

# ***RAO BULLETIN***

***1 December 2010***

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**VA Claims Backlog Update 46:** The Department of Veterans Affairs (VA) is working to significantly reduce the average time needed to obtain health-care records from private physicians with the help of a private contractor and the Internet to speed claims decisions. One innovation is using a private contractor to assist VA in collecting health-care records. When private medical records support a Veteran's application for benefits, a contractor will quickly retrieve the records from the health-care provider, scan them into a digital format and send the material to VA through a secure transmission. This pilot project hopes to validate initial estimates that a specialized contract can yield records required to process Veterans' disability compensation claims in seven to 10 days instead of VA's average 40 days. In addition, the additional contract frees VA staff to focus on core duties to process claims more quickly.

Exploring economical contract support for time savings is one of more than three dozen initiatives supporting VA's claims transformation plan, which aims to ensure that by 2015, Veterans' claims are decided within 125 days. VA officials emphasize that in all cases Veterans must sign documents approving the release of their medical records to the department from private health-care providers. The test is expected to involve about 60,000 records requests among regional benefits offices in Phoenix; New York City; St. Louis; Portland, Ore.; Chicago; Anchorage, Alaska; Indianapolis, and Jackson, Miss. At the conclusion of the test, VA officials will decide whether to cancel, modify or expand any changes in procedures nationwide. [Source: VA News Release 29 Nov 2010 ++]

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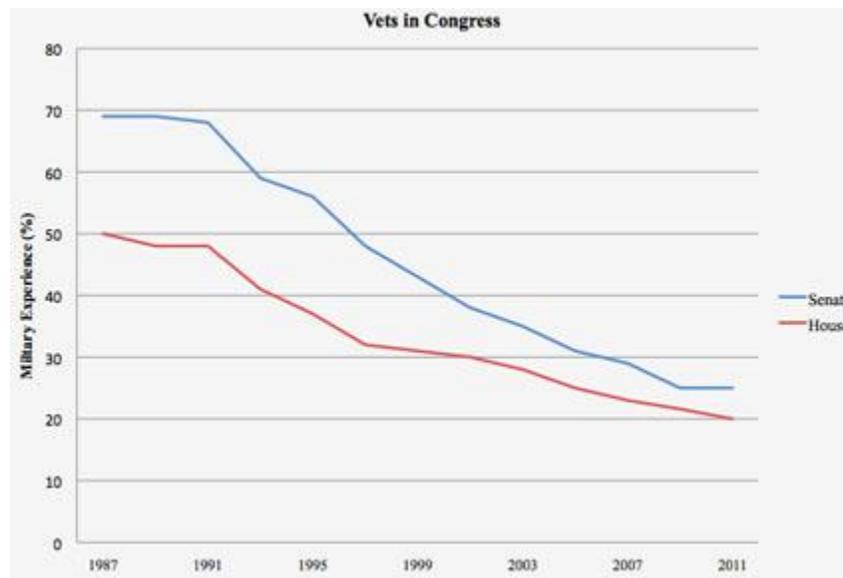
**Federal Pay:** Federal employees will not receive any pay increases for two years, Obama administration officials announced 29 NOV. President Obama's proposed pay freeze for 2011 and 2012 will apply to all civilian workers, including Defense Department employees, but not military personnel. According to the White House, the freeze will save \$28 billion over the next five years. The measure is a continuation of the administration's Accountable Government Initiative, designed to cut cost and save taxpayer dollars. The president had proposed a 1.4% pay hike for civilian and military employees in his fiscal 2011 budget. The Senate Appropriations Committee in July approved legislation that met Obama's request for the civilian raise, but House appropriators have been silent on the issue.

On the military side, Senate Appropriations in September approved legislation granting a 1.4% pay raise for service members, matching the figure included in the Senate Armed Services Committee's Defense authorization bill. The House Appropriations Committee has not released the figure to be included in its Defense legislation, but the House in late May passed its Defense authorization bill with a 1.9% pay raise for service members. (An authorization bill represents what Congress intends to spend, but appropriators actually allocate the funds.) Obama has said he opposes the higher proposed increase. [Source: GovExec.com Emily Long article 29 Nov 2011 ++]

**Veterans Affairs Services:** An organization called Veterans Affairs Services (VAS) is providing benefit and general information on VA and gathering personal information on veterans. This organization which can be found at <http://www.vaservices.org/us/index.html> is not affiliated with VA in any way. VAS may be gaining access to military personnel through their close resemblance to the VA name and seal. VA's Legal Counsel has requested that VA coordinate with DoD to inform military installations, particularly mobilization sites, of this group and their lack of affiliation or endorsement by VA to provide any services. In addition, GC requests that if you have any examples of VAS acts that violate chapter 59 of Title 38 United States Code, such as VAS employees assisting veterans in the preparation and presentation of claims for benefits, that you contact your local VA office and request that they pass the information to Michael G. Daugherty, Staff Attorney, Department of Veterans Affairs, Office of General Counsel (022G2). [Source: Kevin Secor, VSO Liaison, Office of the Secretary of the Department of Veterans Affairs 25 Nov 2010 ++]

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**Veterans in Office Update 03:** At the start of the 111th Congress of 2009-2010, only 25% of U.S. senators and 21.6% of U.S. representatives had served at least some period in military uniform (active duty, Guard, or Reserve). That percentage has been declining steadily since it peaked at 74% for the House (1969-70) and 78% for the Senate (1977-78).



The decline will continue when the newly minted 112th Congress takes office next year. In the new Senate, there will be 25 vets, including four military retirees - the same figures as the 111th Congress. Senators Mark Kirk (R-IL), Scott Brown (R-MA), and Lindsey Graham (R-SC) are currently serving National Guard or Reserve members. In the House, a whopping 98 seats turned over. Among incoming freshmen, 22 are veterans, including four military retirees. Rep Steve Stivers (R-OH) and Reps-elect Tim Griffin (R-AR), Adam Kinzinger (R-IL), Steven Palazzo (R-MS), and Joe Heck (R-NV) are currently serving in the National Guard or Reserve. The new House will have a total of 87 veterans (20% of voting members), including 10 military retirees -- down from 94 vets at the start of the 111th Congress. [Source: MOAA Leg Up 24 Nov 2010 ++]

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**Mobilized Reserve 23 NOV 2010:** The Department of Defense announced the current number of reservists on active duty as of 23 NOV 2010. The net collective result is 1573 fewer reservists mobilized than last reported in the 15 NOV 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 73,369; Navy Reserve, 6,374; Air National Guard and Air Force Reserve, 9,380; Marine Corps Reserve, 5,115; and the Coast Guard Reserve, 799. This brings the total National Guard and Reserve personnel who have been activated to 95,037 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/d20101123ngr.pdf> . [Source: DoD News Release No. 1088-10 dtd 24 NOV 2010 ++]

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**AO Cleanup Vietnam:** The United States Agency for International Development (USAID) has told the Da Nang People's Committee that it plans to spend US\$34 million to rid the city's airport of Agent Orange. The two-year project is intended to ensure that plants can again grow in contaminated earth. Former military airports in central Binh Dinh Province's Phu Cat District and southern Dong Nai Province's Bien Hoa District will be next on the list for detoxification, says USAID. During the past three years, with funding provided by various American non-governmental organizations, the agency has approved spending of US\$21 million to deal with dioxin contamination in the country, according to Da Nang City's Department of Foreign Affairs. The \$21 million total includes \$16 million to be spent on dioxin clean-up of the area and \$2 million to be spent on assessing environmental impacts as well as exploring technical solutions to the problem. The remaining \$3 million have been earmarked to help improve the lives of the city's Agent Orange victims and disadvantaged people.

Dioxin-contaminated earth will be scooped up and burned in tubes at temperatures of more than 350 Celsius degrees, according to the agency. From 72 to 80 million litres of defoliants were sprayed over Vietnamese forests during the war, including the highly toxic Agent Orange, according to the Ministry of Natural Resources and Environment. Da Nang, Bien Hoa and Phu Cat airports are home to some of the highest dioxin concentrations in the contamination of the environment. Today, dioxin levels at the airport are up to 400 times higher than internationally accepted levels. The affected zone has been sealed off from the public. [Source: Vietnam Net Bridge <http://english.vietnamnet.vn/en/society/1740/society-in-brief-19-11.html> article 19 Nov 2010 ++]

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**Tricare Overseas Program Update 02:** International SOS Assistance, Inc. is available 24 hours a day, seven days a week to help you find a TRICARE Overseas Program (TOP) network provider quickly and conveniently. There are several ways to locate one specific to your medical and geographic needs. You can use the "Find a Provider" tool online or call your TOP Regional Call Center for assistance. Using either method, you can search by specialty and subspecialty provider categories, accessing up-to-date information including addresses and phone numbers. To search online, refer to [www.tricare-overseas.com/beneficiaries.htm](http://www.tricare-overseas.com/beneficiaries.htm), then select "Find a Provider" from the list of options on the left. Select the region, country, TRICARE location and provider type from the pull-down menus to view customized contact information. Depending on your location, specific contact information may vary. If you need additional assistance finding a provider, contact your TOP Regional Call Center. Call center staff members can give you information about current network providers, as well as other participating providers who may not appear online. Note: While these services are helpful in researching the TRICARE provider network, you must follow TOP rules to obtain referrals for care. If you are enrolled in TRICARE Prime or

