civilians who never served a day in uniform or served a year (or multiple years) away from their families in a combat zone. They want acknowledgement that their service continues to have significant compensation value after they retire — just as they were promised it would. MOAA wants Pentagon and congressional acknowledgement that those decades of service and sacrifice constitute an up-front premium payment that very few Americans are willing to pay, a specific acknowledgement that this advance premium should substantially reduce the cash fees required of them in retirement, and a statutory implementation formula that limits the percentage fee hike in any given year to the percentage increase in retired pay. So far, we're still waiting.

[Source: MOAA Leg Up Col. Steve Strobridge, USAF-Ret article 9 Sep 2010 ++]

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**VA Employment Ranking:**

The Nuclear Regulatory Commission and the Government Accountability Office once again top the list of Best Places to Work in the federal government, according to a new report released 1 SEP. But some agencies, such as the Veterans Affairs Department and Securities and Exchange Commission, saw steep drops in their rankings from the Partnership for Public Service's previous study in 2009. VA dropped from 12th among large agencies to 21st; SEC dropped from 11th to 24th. The rankings are based on the Partnership's agency-by-agency analysis of responses to questions in the Office of Personnel Management's Federal Employee Viewpoint Survey, which was released in July. Overall rankings are based on employees' reported satisfaction with their jobs and organizations and their willingness to recommend their agencies as a good place to work. The Partnership also analyzed satisfaction with leadership and management, training and development opportunities, and opportunities for advancement to rank agencies in other categories. VA spokeswoman Jo Schuda said the department believes significant operational changes such as enacting the Post-9/11 GI Bill and Secretary Eric Shinseki's push to reduce the claims backlog have stressed employees and contributed to its ranking decline. "Both of those major new initiatives required substantial changes in technology that continue," Schuda said. Shinseki "expected this amount of organization change can be difficult for the work force, but that change has to happen if we're going to be able to meet these significant challenges." Schuda said the survey results show that VA leaders have to keep talking to employees about how changes being enacted will benefit veterans, and how the changes will be put into action. The complete results are posted online at <http://bestplacestowork.org>. [Source: FederalTimes.com Stephen Losey article 1 Sep 2010 ++]

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**Cell Phones for Soldiers:** Cell Phones for Soldiers was founded by teenagers Robbie and Brittany Bergquist from Norwell MA, with \$21 of their own money. Since then, the registered 501c3 non-profit organization has raised almost \$2 million in donations and distributed more than 500,000 prepaid calling cards to soldiers serving overseas. To a military family, a phone call home is priceless. Cell Phones for Soldiers address an everyday emotional need that everyone has experienced: the need to call home, to hear a familiar voice while far away. You can help our troops stay connected by donating your used cell phones. The phones are sent to ReCellular, which pays Cell Phones for Soldiers for each donated phone. Proceeds from each phone are used to purchase calling cards for U.S. Soldiers serving overseas with an hour of talk time. Americans will replace an estimated 130 million cell phones this year with the majority of phones either discarded or stuffed in a drawer.

To forwarding you old cellphone/s drop off points for phones can be found at [www.cellphonesforsoldiers.com/locateDropoff.asp](http://www.cellphonesforsoldiers.com/locateDropoff.asp) by entering your zip code or they can be sent by mail or FedEx. At [www.cellphonesforsoldiers.com/resource\\_center.html](http://www.cellphonesforsoldiers.com/resource_center.html) you can download a shipping label with prepaid postage for mailing 1-3 phones. For 4 or more phones, go to [www.cellphonesforsoldiers.com](http://www.cellphonesforsoldiers.com) for a FedEx shipping label.

- Deactivate phone(s) and turn off power.
- Keep battery attached to phone. If battery is not attached to phone, place tape over terminal ends.
- Place phone(s) in drop off box or put in an envelope or small box, affix the prepaid shipping label to package, seal and drop in mailbox or FedEx package center.

[Source: Military.com Military Report 30 Aug 2010 ++]

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**VA Vet Centers Update 07:** The Vet Center Program was established by Congress in 1979 out of the recognition that a significant number of Vietnam era vets were still experiencing readjustment problems. Vet Centers are community based and part of the U.S. Department of Veterans Affairs. In APR 91, in response to the Persian Gulf War, Congress extended the eligibility to veterans who served during other periods of armed hostilities after the Vietnam era. Those other periods are identified as Lebanon, Grenada, Panama, the Persian Gulf, Somalia, and Kosovo/Bosnia. In OCT 96, Congress extended the eligibility to include WWII and Korean Combat Veterans. The goal of the Vet Center program is to provide a broad range of counseling, outreach, and referral services to eligible veterans in order to help them make a satisfying post-war readjustment to civilian life. On 1 APR 03 the Secretary of Veterans Affairs extended eligibility for Vet Center services to veterans of Operation Enduring Freedom (OEF) and on 25 JUN 03 Vet Center eligibility was extended to veterans of Operation Iraqi Freedom (OIF) and subsequent operations within the Global War on Terrorism (GWOT). The family members of all veterans listed above are eligible for Vet Center services as well. On 5 AUG 03 VA Secretary Anthony J. Principi authorized Vet Centers to furnish bereavement counseling services to surviving parents, spouses, children and siblings of service members who die of any cause while on active duty, to include federally activated Reserve and National Guard personnel.

If you, or a family member, served in any combat zone and received a military campaign ribbon (Vietnam, Southwest Asia, OEF, OIF, etc.) than your family is eligible for Vet Center services. Readjustment counseling covering a wide range of psycho social services is offered to eligible Veterans and their families in the effort to make a successful transition from military to civilian life. They include:

- Individual and group counseling for Veterans and their families
- Family counseling for military related issues
- Bereavement counseling for families who experience an active duty death
- Military sexual trauma counseling and referral
- Outreach and education including PDHRA, community events, etc.

- Substance abuse assessment and referral
- Employment assessment & referral
- VBA benefits explanation and referral
- Screening & referral for medical issues including TBI, depression, etc.