TRICARE Prime Remote, you will need a referral from your primary care manager and an authorization from International SOS prior to any specialist visits. Visit <http://www.tricare-overseas.com> to search for a provider online. Following is a summary of TRICARE Oversea Program Contact Information:

**International SOS Assistance, Inc.**

1-877-451-8659 (stateside toll free. Note: Toll-free lines may not be available for all mobile phone carriers overseas.) or [www.tricare.mil/overseas](http://www.tricare.mil/overseas)

**Eurasia-Africa**

- TOP Regional Call Center +44-20-8762-8384 or [tricarelon@internationalsos.com](mailto:tricarelon@internationalsos.com)
- Medical Assistance +44-20-8762-8133
- TRICARE Area Office +49-6302-67-6314 or 314-496-6314 (DSN) or [teoweb@europe.tricare.osd.mil](mailto:teoweb@europe.tricare.osd.mil) or [www.tricare.mil/overseas](http://www.tricare.mil/overseas)

**Latin America and Canada**

- TOP Regional Call Center +1-215-942-8393 or [tricarephl@internationalsos.com](mailto:tricarephl@internationalsos.com)
- Medical Assistance +1-215-942-8320
- TRICARE Area Office +1-703-588-1848 or 312-425-1848 (DSN) or [taolac@tma.osd.mil](mailto:taolac@tma.osd.mil) or [www.tricare.mil/overseas](http://www.tricare.mil/overseas)

**Pacific**

- TOP Regional Call Center Singapore: +65-6339-2676 or [sin.tricare@internationalsos.com](mailto:sin.tricare@internationalsos.com)
- TOP Regional Call Center Sydney: +61-2-9273-2710 or [sydricare@internationalsos.com](mailto:sydricare@internationalsos.com)
- Medical Assistance Singapore: +65-6338-9277
- Medical Assistance Sydney: +61-2-9273-2760
- TRICARE Area Office +81-6117-43-2036 or 315-643-2036 (DSN) or [tpao.csc@med.navy.mil](mailto:tpao.csc@med.navy.mil) or [www.tricare.mil/overseas](http://www.tricare.mil/overseas)

[Source: Tricare Health Matters Issue 1 : 2010 ++]

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**Tricare User Fee Update 56:** Once again the subject of increasing TRICARE costs has hit the news – the latest proposal being offered by the bipartisan Debt Reduction Task Force, co-chaired by former Republican Sen. Pete Domenici and economist Alice Rivlin. One of the stated goals of the bipartisan task force is to reduce the cost of military health care by imposing greater cost-sharing on TRICARE beneficiaries. The rationale is that the program was originally designed so that retiree’s premiums would cover 27% of the total cost of TRICARE. The program fees have not increased since TRICARE replaced CHAMPUS in 1995; in today’s dollars retirees are only covering 11% of the program cost. The task force report states that active duty personnel and their dependents use less than half (42%) of TRICARE’s total cost, pay no premiums or co-pays. Thankfully for this group, the Task Force decided to focus “exclusively on retirees and their dependents, for whom benefits have expanded without a significant change in cost-sharing.”

The task force report lays out a plan that would raise working age retiree premiums, cost-shares and co-pays so that working-age retirees would once again cover the 27% of TRICARE costs as was part of the original plan. Increasing the fees seems to make sense from a purely economic point of view. In addition, Medicare-eligible retirees using TRICARE for Life as a supplement to Medicare would be required to begin paying “minimal cost-sharing” amounts under the plan. Based on the language of the report this cost-share increase is to “maintain equity among retirees – both between different cohorts of military retirees and between military and the wider community

of seniors that also faces higher costs.” Some retirees could see their TRICARE premiums increase by as much as \$2,000 a year. Tom Philpott recently offered a glimpse at what future premiums, cost-shares and co-pays would look like based on the panel’s suggestions.

- A married retiree with less than \$20,000 in annual retired pay would pay \$730 in year one, \$900 in year two. These larger incremental raises would stop in year five when the yearly fee would hit \$1260 an increase of \$800 a year.
- Those with retired pay of \$20,000 to \$40,000 would pay more. The highest enrollment fees, for those drawing more than \$40,000 in retired pay, would top off in year five at \$2460, or \$2000 more than they pay now.
- Fees for outpatient visits would more than double, to \$28.
- Working-age retirees using TRICARE Standard plan or TRICARE Extra would be charged an enrollment for the first time of \$150.
- Pharmacy co-pays in TRICARE retail network – now \$3 for generic, \$9 for brand-name drugs on formulary and \$22 for non-formulary drugs — would be reset at zero for generic drugs, \$15 for brand names on formulary and \$45 for brand names off formulary.

It seems each year the subject of increasing TRICARE out-of-pocket expenses comes up, and of course ensuring TRICARE sustainability is vital. But the members of so-called debt reduction panels need to remember that eligibility for TRICARE benefits is not based on age, income, or employability – these benefits are earned through service and commitment to our nation’s defense. To compare the above proposed rates with the present rates refer to [www.military.com/benefits/tricare/tricare-co-pay/tricare-cost-co-pay-schedule](http://www.military.com/benefits/tricare/tricare-co-pay/tricare-cost-co-pay-schedule). You are encouraged to let DoD and your elected officials know how you feel about these cost cutting proposals. One easy way to do this is to go to <http://www.capwiz.com/military/issues/alert/?alertid=19823501> and forward a pre-formatted editable message to your legislators. [Source: Military.com November Terry Howell article 22 Nov 2010 ++]

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**VA Health Care Myths:** Rumor mills are permanent fixtures in schools, offices and wherever people congregate, and most of the time they’re pretty innocuous. But myths and rumors that deal with health—in this case Veterans health—are a serious matter that can prevent qualified Vets from seeking the care they both need and deserve. Many have come up in the comments section at <http://www.blogs.va.gov/VAntage/?p=586>, and others I hear from the guys in my old unit. The myths won’t die unless they are addressed publicly and clearly, so we present you with the most common we hear, and the straightforward answers they need.

**Myth Number One - I wasn’t injured in the service, so I’m not eligible for VA health care.**

Status: False -

One of the most common myths revolves around eligibility for health care at VA. Many think that you have to first establish a disability rating before you can start to make appointments, see doctors and receive medication. That is not the case. If you served in the military, even during peace time, and were honorably discharged, you likely qualify for VA care. Even if you don’t meet those requirements, special circumstances might apply, like Vietnam service, exposure to Agent Orange and household income. The best way to find out if you qualify is to submit an application for health benefits. You can fill one out online or at a VA Medical Center. If you are an Iraq or Afghanistan Veteran, there are special combat Veteran benefits from VA, like temporary access to dental care and guaranteed access to Priority 6 for five years (unless you are eligible for a higher priority group). See the priority enrollment groups here. Also, if new regulations are established regarding health benefits, VA will automatically reassess your case if it’s on file.

**Myth Number Two — I can only receive care for service connected injuries.**

Status: False -

You can receive VA hospital and outpatient care for any ailment, service connected or not if you are enrolled in the VA healthcare system, but you may have to pay a copayment. For example, if a Veteran is service-connected for a bad knee, any VA hospital and outpatient care and medication for the knee is free of charge. However, if the same Vet goes into surgery to remove an appendix and it's not service connected, he may be subject to a co-pay depending on the amount of his disability rating and other factors. Familiarize yourself with co-pay guidelines and rates. A small number of Veterans, such as those with bad conduct discharges that VA has determined were issued under conditions other than honorable and who are not subject to certain statutory bars to benefits, can only be treated for their service connected disabilities and nothing else. If one of those Vets is service connected for their left foot, they can only use VA health care for their left foot and nothing else.

**Myth Number Three — I make too much money to qualify for VA health care.**

Status: It depends - If you do not have a service connected disability, you may want to use VA's financial calculator to see if you qualify for free VA care, medication and travel benefits. If your income is too high (over a maximum income level set every year), you may have to pick up the tab for traveling and receive your care and medication by paying a co-pay. Recently, the rules have been changed for Priority 8 Veterans to permit more of them to enroll for VA health care. Go here for more information and an income calculator to see if you qualify under the new rules.

**Myth Number Four — I can't use VA health care if I have private health insurance.**

Status: False -

From VA's Health Eligibility Center Director Tony Guagliardo: "We strongly encourage Veterans to receive all your health care through VA. However, if you choose to receive treatment from private doctors, VA will work with them to meet your health care needs and coordinate effective treatment. We call this Co-managed Care or Dual Care — which means that your VA and private doctors will work together to provide safe, appropriate, and ethical medical care."

**Myth Number Five — If I'm 100 percent disabled, that means I'm permanently disabled**

Status: False -

You could have a 100 percent disability rating as a temporary status while you undergo surgery, and have it reduced to its previous rating after you heal. 100 percent doesn't necessarily stay with you.

[Source: VAntage Point Alex Horton article 18 Nov 2010 ++]

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**Contacting Congress Update 01:** Fraternal military organizations are often asked what the most effective way to get your message to your Senator or Representative is. We have been told by congressional staff members that an individual phone call or letter is still extremely effective. The drawback in sending a letter is that it takes several days to be delivered since all mail is sent to a facility to be screened for contamination before being forwarded to congressional offices. Also effective is going to the website of the member of Congress and using the option there of sending an email. According to staff members each of those emails is individually read. A less effective way is using a mass email system, such as Capwiz. Many military fraternal organizations provide that option to you and you are encouraged to use them on specific issues. Each message sent through Capwiz is tallied by the congressional office, but they are not individually read. While you have several options, contacting your Senators or Representative using your own words -- either by phone, by traditional letter, or by using the email option on a Congressional member's website -- is still the most effective way. Nonetheless, using Capwiz or signing and sending a petition does get a message through to them. So please -- do something. Making your voice heard one way or another is vital to winning these battles that we, as veterans will benefit from.

Those who prefer to contact their legislators personally and locate their contact data at <http://www.contactingthecongress.org>. At the following organization websites you can access pre-written messages on veteran current issues that you that you can forward as is to your legislator or modify to met your individual circumstances:

- American Legion: <http://capwiz.com/legion/issues>
- AUSA: <http://capwiz.com/ausa/home>
- DAV: <http://capwiz.com/dav/home>
- EANGUS: <http://capwiz.com/eangus/issues>
- FRA: <http://www.capwiz.com/fra/home>
- Military.com: <http://capwiz.com/military/issues>
- MOAA: <http://capwiz.com/moaa/home>
- NCOA: <http://capwiz.com/ncoa/home>
- NGAUS: <http://capwiz.com/ngaus/home>
- TREA: [www.capwiz.com/trea/issues/bills/](http://www.capwiz.com/trea/issues/bills/)
- USDR: <http://capwiz.com/usdr/home>
- VFW: <http://vfw.capwiz.com/vfw/home>
- VVA: <http://capwiz.com/vva/home>

[Source: TREA Washington Update 19 Nov 2010 ++]

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**Vet Insurance ~ Life Update 12:** A special advisory council has agreed to provide family members and survivors of fallen servicemembers and deceased veterans more options for how they receive life insurance compensation. The agreement paved the way to end confusion for survivors and family members of fallen troops, John Gingrich, chief of staff for the Veterans Affairs Department, told reporters 18 NOV. Better communication of life insurance claims options and casualty assistance training also will result from the change, he added. "The goal of these meetings is to make an outstanding program even better," Gingrich said. "I believe the dialogue between the participants aided us in understanding their issues and concerns, and we received good insight." The VA currently uses claims forms with two payment options: one lump sum, or equal payments for 36 months. Choosing the lump sum or leaving the options unchecked on the form would automatically default the beneficiary's benefits in an alliance account handled by Prudential Financial Inc. Prudential then sends the beneficiary a checkbook for an interest-bearing account held by the insurance company. The Prudential account is not guaranteed by the Federal Deposit Insurance Corporation, according to VA, leaving some survivors and families of fallen servicemembers dissatisfied with the option.

A new option on the form is expected to become available on VA's website in mid-December, Gingrich said. It will allow beneficiaries to choose to receive one lump sum by check, which they can deposit as they wish, he added. Additional language on the new forms, he noted, will explain to beneficiaries who choose the lump sum alliance account that they can write a check at any time for any amount, including the entire balance. The new forms also cite that alliance accounts are not FDIC guaranteed. The three options on the new forms, according to VA, will read:

- ✓ Lump Sum – Alliance Account
- ✓ Lump Sum – Check
- ✓ 36 Equal Monthly Payments

Gingrich added that, eventually, beneficiaries also will have the option to receive a lump sum by electronic transfer. "There's no confusion on the [new] form now," Gingrich said. "The new form makes it very clear. We want to make sure we are clear, and people understand how they are receiving their benefits." Gingrich also noted that VA is working with the Defense Department to produce training videos that will help casualty assistance officers better

inform survivors and family members of the new life insurance claim options. Independent and free financial counseling will be available for survivors, as well as new packets that better explain their benefits, he added. Jeri Busch, director of the Defense Department's military compensation program and DoD representative on the council, added that she was pleased with yesterday's decisions and VA's efforts. "We're very pleased to find that the VA has undertaken to do some improvements to the program," Busch said. The training video and additional information, she said, will provide "greater transparency and more choices and more options for our families to make sure that our beneficiaries are treated with respect, are protected, and are quoted the upmost care." [Source: AFPS Army Sgt. 1st Class Michael J. Carden article 19 Nov 2010 ++]

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**VA Appeals Update 06:** Was your recent VA disability compensation award simply not enough? Have you been denied VA education, pensions, or health care benefits. Fortunately you do have recourse through the VA Appeals process. Veterans and other claimants for VA benefits have the right to appeal decisions made by a VA regional office or medical center. In fact it sometimes seems that appealing VA rulings is just part of the process. A claimant has one year from the date of the notification of a VA decision to file an appeal. After that period, the decision is considered final and cannot be appealed unless it involved a clear and unmistakable error by the VA. You may appeal a complete or partial denial of your claim or you may appeal the level (i.e. the amount) of benefit granted. Following the below arranged in chronological Order will help and guide you through the process.

1. If you have received a determination on a VA benefits claim that you do not agree with, send your appeal to the local VA office that processed your claim. Make sure you do it within one year of your determination being mailed out.
2. After receiving your appeal, your local VA office will send you a summary of reasons behind its ruling in a Statement of the Case and a VA Form 9. Be sure to fill out and mail back the VA Form 9 no later than 60 days after your Statement of the Case was mailed out, or within one year from the date your original determination was mailed to you, whichever is later.
3. After receiving your VA Form 9, your local VA office will forward all claim materials to the Board of Veterans' Appeals. It will notify you when it send these materials out. You have 90 days after this notification is mailed to submit additional evidence, appoint or change legal representation for your claim, or ask for a hearing.
4. The Board will conduct hearings, if requested, review your appeal and issue a decision. It will either grant, remand or deny your appeal. If your appeal is denied, you have 120 days to file another appeal to the U.S. Court of Appeals for Veterans Claims. You can also submit a CUE motion or filing reconsideration motion to the Board of Veterans Appeals, or reopen the case at your local VA office. The 120-day deadline is the same for all these appeals. [Source: <http://www.military.com/benefits/legal-matters/appeals-process/appeals-process-overview> Nov 2010 ++]

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**VA Appeals Update 07:** To ensure that your appeal to the VA is handled smoothly follow the step-by-step instructions below for submitting an appeal.

**Step 1: The first step in the appeal process is for a claimant to file a written appeal with the local VA regional office or medical center that made the decision.** This is not a special form; it is simply your written statement that you disagree with your local VA office's claim determination, and you want to appeal it. Submit your appeal to the same local VA office that issued the decision you are appealing. If you have moved and your claims file is now

maintained at a local VA office other than the one where you previously filed your claim, submit your appeal to the new location. If you have received notice of determinations on more than one claim issue, be specific about which issue or issues you are appealing. For example, if your local VA office made claim decisions on your pension and a medical payment, but you only want to appeal the decision on your medical payment, be sure to note that.

Note: You may have the option elect a Decision Review Officer (DRO) instead of the traditional full board of appeals review. In most "clear error of omission" cases, the DRO process tends to save time and processing for both the you and the VA. This is an informal appellate process within the regional office. The DRO has the authority to reverse or modify a VA rating board decision. It is recommended that you seek DRO review before you request a Board of Veterans Appeals (BVA) appeal. The DRO process is frequently successful and is generally faster than going straight to the BVA. If you do not receive a better decision from the DRO, you can still appeal to the BVA.

**Step 2: After receiving the appeal, the VA will mail the claimant a Statement of the Case describing what facts, laws and regulations were used in deciding the case.** A VA Form 9 (Appeal to the Board of Veterans Appeals) will be included with the Statement of the Case. If you wish to continue your appeal, you must complete and submit the VA Form 9 within 60 days of the mailing of the Statement of the Case, or within one year from the date the VA mailed its decision, whichever is later. Send your VA Form 9 to the local VA office handling your case; the office will file this and all related information in a claims folder, and will eventually forward it to the Board of Veterans Appeals for review. On VA Form 9, make sure you clearly state the benefit you want and point out any mistakes you think the VA has made in its decision. If you submit new information or evidence with your VA Form 9, your local VA office, and it will prepare a Supplemental Statement of the Case (SSOC). If you are not satisfied with the SSOC, you have 60 days from the date the SSOC was mailed to submit, in writing, what you disagree with. Usually, step 2 is all the paperwork you will need to send to your VA office. The one major exception is if you receive a SSOC covering a new issue. In this case, you must complete a supplemental VA Form 9 covering the new issue if you want to appeal it. For example, if you are appealing a pension ruling, and before the pension ruling is resolved, you appeal a medical payment ruling and receive an SSOC on the medical payment decision, you must send your VA office a VA Form 9 on the medical payment appeal. It is possible to get an extension for the 60-day window you have to submit your VA Form 9 or respond to the SSOC. Simply write to your local VA office handling your appeal and explain why you need extra time to file.

**Step 3: You can represent yourself in your appeal if you wish, but most people who appeal obtain representation.** You can choose to be represented by a Veteran's Service Organization (VSO) such as the American Legion, DAV, VFW, etc. or your state's veterans department. Most VSOs have trained personnel who specialize in providing help with claims and appeals. Your local VA office can provide a list of approved veterans appeal representatives in your area. You can also be represented by a private lawyer or recognized agent. If you want representation, fill out a VA Form 21-22 to authorize a VSO to represent you, or use VA Form 22a to authorize an attorney or recognized agent to represent you.