VA's readjustment counseling is provided at community-based Vet Centers located near veterans and their families. All Vet Center services are prepaid through military service. Contact your nearest Vet Center through information provided in the Vet Center Directory at [http://www2.va.gov/directory/guide/vetcenter\\_flash.asp](http://www2.va.gov/directory/guide/vetcenter_flash.asp) or listings in your local blue pages. Vet Center staff are available during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific). By the end of 2010, there will be 300 Vet Centers across the US and surrounding territories (US Virgin Islands, Puerto Rico, Guam, and American Samoa). [Source: [www.vetcenter.va.gov/Vet\\_Center\\_Services.asp](http://www.vetcenter.va.gov/Vet_Center_Services.asp) Aug 2010 ++]

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**Outward Bound Update 01:** Outward Bound, a 45-year old non-profit outdoor, adventure-education organization, is looking for veterans, interested in participating in fully-funded reintegration wilderness expeditions. Adventures are physically, mentally and emotionally stimulating and work to build the self-confidence, trust, and communication skills necessary to successfully return to their families and communities following war time service. Goals of the program are to provide a positive outdoor experience for military veterans that will enable them to experience the healing benefits of the natural world and benefit from quality environmental education. Details are:

- **Who:** Available to all OEF or OIF Veterans who were deployed to Iraq and/or Afghanistan , pending medical screening.
- **What:** A 5-7 day Wilderness Expedition: may include backpacking, rock climbing, canoeing, dog sledding, sailing, sea kayaking and white water rafting.
- **Where:** Wilderness locations include: California , Colorado , Maine , Maryland , Minnesota, New Jersey , Pennsylvania , Utah , Oregon , Washington , Alabama , and Florida.
- **When:** Dates available year-round.
- **How:** What sets Outward Bound apart is that the goal is personal growth. The wilderness and the skills learned to deal with it are simply a vehicle for growth.
- **Cost:** All expenses paid! Veterans will not be responsible for cost of expedition including round-trip stateside transportation to course site. Funding provided by the Military Family Outdoor Initiative Project, a joint project of the Sierra Club and The Sierra Club Foundation.
- **To Enroll:** Call 1-866-669-2362 ext 8387 (VETS).

[Source: MSC Newsletter August 2010 ++]

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**DoD Benefit Cuts Update 03:** One week after comparing Social Security to a "milk cow with 310 million tits," former Senator Alan Simpson (R-WY), and co-chairman of President Obama's fiscal commission, now questions disability benefits being paid to war veterans, saying they are "not helping" the nation's debt crisis. Simpson said, "The irony [is] that the veterans who saved this country are now, in a way, not helping us to save the country in this fiscal mess." The bi-partisan Commission is charged with identifying policies to improve the fiscal stability of the country. It is intended to meet once a month when Congress is in session. Its first meeting was held on 27 APR 2010. The former Senator's shocking comments are extremely disappointing to military fraternal organizations and their nationwide memberships. Simpson's remarks are insulting and a "slap in the face" to the millions of veterans and their families who sacrificed so much to protect our country. NAUS agrees with the

Veterans of Foreign Wars, the largest group of U.S. combat veterans and fellow National Military and Veterans Alliance member, in calling Simpson's remarks and his reasoning "totally irresponsible and potentially detrimental" to programs for disabled veterans. A White House spokesman said that the President did not agree with Mr. Simpson's comments. The spokesman said that the White House expected some differences of opinion and there was no plan to ask Mr. Simpson to step down. Veterans have earned their benefits and as President Obama said earlier this week, "We will do whatever it takes to serve our veterans as well as they have served us. This is a sacred trust." [Source: NAUS Weekly Update 3 Sep 2010 ++]

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**Vet Insurance ~ Life Update 06:** A lawsuit, originally filed in Springfield MA on behalf of deceased veterans' families and others, accuses Prudential of improperly collecting interest on unpaid veterans' life insurance benefits. The lawsuit has also been expanded to include claims of fraud. The plaintiff's attorneys are seeking to have the case certified as a class action on behalf of 60,000 beneficiaries of military life insurance policies. The suit claims Prudential fails to pay beneficiaries in a lump sum as required by U.S. law and the language of the policies, instead encouraging them to leave the money in accounts with the company, which pays them a small amount of interest. Bob DeFillippo, a spokesman for Newark, New Jersey-based Prudential Financial Inc., declined to comment on the suit. He said the company informs death-benefit beneficiaries of their payment options and that they can immediately withdraw all the money from their Alliance Account. The plaintiffs claim that Prudential "fraudulently informs beneficiaries that this Alliance Account scheme constitutes a 'lump-sum' payment as required by law." Instead, the company keeps the money in its general account, paying only when the beneficiaries write drafts on the account, they claim. More than 100 insurance carriers earn investment income on \$28 billion owed to life insurance beneficiaries..

In another lawsuit, a woman named Jasmine Williams is suing MetLife Inc. She claims that Metlife told her that her \$101,819 in life insurance benefits were safe and was sent what the company called a guaranteed money market "checkbook" in 2002. The next year, Williams, then 19, told MetLife that a cousin had taken \$48,900 by forging her name on 12 checks. Williams, of Rougemont, North Carolina, sought reimbursement. The insurance company and Pittsburgh-based PNC Bank NA, which processed MetLife checks, refused to cover Williams' losses. The bank claimed that the insurer owed her the money, and the insurer claimed that only the bank could reimburse her. The reason they could do that is because Metlife, like Prudential, retains the assets instead of depositing them in a bank. Had Williams' money been in a bank, instead of an account managed by an insurance company, federal and state law would have required the bank to verify signatures on checks and cover losses. Williams' predicament spotlights the uncertainties people face by accepting so-called retained-asset account checkbooks from insurers. [Source: Bloomberg News Bob Van Voris article 30 Aug 2010 ++]

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**Tricare Overseas Program Update 01:** International SOS Assistance, Inc. is the new Tricare Overseas Program (TOP) Contractor effective 1 SEP 2010. As the new contractor for the TOP, they have developed a new website [www.Tricare-overseas.com](http://www.Tricare-overseas.com) specifically for the overseas population. This will be the new one-stop location for all information pertaining to TOP. On 1 SEP all overseas beneficiaries, providers and government users will no longer use the [www.Tricare4u.com](http://www.Tricare4u.com) website. Wisconsin Physicians Service (WPS) will support International SOS (ISOS) as the claims processor for TOP. The new Tricare Overseas website will offer the same features as the current [www.Tricare4u.com](http://www.Tricare4u.com) website. Whether it is viewing claims history, eligibility, or a Tricare Overseas Explanation of Benefits (EOB), you will continue to enjoy the same benefits with the new website. Beneficiaries can register on [www.Tricare-overseas.com](http://www.Tricare-overseas.com) to get started or use their existing [www.Tricare4u.com](http://www.Tricare4u.com) username and password. All will be prompted to change their password when they first log on [www.Tricare-overseas.com](http://www.Tricare-overseas.com).

ISOS is the contractor for remote overseas claims processing and they also certify Philippines providers. When a claim comes in with a first time Tricare provider, the name and address of the provider is sent to ISOS for certification. Once they have received the information from ISOS their provider file database is updated appropriately. SOS has announced two important changes that will impact how you receive your Tricare Explanation of Benefits.

- Beginning on 1 SEP 2010, you will receive a monthly summary EOB instead of a separate EOB each time a claim processes. The Tricare Overseas summary EOB will continue to have all of the information you are accustomed to receiving but will now be compiled into one monthly statement. Note that if a check is issued to you rather than the provider or if you have a claim denied by Tricare Overseas that may be appealed, you will receive a summary EOB through that date.
- Beginning on 01 SEP 2010, you will have the option to log into the new website and elect to suppress your summary EOB. If you make this election you will then receive an immediate email notification each time your Tricare Overseas claim has processed. The email notification will provide a link to the [www.Tricare-overseas.com](http://www.Tricare-overseas.com) website allowing you the convenience to view and print your TOP EOB from your home instead of receiving the monthly summary EOB in the mail.