**Step 4: Once you have filed your appeal with your local VA office, it will be forwarded to the BVA.** Your VA office will send you a letter when they receive your claims folder. You have 90 days from the mailing date of this letter, or when the Board decides your case (whichever comes first), to add more evidence to your file, request a hearing or select/change your representative. If you need to submit any of these items after the 90 days are up, you must submit a written request to the Board, with an explanation for why the item(s) are late. Until your file is transferred to the Board, your local VA office is the best place to get information about your appeal. After your file has been transferred, you can call (202) 565-5436 to check on its status. The Board processes appeals files in the order received. It will assign your case a docket number. For example, if your appeal was the very first appeal to be reviewed in the year 1999, it would have docket number 99-00001. Thus, the larger your docket number, the longer you may have to wait for your case to be reviewed. On average, you may have to wait two or more years after you file your appeal for the Board to pass a final decision on your case. Complex cases may take longer. If you want your appeal to be reviewed sooner, you can try writing directly to the Board and explain the reasons why you need a

quicker ruling. Write to this address: Board of Veterans' Appeals (014), Department of Veterans Affairs, 810 Vermont Ave., NW, Washington, DC 20420. You will need "convincing proof of exceptional circumstances", which includes situations such as terminal illness, danger of bankruptcy or foreclosure, or an error by the VA that caused a significant delay in the docketing of your appeal. Be sure to provide evidence (i.e., bankruptcy notices) if you have it.

**Step 5: If you wish, you can also have a personal hearing. A personal hearing is a meeting between you (and your legal representative, if you have one) and a VA official who will decide your case.** During this meeting, you present testimony and other evidence supporting your case. There are two types of personal hearings: local office hearings and BVA hearings.

- A local office hearing is held at your local VA office between you and a "hearing officer" from the local office's staff. To arrange a local office hearing, you should contact your local VA office or your appeal representative as early in the appeal process as possible.
- In addition to a local office hearing, you have the right to present your case in person to a member of the Board of Veterans' Appeals (a BVA hearing). In most parts of the U.S., you can choose whether to hold this hearing at your local VA office, or at the BVA office in Washington, DC (but not both). To request a BVA hearing, check the appropriate box on VA Form 9. If you have already submitted your VA Form 9 without checking the box, you can request a hearing by writing directly to the Board of Veterans' Appeals within 90 days. Be sure you clearly state whether you want the hearing held at your local VA office or in Washington. Note that the BVA cannot pay for any expenses — such as lodging or travel — in connection with a hearing. Basically, to testify at a BVA hearing just means to tell what you know about your case. VA hearings are much more informal than court hearings, so you don't need to worry about technical rules of evidence or being cross-examined when you testify. Some local offices offer video teleconferencing, so you can have your BVA hearing at your local office while the BVA member talks to you from Washington. Check with your local VA office to see if it offers this option. Be aware that a personal hearing may take some time to arrange. Most BVA hearings are held about three months before the case is actually reviewed by the Board.

**Step 6: The Board will notify you when it receives your appeal from the local VA office.** When the docket number for your appeal is reached, your file will be examined by a Board member and a staff attorney who will check it for completeness, and review all the evidence, your arguments, personal hearing transcripts (if any), the statement of your representative (if you have one) and any other information. Once a decision has been reached, the Board will notify you in writing. Your decision will be mailed to your home address, so it is extremely important you keep the VA informed of your current address. If the claimant dies before the Board makes a final decision, the Board normally dismisses the appeal without issuing a decision. The rights of the deceased claimant's survivors are not affected by this action. Survivors may still file a claim at the local VA office for any benefits to which they may be entitled. Sometimes the Board will remand an appeal, which means it returns the case to your local VA office with instructions for additional work to be done. Remands may occur because of changes in the law, or if you do (or don't do) certain things. After your local VA office performs whatever additional work is necessary, it will review your case and issue a new decision. If its original ruling still holds, it will send the case back to the Board for a final decision. The case keeps its original place on the Board's docket, so it will be reviewed soon after the Board receives it.

**Step 7: If you disagree with the Board's final ruling, you can appeal to the U.S. Court of Veterans Appeals for Veterans Claims.** Normally, you must file a Notice of Appeal with the Court within 120 days from the date the Board's decision is mailed to you. To get more information about the Notice of Appeal, methods for filing with the Court, Court filing fees and other related matters, you can call the Court at 1-800-869-8654 or write to United States Court of Appeals for Veterans Claims, 625 Indiana Ave, NW, Suite 900, Washington, DC 20004

Telephone: (202) 501-5970. If you appeal to the Court, you should also file a copy of the Notice of Appeal with the VA General Counsel at the following address: Office of the General Counsel (027), Department of Veterans Affairs 810 Vermont Ave., NW, Washington, DC 20420. There are other ways to challenge the Board's decision:

- Motion for Reconsideration — If you can prove that the Board made an obvious error of fact or law in its decision, you can file a written motion for reconsideration. If you have a representative, you should consult with him/her about whether you should file a motion.
- Reopening the Case — If you have new evidence, you can request that your case be re-opened. To be considered, the evidence you submit must include information related to your case that was not included in your claims folder when the Board decided your case. To re-open your case, you need to submit your evidence directly to your local VA office.
- CUE Motion — A Board decision can be reversed or revised if you can prove that the decision contained "clear and unmistakable error" (CUE). Because CUE is a very complicated area of law, you should ask your representative for advice before you decide to file a CUE motion. You can file a CUE motion at any time, but if you file it after filing a Notice of Appeal with the U.S. Court of Appeals for Veterans Claims, the Board cannot rule on your CUE motion. CUE motions should be filed directly with the Board, and not your local VA office.

[Source: [www.military.com/benefits/legal-matters/appeals-process/appeals-process-overview](http://www.military.com/benefits/legal-matters/appeals-process/appeals-process-overview) Nov 2010 ++]

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**VA Handbook Update 01:** The Department of Veterans Affairs (VA) is piloting new, personalized Veterans Health Benefits Handbooks. The handbooks are tailored to provide enrolled Veterans with the most relevant health benefits information based on their own specific eligibility. In essence, each handbook will be written for the individual Veteran. "These handbooks will give Veterans everything they need to know and leave out everything that doesn't apply to them," said Secretary of Veterans Affairs Eric K. Shinseki. "Our Veterans will now have a comprehensive, easy to understand roadmap to the medical benefits they earned with their service." In addition to highlighting each Veteran's specific health benefits, the handbook also provides contact information for the Veteran's preferred local facility, ways to schedule personal appointments, guidelines for communicating treatment needs and an explanation of the Veteran's responsibilities, such as copayments when applicable. "Enhancing access isn't just about expanding the kinds of services VA provides. It also includes making sure we do everything we can to ensure Veterans have a clear understanding of the benefits available to them so they can make full use of the services they have earned," Shinseki said. The new handbooks will initially be available only to certain Veterans in Cleveland and Washington, D.C., areas. Following the pilot phase, full implementation is scheduled to begin in the fall of 2011 for across the county. For additional information, go to <http://www.va.gov/healtheligibility> or call VA at 1-877-222-VETS (8387). [Source: VA News Release 18 Nov 2010 ++]

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**Medicare Reimbursement Rates 2010 Update 16:** On 18 NOV Senate lawmakers agreed to briefly postpone sharp cuts in payments to doctors that accept TRICARE and Medicare payments. Provided the House endorses the same action when it returns after Thanksgiving, H.R.5712 will push back the start date of a 23.5% cut in TRICARE and Medicare physician payments from 1 DEC, 2010 to 1 JAN 2011. Shortly after the Senate action, House Majority Leader Steny H. Hoyer (D-MD) announced plans to schedule H.R.5712 for a vote on 29 NOV, leaving just enough time to get the bill approved and on the president's desk to stop the 1 DEC cut from occurring. He also stated Congress would use the additional time provided by H.R.5712 to work out a longer-term solution. Also, on 18 NOV, Rep. John Dingell (D-MI) introduced H.R.6427, a bill that would delay cuts for a 13-month period instead. There is broad agreement in Congress on fixing the doctors' reimbursement issue, but

Members remain unsettled on how to pay for the change. Increasing numbers of lawmakers are reluctant to add to the national debt. Savings within the Medicaid/Medicare payment system offset the cost of H.R.5712, but it may be some time before lawmakers come up with the estimated \$15 billion needed to pay for H.R.6427. [Source: NAUS Weekly Update 19 Nov 2010 ++]

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**West Virginia Vet Cemetery Update 02:** The Department of Veterans Affairs awarded \$14,118,455 for the Donel Kinnard Memorial State Veterans Cemetery at Institute West Virginia. The award is the largest grant ever awarded by VA for a state cemetery. The cemetery is named after West Virginia veteran Donel Kinnard who served as chair of the West Virginia's Veterans Council until his death. Up to that time Kinnard had aggressively worked with Governor Manchin's and Senator Jay Rockefeller's offices on making this state cemetery a reality and tribute to our veterans. Governor Manchin in a statement regarding the announcement of the grant said, "This very important project has moved forward because of the commitment and partnership of so many people. Don Kinnard was a friend who gave sound advice and had a passion for helping his fellow veterans... This veterans cemetery will allow us to honor our fallen men and women in a most fitting way and I am pleased that this funding has been granted." In DEC 07 the West Virginia Division of Veterans Affairs, at the direction of the West Virginia Veterans council, prepared a feasibility study for the Governor's approval. In 2008 the West Virginia legislature enacted legislation to allow lottery proceeds to provide for operation of the cemetery and the state then applied for the VA grant. The VA will provide 100% of the construction cost and the state will be responsible for the operational cost thereafter. [Source: Sen. Rockefeller new release Sep 2010 ++]

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**VA Compensation & Pensions Update 04:** VA has launched two pilot programs to test new procedures that will speed the payment of Department of Veterans Affairs (VA) compensation benefits to Veterans with disabilities connected to their military service. These new programs are part of Secretary of Veterans Affairs Eric K. Shinseki's effort to "break the back" of the disability claims backlog. "A fundamental goal in the transformation of VA's claims processing is to make sure that Veterans receive in a timely manner the benefits they earned through their service to our Nation," Shinseki said. "VA's ambitious tests of numerous innovations reflect our commitment to constantly improving how we meet our mission of responsiveness to Veterans, their families and survivors." The "Quick Pay" Disability Program at the St. Petersburg, Fla., Regional Office and the "Express Lane" Pilot, based at the Seattle, Wash., Regional Office, are among a number of new initiatives using reengineered and streamlined claims processes to provide Veterans with faster claims decisions and benefit payments. Secretary Shinseki established as one of VA's highest priority goals the elimination of the disability claims backlog by 2015, so that all Veterans receive a quality decision on their claim in no more than 125 days.

- The "Quick Pay" Disability initiative is designed to speed disability compensation to Veterans who provide sufficient evidence at the time of claim submission to decide all or part of their claim. Since program launch, "Quick Pay" has paid more than \$2 million in benefits to 1,656 Florida Veterans. These payments averaged \$1,236 monthly and were made three months faster than the department's 125-day goal.
- Under the "Express Lane" Pilot program based in the Seattle Regional Office, staff members are realigned to address disability claims based on claim complexity. Like a supermarket check-out "express lane," small employee teams focus on rapidly processing numerous less complex claims that typically involve only one disability, thus freeing their co-workers to process the more complex and multiple-disability claims that demand the greatest level of unilateral effort.

The "Express Lane" Pilot, while managed from Seattle, is also being tested at three additional VA regional offices: Nashville, Tenn.; St. Paul, Minn.; and Muskogee, Okla. The St. Petersburg and Seattle pilots are among more than three dozen VA initiatives exploring optimal ways to organize and deliver benefits and improve service to Veterans. For additional information on VA's claims transformation activities, refer to <http://www.vba.va.gov/transformation>. Questions about benefits for Veterans may be directed to VA's benefits number 1-800-827-1000. [Source: VA News Release 16 Nov 2010 ++]

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**DoD Benefit Cuts Update 06:** Proposals for drastic cuts to military benefits including a three year, across-the-board pay freeze and making all service members wait until age 60 to draw retired pay are all in play under draft recommendations from a presidential commission looking at ways to reduce the federal budget deficit. Freezing military basic pay and housing and food allowances for three years would save \$9.2 billion by 2015, with \$1.6 billion of that coming from reductions in future military retirement pay. The panel also suggested freezing pay for three years for federal civilian employees, saving \$20.4 billion by 2015. Taken together, the 58 draft recommendations unveiled by the commission's co-chairmen, former Clinton White House chief of staff Erskine Bowles and former Sen. Alan Simpson [R-WY] would save \$372 billion by 2015, with \$100.1 billion of that coming from defense programs, including personnel and weapons. The recommendations are a small piece of a much broader plan that would revamp Social Security, the U.S. tax code and other government programs to eliminate \$3.8 trillion from projected deficits over the next decade. The plan aims to reduce the deficit to "sustainable" levels by 2015 and balance the federal budget by 2037.

For the military community, the draft recommendations issued 10 NOV are "a serious threat, though not necessarily an imminent threat," said retired Air Force Col. Steve Strobbridge, government relations director for the Military Officers Association of America and a military pay and benefits expert. He noted that many of the ideas put forth by the National Commission on Fiscal Responsibility and Reform are a "rehash of rejected proposals" from past reviews. Still, their inclusion in a larger package of government wide cuts increases their chances of being implemented in some form, he said. Because the changes are so sweeping, Strobbridge does not see Congress adopting them right away. But he believes the specter of cuts will hang over service members and veterans for years. The draft recommendations are far from a done deal. Fourteen of the 18 commissioners would have to agree for a recommendation to make it into the panel's final report to Congress. Congress plans to vote on the full recommendations, if any — the Senate first and then the House, if the Senate approves. If the proposals are not approved en bloc, that does not mean they are dead, as lawmakers could return to them either piecemeal or as a package at any time.

Strobbridge described a kind of perfect storm in which previously rejected ideas, such as dramatic increases in health care deductibles, co-pays and fees for military retirees, may not look so bad in comparison to other pressing concerns, such as significant underfunding in Social Security in coming years as the baby boomer generation retires. He also noted that combat operations in Iraq have ended and the U.S. will soon begin withdrawing troops from Afghanistan, which will reduce wartime imperative to protect military pay and benefits. Finally, the recent elections saw the defeat of many conservative Democrats who historically had protected military benefits; they will be replaced by a freshman class less willing to put defense spending off-limits, Strobbridge said. "I don't think there necessarily is an anti-defense sentiment, but there are people who believe budget concerns are so large it overcomes everything else," Strobbridge said. But he noted that there could be far-reaching implications for some of the more radical proposals, such as the one that would overhaul the military retirement system to vest troops at 10 years of service, but make them wait until age 60 to begin drawing benefits. That would hit especially hard for troops whose retired pay ended up being calculated using one or more of the years of frozen pay. "If we had this system 10 years ago, we would not have a force today. Nobody would have stayed in after 10 years and faced deployment after

deployment to Iraq and Afghanistan,” he said. “We have made radical cuts in retired pay before, and we have had to reverse them later when the implications became clear. That is what will happen if we do this: Save now, pay later.” It may be small comfort for troops, but the commission also proposes to double the contribution that federal civilians make into their retired pay and calculate their benefits based on their final five years of service rather than the current three years.

Tricare fees for military retirees and active-duty families would rise under the draft proposals, but by how much is unclear. The commission assumes \$6 billion in savings by 2015, with half coming from requiring employers of working-age military retirees to reimburse the government if a retiree used Tricare rather than an employer-provided plan. The report says premiums, deductibles and co-pays under Tricare would increase to make up the additional \$3 billion in savings, but it does not specify by how much; it says only that the increases would be “smaller” than under previous DoD proposals. Increasing fees is aimed, in part, at reducing usage. The commission says military families use health care at a higher rate than nonmilitary families, something that could be curtailed by raising the co-pay for office visits. The commission also calls for shutting down the military’s stateside dependents’ school system, saving \$1.1 billion by 2015. Those schools, mostly in the South, are a legacy of the segregation era and are no longer necessary, the commission said, suggesting that some could be turned over to local school districts, while in other locations students could shift to off-base schools. Shutting down the DoD stateside school system is not a new idea — and it’s not popular with military families, said Kathy Moakler, director of government relations for the National Military Family Association. “Military parents believe their children get a better education at these schools” than they would in the local public school districts, Moakler said. **{Note: Military Times Copyrighted material - Not authorized for reproduction on any website or website accessed newsletter. However, it can be forwarded via email in personal communications.}** [Source: ArmyTimes Rick Maze article 22 Nov 2010 ++]

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**DoD Benefit Cuts Update 07:** On 16 NOV, the Bipartisan Policy Center released the recommendations of a privately funded Budget Reduction Task Force with the goal of bringing the federal debt below 60% of GDP by 2020. This group, co-chaired by former Senator Pete Domenici (R-NM) and former Congressional Budget Office Director Alice Rivlin, is independent of the President's Commission on Fiscal Responsibility and Reform, whose co-chairs issued a separate deficit-cutting proposal the previous week. Among a broad range of other proposals, the Rivlin-Domenici plan would dramatically alter the military retirement system by:

- Shifting it to a 401(k)-style system involving member contributions and variable government matching (depending on skill, retention needs, etc., each year),
- Basing retired pay on the highest five years' average basic pay (vs. the current three years),
- Delaying eligibility for immediate retired pay until age 57 for those with 20 or more years' service, and
- Vesting retirement benefits for members with 10 or more years of service

They estimate this would reduce long-term military retirement costs by 50%. To help achieve those savings, the Rivlin-Domenici plan would shift all currently serving troops with less than 15 years of service to the new system. The Military Officers of American Association (MOAA) believes the basic proposal is as ill-advised as were similar proposals in years past, in that its fundamental premise is to dramatically cut compensation for people who complete a military career in order to pay people who elect to separate. It's a formula guaranteed to end in a long-term retention and readiness disaster. If it were in place today and soldiers with 10 years of service facing a third or fourth...or fifth...combat deployment had a choice between leaving with a vested retirement benefit or being forced to serve until age 57 to get an immediate annuity, we wouldn't like the resulting retention rates. Abrogating retirement promises to all currently serving personnel with less than 15 years of service would add gross insult to grievous injury. MOAA doesn't believe Congress would stand for it. But having a commission of this stature even propose such a thing is troubling, indeed.

American Legion National Commander Jimmie Foster is criticizing the recommendations of the two debt reduction commissions that would decrease military retirement benefits. “There they go again. Every time Washington wakes up with a deficit hangover after decades of spending binges, those who study the serious problems of our national debt can’t resist the easy but unfair route of trying to balance the budget on the backs of veterans,” Foster said. “It is unfair, and if these ridiculous proposals are passed into law, it will hurt America’s ability to defend itself from our enemies ... I want these commissions to look a 22-year-old Marine in the eye and say that if you retire at age 40, after 20 years of service and three, four or even more tours of being shot at in Afghanistan, that you still have not done enough to receive your retirement. I want these commissions to tell the soldiers in Iraq that the benefits they are receiving are too much. America has a huge debt all right. And it is owed to these men and women who protect our freedoms every day. It is a debt that must be repaid.”