**Editors Note:** As with all new things there are still some bugs to work out on the new website. When I attempted to access the authorized list of providers for the Philippines on the new website it could not be displayed. I called the Overseas - Europe/Pacific contact number 1-608-301-2310 on 3 SEP and asked what the problem was. I was informed that at present this had not yet been activated but it should be within in a few weeks. In the interim [www.Tricare4u.com](http://www.Tricare4u.com) could still be used for this.

[Source: <https://www.Tricare4u.com> Notice 17 Aug 2010 ++]

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**TSP Update 16:** After a month of good news, eight of 10 TSP funds posted negative returns for August:

- The I Fund, which invests in overseas companies, lost 3.14% last month after gaining 10.78% in July. That gain had followed months of losses, most notably an 11.2% drop in May. The fund remains down 7.8% this year.
- The S Fund (which invests in small and mid-size companies and tracks the Dow Jones Wilshire 4500 Index) posted a loss of 5.59%. It saw losses in May and June but was up about 7% in July. On the year it is up 0.21%.
- The C Fund (invested in common stocks of large companies on the Standard & Poor's 500 Index) posted a loss of 4.51%. It saw losses in May and June but was up about 7% in July. On the year it is still down, with losses of 4.62%.
- The F Fund, invested in fixed-income bonds, saw a 1.28% increase in August, higher than the 1.07% growth posted in July.
- The government securities (G) fund, the TSP's most stable offering, earned 0.22% in August, almost identical to July's 0.23% 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, all posted losses. The funds had struggled in May and June but made small gains in July. On the year, only the L Income Fund, for people who have reached their target retirement date and are withdrawing money from their TSP accounts monthly, and the L 2010 fund are in positive territory, with 1.26% and 1.18% gains, respectively. The L 2020 fund has lost 1.1%, the L 2030 1.8% and the L 2040 2.43%. The L 2010 Fund will close 31 DEC and all investments will be moved to the L Income Fund. Participants wishing to

change their investments can do so through the TSP website [www.tsp.gov/index.shtml](http://www.tsp.gov/index.shtml). [Source: GovExec.com Emily Long article 2 Sep 2010 ++]

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**Hip/Knee Replacement:** Even though knee and hip replacements have become routine, they're not fail-safe. A study published in 2007 found that 7% of hip replacements done for Medicare patients had to be replaced within seven and half years. Experts agree that failure rate should be lower. If you're considering replacing a knee or hip, here are some ways to increase your chances of success and avoid a second implant:

- **Choose an experienced surgeon at a hospital that does a lot of implants.** Ask for a referral from your doctors and friends. A study published in The Journal of Bone and Joint Surgery in 2004 found that doctors who perform more than 50 procedures a year had fewer complications. Patients at hospitals that performed more than 200 new replacements a year fared better than patients at hospitals that performed 25 or fewer. Ask the prospective surgeon how many joint replacements like yours he or she performs a year. Do the same with your hospital.
- **Not everyone with joint pain will benefit from a replacement.** An implant can help reduce pain and improve mobility if the damage is caused by arthritis, for instance. But a new joint won't help pain caused by inflammation of surrounding soft tissue. According to doctors, some people can manage with careful use of medications.
- **Gather information about the procedure.** Once you've picked a surgeon and have recommendations for the type of joint you will receive, find out how well it has performed in other patients. Are there known complications? Depending on the type of implant, some may cause tissue and bone damage in certain patients. Some patients have complained of "squeaky" new joints.
- **Have a recovery plan.** To avoid complications recuperating from a joint replacement, discuss with your doctor what sort of support you'll need when you go home. Make sure you have enough help since you'll have difficulty getting around. You won't be able to drive right away and you may want a friend or family member to stay with you. Consider hiring an aide or visiting nurse. If you have pets, make arrangements for their care as well.

[Source: The New York Times Lesley Alderman article 2 Jul 2010 ++]

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**VA Prostate Cancer Program Update 10:** Most physicians are reluctant to prescribe the drug finasteride to prevent prostate cancer in older men with elevated risk of the disease, despite evidence that the drug can reduce risk by about a quarter, researchers say. "There are no other proven ways of reducing your risk of prostate cancer — this is the only one," Dr. Ian M. Thompson of the University of Texas Health Science Center in San Antonio, told Bloomberg. Its use could reduce new diagnoses by "tens of thousands," he said. Thompson was the lead author of a 2003 report that showed that the drug, sold by Merck under the brand name Proscar, could reduce the risk of prostate cancer among such men from 24% to 18%. Another study this year showed that a second drug, dutasteride, might be even slightly more effective. Risk factors for prostate cancer include being older than 65, having elevated levels of prostate-specific antigen (PSA), a family history of the disease and being African-American.

In the new study, Dr. Linda S. Kinsinger of the Veterans Health Administration National Center for Health Promotion and Disease Prevention and her colleagues surveyed a random sample of 325 VHA urologists and 1,200 VHA primary care physicians to determine how their prescribing practices changed from 2000 through 2005, a period that included the widely heralded finasteride trial. The researchers reported in the September issue of the journal *Cancer Epidemiology, Biomarkers & Prevention* that the use of finasteride did increase somewhat during the

period, but to treat benign prostatic hyperplasia (an enlarged prostate gland), not to prevent prostate cancer. Fully 64% of urologists and 80% of primary-care physicians said they never prescribed the drug for prevention. One concern among urologists was that the 2003 study suggested that, even though finasteride reduced the risk of prostate cancers, those who did develop the disease might be more likely to develop a highly aggressive form. Researchers have shown, however, that that was an artifact of the study and is not true. Kinsinger compared using finasteride to ward off prostate cancer to using statins to ward off heart disease. The primary difference between the two, she added, is that the effects of statins can be monitored by measuring cholesterol levels, but there is no analogous marker to show that finasteride is working. The primary side effect of finasteride is that it increases hair growth. [Source: Chicago Tribune | Living Thomas H. Maugh article 1 Sep 2010 ++]

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**VA Facility Maintenance Update 01:** The Department of Veterans Affairs is spending tens of millions of taxpayer dollars every year to maintain hundreds of buildings, most of them vacant, that have fallen into such a state of disrepair that many of them are considered health hazards, an investigation by FoxNews.com reveals. Exactly how much it costs to maintain the run-down and abandoned buildings is a matter of dispute. The Government Accountability Office estimates that the VA has spent \$175 million every year since 2007. But the VA disputes that figure, saying it spent \$85 million on the buildings in 2007 and only \$37 million last year. The VA maintains 5,507 buildings across the country. But as many as 314 of them are currently vacant — and they require huge outlays of money just to remain standing. Some veterans' advocates have called for the structures to be renovated or razed and rebuilt to provide housing for homeless veterans — but demolishing them or making them habitable could cost even more money, because many of the buildings contain hazardous materials. Others say the government should sell these buildings to developers or non-profits that can make use of the facilities. But the VA is restricted by complex federal property and historical building guidelines and sanctioned share lease agreement programs that require outside organizations to come up with big bucks — no small feat for cash-strapped municipalities and non-profits in the midst of a recession. And some of these buildings are just too old or too bizarre to drum up interest. Anyone looking for a 325-square-foot pink, octagonal monkey house in Dayton, Ohio?