The panels have also recommended cuts to military weapons systems that could hurt American efforts to fight the global war on terrorism. The Simpson/Bowles Commission suggested slashing \$100 billion from the defense budget in 2015, closing one-third of the U.S. bases overseas and freezing noncombat military pay. Secretary of Defense Robert Gates warned that cutting even 10% or \$55 billion from his budget would be “catastrophic” for the military. “Cutting the military’s budget while it is engaged in two wars is unconscionable,” Foster said. “When you send American troops to war, you must pay the cost of those wars. Freezing pay and cutting benefits, whether in combat or in garrison, will also make young people think twice before volunteering to serve their country. The United States would not exist if not for the sacrifices of the men and women who have served in our military throughout our history. It is only because of their sacrifice, that bean counters have the freedom to argue about how to balance the budget to begin with.” [Source: MOAA Leg Up & American Legion News release 18 Nov 2010 ++]

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**VA Claims Processing Update 03:** For veterans claiming they can’t prove a service connection for their disability because it resulted from a secret operation, the Veterans Affairs Department has assigned a liaison officer to the U.S. Special Operations Command with direct access to classified files. The little-known program has a VA employee work closely with the command historian at the command’s headquarters at MacDill Air Force Base, Fla., to review files on classified missions for special operations units in all services. Befitting the nature of the missions involved, the program, quietly launched a year ago, has received scant attention. Joe Davis, spokesman for Veterans of Foreign Wars, was unaware of the initiative. “But it does make perfect sense, given the clandestine nature of their business,” he said. The liaison was established in DEC 09 under an agreement between the Pentagon and VA. The current VA liaison to the Special Operations Command is an Army veteran who was not part of a special operations unit but has the appropriate security clearances to review files, according to VA sources.

Lack of records access has been seen by many spec ops veterans as a roadblock to filing claims, especially for disabilities such as posttraumatic stress, for which there may be nothing in military health or personnel records to verify any treatment while the veteran was in uniform. If a veteran says his claim is based on involvement in a secret mission, VA claims examiners turn files over to the liaison, who can verify the veteran’s involvement, VA sources said. If more information is needed, the claims examiner requests that the liaison search for the information by requesting it from either U.S. Special Forces Command or one of its subordinate commands. The liaison officer then prepares sanitized information for use by the regional VA office handling the claim. Veterans have direct contact with the liaison only if more information is needed to track down records, VA sources said. Claims from veterans who say they took part in an intelligence operation run by the Defense Intelligence Agency, Central Intelligence Agency or other government organization also can be researched by the VA liaison officer if a classified mission is involved, VA sources said. The liaison officer is a full-time employee of the Veterans Benefits Administration and has access to records involving special operations units including Army Rangers, Army Special Forces, the Army’s

160th Aviation Regiment, Navy SEALs, Air Force Special Operations and Marine Corps Special Operations and Reconnaissance units. {**Note: Military Times Copyrighted material - Not authorized for reproduction on any website or website accessed newsletter. However, it can be forwarded via email in personal communications.**} [Source: ArmyTimes Rick Maze article 22 Nov 2010 ++]

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**US Embassy Manila Update 01:** Benefits to Filipino war veterans and their American counterparts living in the Philippines will reach \$502 million (nearly P22 billion) this year, according to a US Department of State report. The benefits are provided by the US Department of Veterans Affairs (DVA) and the Social Security Administration. "Providing government services to US and other citizens constitutes an important aspect of the bilateral relationship (between Washington and Manila), said the report of the state department's Bureau of East Asian and Pacific Affairs, which was posted on the website of the US Embassy in Manila. Additional, the US government is spending \$125 million (about P5.47 billion) on the improvement of its facilities at the US Embassy compound in Manila, including the construction of an out-patient clinic for veterans. Ongoing construction of new embassy buildings should be completed by 2013 and offer a better platform for client service. According to Rebecca Thompson, the US Embassy spokesperson, "all of the veterans' benefits that the US gives to Filipino and US veteran-residents in the Philippines will be administered out of that new building at the American mission on Roxas Boulevard."

The facility for veterans services is expected to be completed "within a few months," Thompson said. "The rest of it is gonna take a little longer within the next couple of years. That's what's projected," she said. Thompson said the new building being constructed would also provide a more spacious waiting area for visa applicants and American citizen services and a better facility for those services. The building "will have 98 windows (from the previous 60) for consular services. All the other offices of the embassy that are currently in other locations (like the US Agency for International Development in Pasay City and those in the Makati City area) will soon be on the same compound." That, she said, "will save (US Embassy personnel) a lot of time ... also it's better for cost-saving and security." US Ambassador to the Philippines Harry K. Thomas Jr. earlier said "ensuring that the sacrifices of brave Filipino war veterans are compensated under the terms of the US Supplemental Appropriations Act of 2010 further underscores our respect of the Filipino people and our commitment to honoring their services. [Source: Philippine Daily Inquirer Jerry E. Esplanada article 15 Nov 2010 ++]

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**Blood Thinners Update 04:** The Food and Drug Administration last month approved dabigatran (sold under the brand name Pradaxa) based on clinical trial data showing that it's at least as effective as the old standby Warfarin. The new drug offers practical advantages for patients, namely avoiding the frequent blood tests and dose adjustments required with warfarin (also known by its brand name, Coumadin). For the estimated 2 million Americans with atrial fibrillation who take the blood thinner warfarin to reduce their risk of stroke, there's a new drug on the shelf — the first in two decades. "It's a potential game-changer," says Dr. Mintu Turakhia, a cardiologist at the Palo Alto VA Hospital and Stanford University. The clinical trial was huge, comparing two doses of dabigatran with warfarin treatment in 18,113 patients across the globe and following them for two years. The rate of stroke was 34% lower in the high-dose group — 150 milligrams, which was the dose approved by the FDA — than in the warfarin group. Actual rates per year were 1.1% (11 in 1,000) for the group on 150 mg of dabigatran and 1.7% (17 in 1,000) for warfarin. The study was published last year in the New England Journal of Medicine. "There's a lot of excitement about this drug," says Dr. Noel Boyle, a UCLA cardiologist. "It's the long-awaited alternative to warfarin." Uncertainties remain, however, as is always the case when a drug moves from clinical trials to wider distribution.

Stroke risks from blood clots include age, family history and personal history of stroke or heart attack. Of treatable risk factors, high blood pressure and atrial fibrillation rank as the big two. Others include heart failure and diabetes. Atrial fibrillation is an abnormal heart rhythm, specifically a too-fast beating of the smaller chambers of the heart called the atria. Also called A-fib, the condition increases a person's stroke risk by a factor of five. The link between atrial fibrillation and stroke was established by the Framingham Heart Study about 30 years ago. In the late 1980s and early 1990s, several large clinical trials showed that the blood thinner warfarin - referred to by many patients as "rat poison" because it was first marketed as a pesticide - reduced the risk of stroke by about 66% compared with placebo in patients with A-fib.

Clotting factors in the blood depend on the presence of vitamin K. By blocking the site where vitamin K usually acts, warfarin inhibits clotting. However, patients taking warfarin must have their blood checked periodically because its effect on blood can be modified by foods and other drugs. For instance, when people eat foods rich in vitamin K - such as leafy greens, broccoli and Brussels sprouts - the extra vitamin K competes with warfarin and the blood's clotting activity can increase to unhealthy levels. In addition, many other drugs - including aspirin, Cymbalta, Flomax, Lipitor and Plavix - interact with warfarin, changing its effectiveness. "Because of these interactions, the safest way to manage warfarin treatment is by monitoring blood," Turakhia says. Monitoring can be as frequent as every other day or as infrequent as once a month. Often, blood testing shows that the warfarin dose must be adjusted. Too much inhibition of clotting could cause bleeding problems; not enough inhibition means less protection against stroke. Thinning of the blood increases the risk that bleeding will get out of control, and the most concerning side effect of warfarin is bleeding in the brain. The risk of intracranial bleeding is so low that it's hard to measure, but when it happens, the result can be as devastating as a stroke. Some experts estimate that there are fewer than five events per year for every 1,000 patients on warfarin, but the risk may increase with age and in people at greater risk of suffering falls - and thus, blows to the head.