A FoxNews.com investigation has uncovered scores of these decrepit or abandoned buildings across the country that are home to rats, vermin, bird's nests, septic rainwater, exposed asbestos, lead paint, wall-to-wall fungal growth, mold, radon, fiberglass insulation, old clothes, spare tires, barrels of unidentified chemicals and even abandoned children's dolls, according to documents and first-hand observations. On 1 SEP the VA released this statement: "VA places its highest priority on the delivery of quality healthcare services and benefits to Veterans and their families. The Department is also called to ensure the safety and security for our Veterans, Employees and those who visit our facilities. That why VA continues to work on meeting the President's directive to reduce our inventory of unneeded buildings or convert their use to meet our key mission objectives, like ending Veteran homelessness. Over the past three years VA has disposed of 266 vacant or underused buildings consisting of over 2.6 million ground square feet and close to 200 acres of land and plans to dispose of 6.9 million ground square feet over the next five years."

The VA owns a total of 145.6 million gross square feet, of which 6.6 million gross square feet are vacant. Add another 4 million gross square feet of underutilized space — areas that are occupied but not utilized most effectively — and 7% of VA property is wasting both space and money. In 2007, according to a GAO report the following year, the VA spent \$175 million annually to maintain vacant or underutilized buildings. The report noted that 5% of VA buildings were vacant, the same percentage of vacancy reported this year. GAO officials told FoxNews.com that they believe the VA is still spending that same amount (\$175 million a year) on vacant or underutilized buildings. But the VA disputes the GAO's calculations, saying it spent only \$85 million in 2007 and spent only \$37 million last year. The VA's current calculations are based on a national average of \$2 per square foot of vacant space; GAO's

calculations take into account the specific costs associated with particular buildings and uses regional averages. GAO also says the VA underreported costs and excluded property, maintenance and operational expenses.) Meanwhile, advocates for homeless veterans are urging the VA to find some way to utilize these structures to provide health and psychological services to veterans across the country — and to prepare for the thousands more who will return home from Iraq and Afghanistan. "You got dormant buildings? You want to give them away? Refurbish them! Use them!" said Larry Van Kurant, spokesman for Veterans of Foreign Wars who is against VA's divestment of property.

Bob Young, who served on President Bush's advisory council for historic preservation and has testified before VA committees on adaptive reuse of historic properties, acknowledged that the "VA does not have enough housing for the veterans it treats." But, he said, "VA has limited funds and it must weigh the balance between spending money on patient care and infrastructure. If constructing a new building or leasing a building is less expensive than rehabilitating a historic structure, it's easy to see why the historic building option would not be the choice to make. It's all about the money." VA spokesman Drew Brookie gave FoxNews.com this statement: "VA places its highest priority on the delivery of quality services and benefits to veterans and their families — first and foremost. Demolishing unneeded buildings is often costly and requires the careful balancing of priorities for resources, especially since our department's mission is to care — often 24 hours a day, 7 days a week — for our nation's veterans. VA understands the importance and implications associated with an inventory of vacant and underutilized buildings. VA has been and continues to actively work on reducing its inventory of unneeded facilities." [Source: FoxNews.com Jana Winter article 1 Sep 2010 ++]

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## **Saving Money:**

- **Ask your doctor for a discount.** Before your appointment t, visit [www.healthcarebluebook.com](http://www.healthcarebluebook.com) or call a local health insurer to find out what it pays area doctors for a similar consultation or test. Then aim for that number, which is usually lower than the doctor's charge. Try to negotiate directly with the doctor – not office personnel – in person and before treatment is given.
- **Dental work.** Get dental work for a fraction of the cost from dentist-supervised students at a dental school. Find a school at [www.ada.org](http://www.ada.org) by clicking on "Dental Schools". For low-cost, federally funded care, go to [www.nidcr.nih.gov](http://www.nidcr.nih.gov) and click "Finding Dental Care".
- **Request an itemized bill when hospitalized.** A daily bill helps you track whether you're getting the medical supplies, drugs and services that have been determined necessary for your treatment, and to cry foul if they haven't been provided. It also lets you spot and protest outrageous charges, such as \$30 for a "thermal therapy kit" that is really just an ice bag.
- **Bring your own drugs.** Some hospitals quadruple the price you normally pay for prescription and over-the-counter medications, so find out in advance what you'll need and get them yourself. But ask the hospital if it will allow this. Many hospitals don't.
- **Medical studies.** No cost treatment and medication may be available if you qualify for a medical study for a chronic condition such as diabetes or allergies. Find studies at [www.clinicaltrials.gov](http://www.clinicaltrials.gov) or call local medical schools. Check the stud's credentials.
- **Haring aid.** Try haggling over the price of your hearing aid, which typically sells at a retail markup of 120%. Most of the 15% of people who ask for such a deal get one.

[Source: AARP Bulletin Jul-Aug 2010 ++]

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## **Medicare Fraud Update 48:**

- Miami FL** - A South Florida doctor, clinic owner and five nurses pleaded guilty on Tuesday to participating in a multimillion-dollar Medicare fraud scheme. They were among a group of South Floridians rounded up in December during a health care fraud sweep. Dr. Fred Dweck admitted to referring 858 Medicare recipients for unnecessary home health care services. As a result, Miami-area home health care agencies billed the Medicare program for more than \$37 million in false and fraudulent claims. Medicare paid more than \$22 million of the fraudulent claims. Yudel Cayro owned and operated Courtesy Medical Group in Miami, which employed Dweck. He admitted to receiving kickbacks and bribes from people who recruited Medicare recipients into the scheme, and from owners and operators of Miami-area home health agencies. Cayro admitted that about 344 Medicare recipients were referred for such unnecessary services through his clinic, resulting in more than \$16 million of fraudulent billing to the Medicare program by home health agencies. Medicare paid about \$9.8 million for medically unnecessary home health care and therapy services. Nurses Teresita Leal, Armando Sanchez, Lissbet Diaz, Marlenys Fernandez and Silvio Ruiz worked at various times for ABC Home Health Care and/or Florida Home Health Care Providers, two Miami-area home health care agencies. They admitted to falsifying patient files for Medicare beneficiaries to make it appear that they qualified for home health care and therapy services. All face up to 10 years in prison for each conspiracy to commit health care fraud count and five years in prison for each false statement count.
- Pembroke Pines FL** - Afredo Rasco, 51, pleaded guilty 1 SEP to conspiracy to commit health care fraud and aggravated identity theft by using a doctor's identification to bill Medicare for services never delivered. His wife, Niurka Rasco, 49, pleaded guilty to a single count of filing documents claiming to be the owner-operator of United Medical, the Savannah business from which the false Medicare billings originated and that shared a Broughton Street location with United Therapy and Iris Oswald, 53, owner of United Therapy, pleaded guilty to providing transportation, gift cards and lunches to entice patients to use the clinic. The Rascos and Oswald were charged with carrying out a scheme in which doctors' identifications were stolen and used to bill Medicare for expensive infusion therapy for patients with HIV, AIDS and immune-system disorders. Before they were detected, the defendants had submitted \$6.5 million in phony bills to Medicare and had stolen more than \$4 million. Rasco faces a maximum penalty of up to 12 years in prison, up to \$500,000 in fines and three years probation, his wife faces up to six months in prison, up to \$2,000 in fines and a year of probation, and Oswald faces up to five years in prison, fines up to \$250,000 and three years probation.
- Tampa FL** - Emilio L. Tain, 42, was sentenced 1 SEP to 10 months in prison and 15 months of house arrest after pleading guilty to filing false Medicare claims involving a Hialeah pharmacy. He submitted about \$776,298 in fraudulent bills to Medicare between 31 MAR and 8 APR, claiming that Elbia's Pharmacy in Hialeah provided prescription drugs to Medicare beneficiaries. Tain also admitted that Luis A. Perez Moreira recruited him to become a nominal owner of the pharmacy, and sign paperwork and open bank accounts on behalf of the pharmacy. The fraud was detected early, and Tain and his co-conspirators received only \$70 from Medicare. In addition to jail time, Tain must pay back the \$70, plus a \$4,000 fine, and perform community service after his release.
- Miami FL** - Flor Crisolago, 58, the owner and operator of J & F Community Medical Center Inc., pleaded guilty 9 SEP to one count of conspiracy to commit health care fraud. She admitted that she submitted approximately \$23 million in false and fraudulent claims to Medicare for HIV injection and infusion services purportedly provided through J & F. Crisolago hired a physician at J & F and conspired with the physician and others to order unnecessary tests, sign false medical analyses and diagnosis forms, and authorize treatments to make it appear that medical services were being provided to patients who were Medicare beneficiaries. The services included medically unnecessary injection and infusion therapies. She also admitted that she and her conspirators paid Medicare beneficiaries kickbacks to induce the beneficiaries to claim they received legitimate services at the clinic when in fact the HIV infusion services were either not provided or were not medically necessary. Crisolago faces up to 10 years in prison, fines,

and forfeiture of any property or proceeds derived from her criminal activities. Sentencing is scheduled for 23 NOV 2010.

[Source: Fraud News Daily reports 1-14 Sep 2010++]

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## Medicad Fraud Update 21:

- **Washington D.C.** - Lois Diane Fant, owner of a now defunct transportation company, was sentenced 1 SEP to three years' probation and 180 days of home detention for billing Medicaid for non-existent transportation services. Fant, 61, pled guilty on 7 JUN to the first count of the indictment charging health card fraud. During her guilty plea, Fant admitted that, between JAN 03 and JUN 05 she submitted false claims to Medicaid for transportation services which, in reality had not been performed, for a total loss to the government of \$125,000. In addition to the home detention and probation, Judge Bates ordered Fant to pay restitution of \$125,000. As explained at sentencing, Medicaid conducted an audit in JUN 05 due to Fant's relatively high volume of claims to D.C. Medicaid. Fant was unable to provide any records of transportation services, although regulations required transportation providers, such as her company, to maintain trip logs. Subsequent scheduled audits were cancelled by Fant. The defendant's company was suspended from being a Medicaid provider in June 2005.
- **Pasadena TX** - Dr. David Lloyd Gonzales Jr., 47, was found guilty 30 AUG for defrauding Medicaid. The dentist was convicted on 22 counts of health care fraud after a jury determined he knowingly billed Medicaid for unperformed services, such as root canals, fillings and wisdom teeth extractions. The jury took about one day to deliberate in his trial. Gonzales began working with Medicaid in 1994, but he was suspended in 2005. He has been released on bond and will remain free until his sentencing hearing, which is scheduled for 29 NOV. He could face up to a decade behind bars and pay up to \$250,000. Medicaid pays for dental services for eligible beneficiaries from infancy to age 21.
- **Elizabeth NJ** - Dr. Yousef Masood, 46, was arrested 7 SEP on charges of running an alleged Medicaid fraud scheme. So far, it is believed Masood stole at least \$1.8 million from taxpayers -- and that number is expected to grow. Masood prescribed over \$9 million in Medicaid drugs in 2009 even though he never saw 2/3 of the patients who walked into his medical office. He hired three workers at \$17-per-hour to cover his Elizabeth, N.J., office, claiming they were doctors although they were not licensed to practice. Most patients saw the three low paid workers -- all while Masood was allegedly billing the government and living the high life. In fact, even while on vacation in Bermuda, Europe and the Dominican Republic, Dr. Masood was claiming he actually saw patients at his office and wrote out prescriptions. Prosecutors said once Masood was paid by Medicaid, the doctor moved millions into other accounts. He also bought properties in Basking Ridge, N.J. as well as Davenport, Florida with the money he allegedly stole. The three "fake doctors" -- Hamid Bhatti, Hakim Muta Muhammad and Carlos Quijada -- were also arrested.

[Source: Fraud News Daily reports 1-14 Sep 2010++]

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**State Veteran's Benefits:** The state of Connecticut 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 each click on "[Learn more about ...](#)" wording highlighted in blue on the attachment.

- Housing Benefits
- Financial Assistance Benefits
- Employment Benefits

- Education Benefits
- Other State Veteran Benefits

[Source: [www.military.com/benefits/veteran-benefits/connecticut-state-veterans-benefits](http://www.military.com/benefits/veteran-benefits/connecticut-state-veterans-benefits) Sep 2010 ++]

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**Military History:** During World War I and World War II, hundreds of American Indians joined the United States armed forces and used words from their traditional tribal languages as weapons. Some Code Talkers enlisted, others were drafted. Many of the Code Talkers who served were under age and had to lie about their age to join. Some were just 15 years old. Ultimately, there were Code Talkers from at least 16 tribes who served in the army, the marines, and the navy. The military asked them to develop secret battle communications based on their languages—and America’s enemies never deciphered the coded messages they sent. “Code Talkers,” as they came to be known after World War II, are twentieth-century American Indian warriors and heroes who significantly aided the victories of the United States and its allies. American Indian Code Talkers were communications specialists. Their job was to send coded messages about troop movements, enemy positions, and other critical information on the battlefield. Some Code Talkers translated messages into their Native languages and relayed them to another tribal member. Others developed a special code within their languages that they used in combat to send important messages.