Dabigatran is a direct thrombin inhibitor and acts at a different step in the coagulation process. Normally, thrombin promotes clotting by making blood platelets clump and by prompting tiny fibers to grow and catch the sticky clumps. The dabigatran trial found rates of bleeding problems were similar for both the 150 mg dose of dabigatran and warfarin - about 3% per year. But the rates of brain hemorrhage were lower for those taking dabigatran. In a subgroup of 3,623 patients who had a history of stroke, 30 people on warfarin had brain bleeding, compared with 13 in the dabigatran group. The medication is not sensitive to diet or drug interactions, so patients don't need blood testing and can take the same dose every day. This practical benefit can be huge to patients, because it reduces the burden of getting blood tests and then waiting for a provider to call back with a dose adjustment. Dabigatran is not the only direct thrombin inhibitor to be tested for stroke prevention, but it's the first to pass muster. The FDA did not approve an earlier candidate, ximelagatran, after liver damage was observed in 7% of patients taking it. Results from a new clinical trial, testing a drug called rivaroxaban, are to be presented this week at the American Heart Assn. conference in Chicago. [Source: Chicago Tribune article 15 Nov 2010 ++]

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**Minnesota Veterans Homes Update 02:** Sen. Al Franken (D-MN) on 15 NOV released a letter from a top state veterans official outlining the corrective action being taken at the Minnesota Veterans State Home in Hastings (MVH-Hastings) to address problems recently uncovered by a U.S. Department of Veterans Affairs investigation that Sen. Franken initiated earlier this year after receiving constituent complaints. The VA investigation found three problematic areas: staff retaliation against patients who lodged complaints about their care, poor access to medical care, and social workers not assisting veterans in securing living arrangements in the community. In the letter, the Minnesota Department of Veterans Affairs outlined its response to these findings, including making several personnel changes, conducting its own internal investigation, and improving staff policies

and training to ensure that all standards are fully met. "I'm pleased that the Minnesota Department of Veterans Affairs is taking action to correct the alleged problems found by the VA at the Hastings State Veterans Home," said Sen. Franken. "We owe our veterans and their families a great debt and getting them the care they need and deserve is one of my top priorities." After receiving a letter outlining the concerns of several residents of MVH-Hastings, Sen. Franken asked the U.S. Department of Veterans Affairs to look into the matter.

Problems at the Veterans Home in Hastings were first discovered this summer by the Veterans Affairs Department's inspector general after a veteran staying at the home complained to Sen. Al Franken. The whistleblower said administrators went as far as to swap one veteran's medication, then tried to have that veteran committed to a mental health facility because they thought he was complaining about his care to a local reporter. .. A few months later, the inspector general's July investigation revealed a pattern of unethical behavior." The VA Department finished its investigation this fall, and Franken then passed that report on to state veterans officials who are now implementing changes at the State Veterans Home. The state has fired the home's administrator and nursing director because of the allegations and is looking into other changes at the home. [Source: Coon Rapids Herald article 15 Nov 2010 ++]

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**GI Bill Update 86:** The CBO cost estimate on the Post-9/11 Veterans Educational Assistance Improvements Act of 2010 (S.3447), released 6 OCT is \$236 million the first year, \$2.3 billion over the first decade. The Senate bill, introduced by Sen. Daniel Akaka (D-Hawaii), chairman of the veterans' affairs committee, has 26 co-sponsors. Rep. Walt Minnick (D-ID) introduced an identical bill (H.R.5933) in the House. It already has 121 co-sponsors including Rep. Bob Filner (D-CA), chairman of the House veterans committee. These bills are popular politically. Among other things they would extend the scope of Post-9/11 GI Bill education benefits to cover vocational and other types of training rather than keep the benefit restricted to college degree programs. The big hurdle to passage will be finding money to pay for GI Bill enhancements. Because this is an entitlement program, lawmakers theoretically can only pay for GI Bill reform by reducing other mandatory spending programs or raising taxes. Lawmakers have ignored this "pay-as-you-go" rule often in the past, including to approve the Post-9/11 GI Bill. But worries over burgeoning budget deficits are rising and will be reinforced by the president's debt commission reports its finding and recommendations in December. VA officials, meanwhile, have urged Congress not to make any changes to the new GI Bill effective before August of next year. Unless, Congress finds the will to make some hard decisions about where to trim the current program's waste, hope for real GI Bill reform is fading fast. In that case the following proposed fixes will not take place:

- Expand the program to cover Vocational and OJT Programs
- Give Guard and Reserve Full Credit for Full Time Served
- Provide Living Stipend to Veterans Utilizing Distance Learning
- Simplify the Yellow Ribbon Program
- Grant active duty students a book stipend worth \$1,000/year
- Increase Vocational Rehabilitation monthly benefits by up to \$780/month
- Reimburse students who take multiple accreditation/certification tests
- Allow enlistment kickers to be transferred to dependents
- Increase VA reporting fees paid to schools
- Simplify the types of discharges that qualify for benefits

[Source: Military.com Military Report Tom Philpott article 15 Nov 2010 ++]

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**Saving Money:** Americans buy a lot of hand sanitizer – \$117 million worth every year – even though there’s scant evidence they work the way we think they do...

**WE THINK** hand sanitizer kills “99.9 percent of germs” when we use them. We know that’s only under laboratory conditions. “If you take the real world example where people are not washing their hands continually and all the dirt and grime is not taken off their hands prior to using a hand sanitizer, the actual efficacy of the sanitizer is going to decrease,” Indiana University microbiologist Jason Tetro reported on his school’s podcast. “It’s anywhere between 40 and 60 percent effective.”

**WE THINK** all hand sanitizers are the same.. We know hand sanitizers with less than 60% ethyl or isopropyl alcohol aren’t nearly as good at killing germs – even though some brands on the market contain only 40%. “In fact, using an alcohol sanitizer with only 40% alcohol might not reduce bacteria on your hands at all,” Dr. Jeffrey Benabio writes on his dermatology blog.

**WE THINK** hand sanitizer keeps our hands clean for hours. We know they last minutes. “The leading products on the market today eliminate germs on contact but work for as little as two minutes,” says a new survey that asked Americans how long they think their hand sanitizer last. The results? “58% of the 1,007 men and women polled said they believe their hand sanitizer keeps germs at bay for an hour or more.,” claims the survey released earlier this month. Most telling was this result: “Of those Americans who use hand sanitizers, 71% said they use them for peace of mind.”

Why all these misconceptions? Because advertising works better than research. If you go to the Purell website, you’ll see a cute little boy blowing his nose. If you look up rigorous academic research about the effectiveness of hand sanitizer, you get a web page with no pictures and a title like, “A Randomized, Controlled Trial of a Multifaceted Intervention Including Alcohol-Based Hand Sanitizer and Hand-Hygiene Education to Reduce Illness Transmission in the Home.” Those studies do reveal one crucial fact: While washing your hands is best, hand sanitizer does work if you keep its effectiveness in perspective. With that in mind, here are three tips for buying the stuff:

- **Read the label:** “Check the bottle for active ingredients,” Columbia professor Elaine Larson told The New York Times. “It might say ethyl alcohol, ethanol, isopropanol or some other variation, and those are all fine. But make sure that whichever of those alcohols is listed, its concentration is between 60 and 95%. Less than that isn’t enough.”
- **Use a lot:** You already bought the stuff, so don’t skimp on using it now. “How much gel should you use? Enough to keep rubbing for 20 seconds without drying completely,” recommends Dr. Benabio. “If the alcohol evaporates in less than 15 seconds, then you’re not using enough.”
- **Buy in bulk and online:** Prices are lower. Another reason to stock up: Prices go up when demand does. So for instance, last year during flu season, hand sanitizer flew off the shelves, up 70% during October 2009 from the same period the year before. So like anything else, stock up when demand is down.

[Source: MoneyTalksNews Michael Koretzky article 16 Nov 2010 ++]

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## Notes of Interest:

- **Recycling.** The average American discards 4.5 pounds of garbage every day; most of which goes into landfills, where it’s compacted and buried. To find out where in your community you can recycle all kinds of products (batteries, carpet, paint, etc.) refer to <http://www.earth911.com>.

- **VA Disability Examination Worksheets.** Disability Examination Worksheets are in use both by the doctors of VHA (Veterans Health Administration) who do the disability examinations and by the rating specialists, hearing officers, and Decision Review Officers of VBA (Veterans Benefits Administration) who do the disability evaluations. At <http://www.vba.va.gov/bln/21/Benefits/exams> can be found 57 of them that are available for review and use by anyone anticipating an exam or intending to use a non-VA physician to prepare documentation in support of a claim.
- **Toys for Tots.** The U.S. Marine Corps recently started its 2010 Toys For Tots program. Since 1947, Toys For Tots has helped underprivileged children throughout the United States by collecting new, unwrapped toys and distributing them as Christmas gifts. The Toys For Tots program is the largest outreach program in the Department of Defense. For more information, or to find a local Toys for Tots drop-off location near you, refer to [.http://www.toysfortots.org](http://www.toysfortots.org).
- **Navy Logo.** The Navy Office of Information recently introduced the "Navy Veteran" logo on the U.S. Navy Facebook page. The logo should be used by Navy veterans throughout November as a means of showing their service. There are variations of the logo that can be used by sons, daughters, spouses, grandchildren, parents and friends of veterans as well. The logo is easily printable and can be posted and used at home, at work and elsewhere to create awareness of Navy veterans in communities and online networks. The logo is available on the [U.S. Navy Facebook page](#), on the [Navy Visual News Service Flickr account](#), and in the Navy Logo attachment to this Bulletin.
- **Wreaths Across America.** The 2010 Wreath Escort Schedule is available online at <http://wreathscrossamerica.org/escort-to-arlington.html>. The escorting of the wreaths was started several years ago by The Patriot Guard Riders and has grown into a weeklong series of events all designed to honor veterans. This year over 50 tractor-trailers will depart Harrington, Maine, on Sunday 5 DEC as the wreaths begin the annual journey to over 500 participating locations around the Country.
- **Houston National Cemetery.** The Department of Veterans Affairs (VA) has awarded a nearly \$19.5 million construction contract for gravesite expansion and improvements at the Houston National Cemetery in Texas. The project is scheduled for completion in early 2013.