In World War I, Choctaw and other American Indians transmitted battle messages in their tribal languages by telephone. Although not used extensively, the World War I telephone squads played a key role in helping the United States Army win several battles in France that brought about the end of the war. Beginning in 1940, the army recruited Comanches, Choctaws, Hopis, Cherokees, and others to transmit messages. The army had special American Indian recruiters working to find Comanches in Oklahoma who would enlist. The Marine Corps recruited Navajo Code Talkers in 1941 and 1942. Philip Johnston, a World War I veteran who had heard about the successes of the Choctaw telephone squad, was instrumental in advancing the use of Code Talkers. Although not Indian, he had grown up on the Navajo reservation and was familiar with their language and capabilities. In 1942, he suggested to the Marine Corps that Navajos and other tribes could be very helpful in maintaining communications secrecy. After viewing a demonstration of messages sent in the Navajo language, the Marine Corps was so impressed that they recruited 29 Navajos in two weeks to develop a code within their language. After the Navajo code was developed, the Marine Corps established a Code Talking school. As the war progressed, more than 400 Navajos were eventually recruited as Code Talkers. The training was intense. Following their basic training, the Code Talkers completed extensive training in communications and memorizing the code.

Many Code Talkers earned medals during and after the war, but this was recognition that many servicemen and women received, depending on where they were and what they did in the war. Special recognition for Code Talking did not come for more than 40 years. One reason that Code Talkers were not recognized until much later is because the program was secret and classified by the military. The Navajos were ordered to keep their wartime jobs secret. It wasn’t until 1968 that the Navajo Code Talkers program was declassified by the military. The military did not order the Comanche Code Talkers to keep silent about their jobs in the war. However, mostly due to security concerns, the program was not discussed outside the Comanche community. After the programs were declassified, people started to realize the importance of the Code Talkers’ achievements, and recognition finally began to arrive.

- In 1989, the French government awarded the Comanche Code Talkers the Chevalier of the National Order of Merit, a very high honor.
- in 2000, the United States Congress passed legislation to honor the Navajo Code Talkers and provided them with special gold and silver Congressional Medals. The gold medals were for the original 29 Navajos that developed the code and the silver medals for those that served later in the program. A statement in the

Navajo language on the back of the medals translates to: “With the Navajo language they defeated the enemy.”

- In 2007, a Congressional bill was introduced to officially recognize all American Indians who served as Code Talkers during the twentieth century.
- Beyond Washington, D.C., tribal governments, some state and local governments, and a variety of organizations have acknowledged the importance of the Code Talkers.

[Source: [www.nmai.si.edu/education/codetalkers/htm](http://www.nmai.si.edu/education/codetalkers/htm) Aug 2010 ++]

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## **Military History Anniversaries:**

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

- Sep 22 1776 - American Revolution: American Captain Nathan Hale is hanged as a spy by the British in New York City; his last words are reputed to have been, "I only regret that I have but one life to give for my country."
- Sep 23 1779 - American Revolution: The American navy under John Paul Jones, commanding from Bonhomme Richard, defeats and captures the British man-of-war Serapis.
- Sep 23 1780 - American Revolution: British Major John André is arrested as a spy by American soldiers exposing Benedict Arnold's change of sides.
- Sep 23 1945 - The first American dies in Vietnam during the fall of Saigon to French forces.
- Sep 24 1780 - American Revolution: Benedict Arnold flees to British Army lines after his plot to surrender West Point is exposed by the arrest of British Major John André.
- Sep 25 1915 - WWI: An allied offensive is launched in France against the German Army.
- Sep 25 1929 - Jimmy Doolittle performs the first blind flight from Mitchel Field proving that full Instrument Flying from take off to landing is possible.
- Sep 25 1944 - WWII: Surviving elements of the British 1st Airborne Division withdraw from Arnhem in the Netherlands, thus ending the Battle of Arnhem and Operation Market Garden.
- Sep 26 1777 - American Revolution: The British army launches a major offensive, capturing Philadelphia.
- Sep 26 1950 - Korea: General Douglas MacArthur's American X Corps, fresh from the Inchon landing, links up with the U.S. Eighth Army after its breakout from the Pusan Perimeter.
- Sep 27 1950 - Korea: U.S. Army and Marine troops liberate Seoul, South Korea.
- Sep 28 1906 - Latin America Interventions: U.S. troops reoccupy Cuba, stay until 1909
- Sep 29 1789 - Congress votes to create a U.S. army.
- Sep 29 1864 - Civil War: Union troops capture the Confederate Fort Harrison, outside Petersburg VA.
- Sep 29 1899 - Veterans of Foreign Wars (VFW) was established.
- Sep 30 1949 - Cold War: The Berlin Airlift is officially halted after 277,264 flights.
- Sep 30 1950 - Korea: U.N. forces cross the 38th parallel as they pursue the retreating North Korean Army.

[Source: Various Sep 2010 ++]

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**Military Trivia 12:** The answers to the following trivia questions on the American Civil War are provided at the end in reverse order:

1. Question: Who commanded the Union Sixth Corps after John Sedgewick was mortally wounded?
  - a.) Gouverneur Warren b.) Ambrose Burnside c.) Ulysses S. Grant d.) 'Stonewall' Jackson e.) Horatio Wright
2. Question: 'Company Q' in the Confederate Army was called what?
  - a.) An 'all-black' company b.) Dismounted cavalry c.) The sick list d.) Quartermaster's delight e.) The all-wounded company
3. Question: How old was JEB Stuart when he was killed?
  - a.) 23 b.) 25 c.) 32 d.) 33 e.) 34
4. Question: What was the name of General Robert E. Lee's horse?
  - a.) Old Ironhorse b.) Old Blood and Guts c.) Traveler d.) Charger e.) Yankee Clipper
5. Question: What Confederate General was also one of the founders of the Ku Klux Klan?
  - a.) Robert E. Lee b.) James Longstreet c.) A.P. Hill d.) Stonewall Jackson e.) Nathan B. Forrest
6. Question: Where did General Robert E. Lee finally surrender?
  - a.) Richmond, Virginia, on April 9 1865 b.) Appomattox, Virginia, Court House, on April 9 1865 c.) Philadelphia, Pennsylvania, on April 9 1865 d.) Gettysburg, Pennsylvania, on April 9 1865 e.) Williamsburg, Virginia, on April 9 1865.

7. Question: Which Confederate state lost more men than any other state during the Civil War?
  - a.) Alabama b.) Georgia c.) Tennessee d.) North Carolina e.) Virginia
8. Question: Which was the first Regiment of black troops mustered in the Civil War?
  - 1st Louisiana National Guard b.) 54th Maine c.) 22nd Ohio Home Guard d.) 142 Indiana Negro a.) a.) Corps e.) 33rd Yankee Musketeers
9. Question: In what North Carolina fort was the C.S.S. Albemarle constructed?
  - a.) Fort Branch b.) Fort Sumter c.) Fort Garp d.) Fort Fisher e.) Fort Moultrie
10. Question: Where did the largest cavalry engagement of the Civil War take place?
  - a.) Chancellorsville b.) Gettysburg c.) Brandy Station d.) Yellow Tavern e.) Appomattox
11. Question: When were Union forces defeated by the Confederates at the Second Battle of Bull Run in Manassas, Virginia?
  - a.) August 30, 1860 b.) August 30, 1861 c.) August 30, 1862 d.) August 30, 1863 e.) August 30, 1864
12. Question: Which side named battles after the nearest town where they were fought?
  - Neither, they were named by Congress b.) The Southern Command c.) The Northern Command d.) Both the North and South e.) They were so named directly by Abraham Lincoln
13. Question: Which Civil War General was nicknamed 'Lee's Old War Horse'?
  - Jackson b.) Longstreet c.) Stuart d.) Pickett e.) Simmons
14. Question: When was the Confederate flag officially lowered for the last time?
  - November 6, 1865 b.) November 6, 1866 c.) November 6, 1867 d.) November 6, 1868 e.) November 6, 1869
15. Question: Which U.S. warship sank the Confederate raider 'Alabama'?
  - Kearsarge b.) Michigan c.) Constitution d.) Congress e.) Nautilus

Answers in reverse order: A - A - B - B - C - C - A - A - D - B - A - C - C - C - E [Source: [www.trivia.net/begin.cfm](http://www.trivia.net/begin.cfm) Sep 2010 ++]

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**Tax Burden for Oklahoma 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 Oklahoma:

**Sales Taxes**

**State Sales Tax:** 4.5% (prescription drugs exempt); cities, towns and counties may levy local sales taxes. The county tax cannot exceed 2% but some cities have sales taxes over 4.25%.

**Gasoline Tax:** 17 cents/gallon

**Diesel Fuel Tax:** 14 cents/gallon

**Gasohol Tax:** 17 cents/gallon

**Cigarette Tax:** \$1.03/pack of 20

**Personal Income Taxes**

**Tax Rate Range:** Low - 0.5%; High - 5.5% (The rate range reported is for single persons not deducting federal income tax. For married persons filing jointly, the same rates apply to income brackets ranging from \$2,000 to over \$21,000. Separate schedules, with rates ranging from 0.5% to 10%, apply to taxpayers deducting federal income taxes.

**Income Brackets:** 8 - Lowest - \$1,000; Highest - \$8,700

**Personal Exemptions:** Single - \$1,000; Married - \$2,000; Dependents - \$1,000. Additional Exemptions: 65 or older - \$1,000

**Standard Deduction:** Single - \$4,250; Married filing jointly - \$8,500; Married filing separately - \$4,250

**Medical/Dental Deduction:** Federal amount.

**Federal Income Tax Deduction:** Full but higher rates apply to the remaining taxable income.

### **Retirement Income:**

**Retirement Income Taxes:** Social Security benefits that are included in the Federal Adjusted Gross Income shall be subtracted on your Oklahoma income tax return. Each individual may exclude a percentage (60% in 2009) of their retirement benefits received from the Civil Service Retirement System (CSRS), including survivor benefits, paid in lieu of Social Security to the extent such benefits are included in the Federal Adjusted Gross Income. Retired military personnel may exclude 75% of their retirement benefits beginning in tax year 2007 or \$10,000, which is greater, but not to exceed the amount included in the Federal Adjusted Gross Income. Individuals with Oklahoma Government or Federal Civil Service Retirement Income may exclude their retirement benefits, up to \$10,000, but not to exceed the amount included in the Federal Adjusted Gross Income. Individuals with other retirement income may exclude their retirement benefits, up to \$10,000, but not to exceed the amount included in the Federal Adjusted Gross Income. For more information refer to [www.tax.ok.gov/faq/faqiti23d.html](http://www.tax.ok.gov/faq/faqiti23d.html).

**Retired Military Pay:** Individuals may exclude 75% of their retirement benefits or \$10,000, whichever is greater. The amount of the exclusion cannot exceed the amount included in the federal adjusted gross income.

**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**

Real property is assessed at an amount between 11% and 13.5% of its fair cash value. Oklahoma offers a homestead exemption for homeowners which reduces the property's assessed value by \$1,000. In most cases this will result in a tax savings of \$80 to \$120. If gross household income is under \$20,000 a year or less and you meet all of the homestead exemption requirements, you may qualify for an additional \$1,000 exemption. A property tax refund worth up to \$200 is available if you are 65 or older, or totally disabled, and have an income of \$12,000 or less. There is a 100% property tax exemption for disabled veterans. Veterans and the surviving spouse of a veteran may also qualify for a property tax exemption.

Senior citizens with a household income of less than \$25,000 previously qualified for a valuation freeze on their primary residence. This meant that their property tax would not go up just because the value of other homes in the neighborhood has gone up. As the result of a law passed in 2004, the amount of qualifying income would be fixed to the Federal Department of Housing and Urban Development's estimate of median family income. Call 405-713-1236. For more information on ad valorem taxes refer to [www.tax.ok.gov/adv4.html](http://www.tax.ok.gov/adv4.html).

**Inheritance and Estate Taxes** - There is no inheritance tax but there is an estate tax. Estate tax is 1/2% to 10% of the net estate at the time of death and is independent of the federal estate tax. It also imposes an additional estate tax that is essentially designed to absorb any available federal estate credit for state death taxes. The amount of Oklahoma estate tax imposed depends on who gets what. For details refer to [www.tax.ok.gov/oktax/forms/45499.pdf](http://www.tax.ok.gov/oktax/forms/45499.pdf).

For further information, visit the Oklahoma Tax Commission site [www.oktax.state.ok.us](http://www.oktax.state.ok.us) or call 405-521-3160.  
[Source: [www.retirementliving.com](http://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:

- **JEFFERSON'S MANUAL.** A book of rules of procedure and parliamentary philosophy. It was written by Thomas Jefferson in 1801 when, as Vice President, he presided over the Senate. The Senate does not use Jefferson's Manual, while the House uses it as a supplement to its standing rules.
- **JOINT COMMITTEE.** A COMMITTEE comprised of both House and Senate members. There are currently 4 joint committees. They are the joint committees on the library, on printing, on taxation, and the joint economic committee. None of the joint committees have legislative powers. They conduct oversight & issue research studies.
- **JOINT MEETING.** Occurs when the House and Senate assemble together to hear a speech by a dignitary. A JOINT SESSION is when the House and Senate assemble together to hear the president give a speech. A joint session is also held to count the electoral votes for president and vice-president.
- **JOINT RESOLUTIONS.** Resolutions used to pose constitutional amendments, to fix technical errors, or to appropriate. They become public law if adopted by both the House and Senate and, where relevant, approved by the president. In terms of Constitutional amendments, they must be approved by 3/4 of the states.
- **JUNKET.** A critical term for a foreign trip taken by a member or a group of members. Usually work-related, these trips are sometimes paid for by public funds or by a foreign government.
- **K STREET.** The downtown Washington, D.C. Avenue where many lobbyists and lawyers have offices.
- **KILL.** To kill a bill is to defeat a bill, often in committee and sometimes as a result of inaction. See also TABLING.
- **KING OF THE HILL.** Refers to a special rule for sequencing, debating and voting on competing amendments. If more than one version receives a majority of votes, the one with the largest margin prevails.
- **LAME DUCKS.** Members who will not return in the next Congress but who are finishing out their current term. Lame duck sessions are those held after the November election up to when the new Congress begins.
- **LAW.** A legislative proposal passed by both the House and the Senate and approved by the President.
- **LAY ON THE TABLE.** To lay a bill, resolution, amendment, appeal, or motion on the table is to dispose of it permanently and adversely. Under congressional rules of procedure, tabling kills the underlying matter. If done by unanimous consent, the Chair will simply state: "without objection, the [matter] is laid upon the table." If done by a record vote, a motion to table is formally offered and put to a vote. An example of uncontroversial tabling would be when bills whose substance have been shifted to another piece of legislation are tabled without objection. An example of a controversial tabling would be when a debatable resolution is offered. Moving to table the resolution both ends debate and kills the resolution. In the House privileged resolutions would otherwise receive at least one hour of debate and in the Senate would have no restriction upon debate.
- **LEADER TIME.** Time reserved for the use of the majority and minority leaders at the start of each day's session. Each leader is given 10 minutes to discuss the day's legislative agenda or to address policy issues.
- **LEGISLATION.** The making of laws or the laws themselves.
- **LEGISLATIVE ASSISTANT.** The "L.A." is the staff person who advises a member of Congress on legislative issues.

- **LEGISLATIVE CORRESPONDENT.** The "L.C." is the staff person who answers the mail sent to a member of Congress.
- **LEGISLATIVE COUNSEL.** The staff person who advises Committee members on legal questions & bill language.
- **LEGISLATIVE DAY.** Any day on which the House or Senate meet. It runs until the next adjournment. If the Chamber recesses rather than adjourns, the legislative day may run over several calendar days.
- **LEGISLATIVE HISTORY.** Refers to the chronology of steps a bill took as it moved through the process. It also refers to the collection of documents generated by committees and floor debate on the bill. Federal agencies and the courts review that history to verify Congressional intent on the bill.
- **LEGISLATIVE VETO.** Refers to the repeal by Congress of federal agency or presidential actions. The Executive actions stand unless nullified by disapproval resolutions passed by Congress.
- **LIVE QUORUM.** A Live Quorum is conducted to get a majority, or 51, senators to the floor. It takes the form of a motion to instruct the Sergeant-at-Arms to request the attendance of absent senators.
- **LOGROLLING.** The term used for an informal pact between members to vote for each other's priorities..

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

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**Veteran Legislation Status 12 SEP 2010:** The House and Senate returned from their summer six week recess 13 Sep. For or a listing of Congressional bills of interest to the veteran community that have been introduced in the 111<sup>th</sup> Congress refer to the Bulletin's 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](http://www.thecapitol.net/FAQ/cong_schedule.html) for dates that you can access your legislators on their home turf. [Source: RAO Bulletin Attachment 29 Aug 2010 ++]

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**Have You Heard?** Rudyard Kipling (1865-1936) wrote a poem about how military members are treated during and after wars. Apparently, the sentiments of the Kipling poem remain alive today, even in the hearts of those who once honorably served.

**TOMMY**

I went into a public-'ouse to get a pint o' beer,  
The publican 'e up an' sez, "We serve no red-coats here."

The girls be'ind the bar they laughed an' giggled fit to die,  
I outs into the street again an' to myself sez I:  
*O it's Tommy this, an' Tommy that, an' "Tommy, go away";*  
*But it's "Thank you, Mister Atkins", when the band begins to play,*  
*The band begins to play, my boys, the band begins to play,*  
*O it's "Thank you, Mister Atkins", when the band begins to play.*

I went into a theatre as sober as could be,  
They gave a drunk civilian room, but 'adn't none for me;  
They sent me to the gallery or round the music-'alls,  
But when it comes to fightin', Lord! they'll shove me in the stalls!  
*For it's Tommy this, an' Tommy that, an' "Tommy, wait outside";*  
*But it's "Special train for Atkins" when the trooper's on the tide,*  
*The troopship's on the tide, my boys, the troopship's on the tide,*  
*O it's "Special train for Atkins" when the trooper's on the tide.*

Yes, makin' mock o' uniforms that guard you while you sleep  
Is cheaper than them uniforms, an' they're starvation cheap;  
An' hustlin' drunken soldiers when they're goin' large a bit  
Is five times better business than paradin' in full kit.  
*Then it's Tommy this, an' Tommy that, an' "Tommy, 'ow's yer soul?"*  
*But it's "Thin red line of 'eroes" when the drums begin to roll,*  
*The drums begin to roll, my boys, the drums begin to roll,*  
*O it's "Thin red line of 'eroes" when the drums begin to roll.*

We aren't no thin red 'eroes, nor we aren't no blackguards too,  
But single men in barricks, most remarkable like you;  
An' if sometimes our conduct isn't all your fancy paints,  
Why, single men in barricks don't grow into plaster saints;  
*While it's Tommy this, an' Tommy that, an' "Tommy, fall be'ind",*  
*But it's "Please to walk in front, sir", when there's trouble in the wind,*  
*There's trouble in the wind, my boys, there's trouble in the wind,*  
*O it's "Please to walk in front, sir", when there's trouble in the wind.*

You talk o' better food for us, an' schools, an' fires, an' all:  
We'll wait for extry rations if you treat us rational.  
Don't mess about the cook-room slops, but prove it to our face  
The Widow's Uniform is not the soldier-man's disgrace.

*For it's Tommy this, an' Tommy that, an' "Chuck him out, the brute!"*  
*But it's "Saviour of 'is country" when the guns begin to shoot;*  
*An' it's Tommy this, an' Tommy that, an' anything you please;*  
*An' Tommy ain't a bloomin' fool -- you bet that Tommy sees!*

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I have found the best way to give advice to your children is to find out what they want and then advise them to do it.

--- **Harry S Truman (1884 - 1972)**

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