[Source: Various Nov 2010 ++]

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## Medicare Fraud Update 53:

- **Bellevue NJ** - Dr. Amgad Hessein, 56, of Advanced Pain Management Specialists and his brother were arrested 16 NOV and charged with 2nd Degree Health Care Claims Fraud and Conspiracy. It is preliminarily estimated that Dr. Hessein and his brother netted up to roughly \$5 million by submitting nearly \$52 million in fraudulent Medicare and private insurance health care claims between JAN 06 and JUL 09. Bank records revealed that the doctor had billed for treatments for which he did not have the equipment to perform, would bill patients for higher level, more costly treatments than were actually performed and would bill for visits when patients were not even in the office. Most brazenly on many occasions the doctor billed for treatments that he allegedly performed in his office while he was actually out of the country. On multiple occasions his billable hours exceeded 24-hours in one day. With the proceeds of this fraud, Dr. Hessein and Ashraf Sami purchased oceanfront real estate in New Jersey, commercial properties and several luxury vehicles. Those properties and vehicles, including a \$1.59 million home in Belmar, N.J., as well as numerous bank accounts were seized by the authorities.
- **Tampa FL** - U.S. Attorney Robert E. O'Neill said the federal government has reached a settlement with Texas-based mepa Fcal laboratory Ameritox, Ltd. of \$16.3 million. Federal authorities say Ameritox, a company specializing in laboratory testing, paid kickbacks to its customers in the medical community "in order to induce them to refer Medicare business." The settlement is the result of a lawsuit filed by a former employee of Ameritox, who sued under the False Claims Act, which allows citizens who know of fraud

being committed against the federal government to file suit on behalf of the government. The act also allows for the plaintiff to share in any recovery obtained as a result of the suit. Because of the suit filed in Florida's middle district, the former employee, Debra Maul, will receive \$3.4 million from the settlement.

- **Miami FL** - Jose Garcia, 55, was sentenced 19 NOV to nearly five years in prison and ordered to pay nearly \$8 million in restitution for his role in a multimillion-dollar Medicare fraud scheme. Garcia, who operated Global Med-Care Corp., a Miami clinic that purportedly treated HIV patients was indicted in 2008, but remained a fugitive for two years before surrendering in May. In August, he pleaded to one count of conspiracy to cause the submission of false claims to the Medicare program and to pay health care kickbacks, and one count of conspiracy to commit health care fraud. It was alleged that Global Med-Care submitted \$10.9 million in Medicare claims for expensive HIV medication that was medically unnecessary or never provided. Co-defendant Nayda Freire pleaded guilty in AUG 08 to one count of conspiracy to defraud the Medicare program, and was sentenced to 30 months in prison.
- **Vero Beach FL** - Dr. Walter Janke and his wife, Lalita, owners of former Vero Beach-based primary care provider Medical Resources LLC, have agreed to a \$22.6 million settlement resolving fraud allegations that they submitted false diagnoses that led Medicare to overpay them. According to a release from the Jankes, they agreed to settle only to avoid further litigation expenses, and they continue to deny the allegations, saying that the government wanted to make an example out of their case. Medical Resources LLC was the primary care provider for the Jankes' Medicare Advantage Organization, America's Health Choice Medical Plans Inc. Medicare Advantage Organizations are paid more to care for serious and/or chronic medical conditions than for healthy patients. Both of the operations are defunct. The United States also froze about \$20 million in assets claimed from the alleged scheme.

[Source: Fraud News Daily reports 15-30 Nov 2010++]

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## Medicaid Fraud Update 26:

- **Roanoke VA:** Melissa Ann Ferguson, 36, who lied to collect Medicaid and Social Security benefits for which she didn't qualify was sentenced 16 NOV to two years in prison and ordered to repay the government \$188,780. For almost a decade, starting in FEB 2000, Ferguson received more than \$160,000 from Medicaid to pay for multiple abdominal surgeries and for medical treatment of her children. She also received more than \$20,000 in Social Security payments. But in applying for the benefits, Ferguson did not tell authorities that her boyfriend lived with her. If his income had been included in the household figures used to calculate benefits, Ferguson would not have qualified for the payments. In July, Ferguson pleaded guilty to one count of making a false statement related to health care, and one count of stealing government money. Also on 16 NOV in Roanoke's federal court, Judge Conrad sentenced Holly Mae Hawley, 32, of to five years of probation for making false statements related to health care. In addition she was ordered to repay \$16,046 in Social Security benefits she received for her son after failing to report that her husband was part of the household.
- **Cedar Rapids IA** - On 22 NOV Phung Ca Long, 41, owner of a Vinton restaurant pleaded guilty to federal immigration and Medicaid fraud charges for conspiring to harbor illegal immigrants for commercial gain and making false statements to Medicaid relating to health care. Prosecutors say Long made false statements to get Medicaid health benefits totaling more than \$23,000. Long faces up to 15 years in prison, a \$500,000 fine and restitution. She remains free on bond.

[Source: Fraud News Daily reports 15-30 Nov 2010++]

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**State Veteran's Benefits:** The state of Idaho provides several benefits to veterans as indicated below. To obtain information on these refer to the “**Veteran State Benefits – ID**” attachment to this Bulletin for an overview of those benefits 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
- Other State Veteran Benefits

[Source: <http://www.military.com/benefits/veteran-benefits/idaho-state-veterans-benefits> Nov 2010 ++]

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**Military History:** By 1945, the Japanese had suffered an unbroken string of defeats for nearly two years in the South West Pacific, the Marianas campaign, and the Philippines campaign. In JUL 44, following the loss of Saipan, General Hideki Tojo was replaced as prime minister by General Kuniaki Koiso, who declared that the Philippines would be the site of the decisive battle. After the Japanese loss of the Philippines, Koiso in turn was replaced by Admiral Kantaro Suzuki. The first half of 1945 saw the Allies capture the nearby islands of Iwo Jima and Okinawa. Okinawa was to be a staging area for Operation Downfall, the American invasion of the Japanese Home Islands. Following Germany's defeat, the Soviet Union quietly began redeploying its battle-hardened European forces to the Far East, in addition to about forty divisions that already had been stationed there since 1941, as a counterbalance to the million-strong Kwantung Army.

The Allied submarine campaign and the mining of Japanese coastal waters had largely destroyed the Japanese merchant fleet. With few natural resources, Japan was dependent on raw materials, particularly oil, imported from Manchuria and other parts of the East Asian mainland, and from the conquered territory in the Dutch East Indies. The destruction of the Japanese merchant fleet, combined with the strategic bombing of Japanese industry, had wrecked Japan's war economy. Production of coal, iron, steel, rubber, and other vital supplies was only a fraction of that before the war. The rebuilt battle cruiser Haruna was sunk at her moorings in the naval base of Kure on 24 JUL during a series of bombings. As a result of the losses it had suffered, the Imperial Japanese Navy (IJN) had ceased to be an effective fighting force. Following a series of raids on the Japanese shipyard at Kure, Japan, the only major warships in fighting order were six aircraft carriers, four cruisers, and one battleship, none of which could be fueled adequately. Although 19 destroyers and 38 submarines were still operational, their use was limited by the lack of fuel.

By the end of July, the Imperial Japanese Navy was incapable of conducting operations and an Allied invasion of Japan was imminent. While publicly stating their intent to fight on to the bitter end, Japan's leaders at the Supreme Council for the Direction of the War (the "Big Six") were privately making entreaties to the neutral Soviet Union, to mediate peace on terms favorable to the Japanese. The Soviets, meanwhile, were preparing to attack the Japanese, in fulfillment of their promises to the Americans and the British made at the Tehran and Yalta Conferences. On 6 AUG, the Americans dropped an atomic bomb on Hiroshima. Late in the evening of 8 AUG, in accordance with Yalta agreements but in violation of the Soviet–Japanese Neutrality Pact, the Soviet Union declared war on Japan, and soon after midnight on 9 AUG, it invaded the Japanese puppet state of Manchukuo. Later that day the Americans dropped an atomic bomb on Nagasaki. The combined shock of these events caused Emperor Hirohito to intervene and order the Big Six to accept the terms for ending the war that the Allies had set down in the Potsdam Declaration. The surrender ceremony was held on September 2 aboard the U.S. battleship Missouri, at which officials from the Japanese government signed the Japanese Instrument of Surrender, ending World War II. Allied civilians and servicemen alike celebrated V-J Day, the end of the war; however, some isolated commands and personnel from Japan's far-flung forces throughout Asia and the Pacific islands refused to surrender for months and years after, some into the 1970s. Hostilities formally ended when the Treaty of San Francisco came into force on

April 28, 1952. For details on the subsequent occupation of Japan refer to Bulletin attachment to this newsletter.  
[Source: [http://en.wikipedia.org/wiki/Occupation\\_of\\_Japan](http://en.wikipedia.org/wiki/Occupation_of_Japan) Nov 2010 ++]

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**Military History Anniversaries:** Significant December events in U.S. Military history are:

- Dec 01 1918 - WWI: An American army of occupation enters Germany
- Dec 01 1964 - Vietnam: U.S. President Lyndon B. Johnson and his top-ranking advisers meet to discuss plans to bomb North Vietnam.
- Dec 01 1969 - Vietnam: America's first draft lottery since 1942 is held.
- Dec 02 1944 - WWII: General George S. Patton's troops enter the Saar Valley and break through the Siegfried line.
- Dec 03 1775 - The USS Alfred became the first vessel to fly the Grand Union Flag (the precursor to the Stars and Stripes); the flag is hoisted by John Paul Jones.
- Dec 03 1950 - Korea: The Chinese close in on Pyongyang, Korea, and UN forces withdraw southward. Pyongyang falls 2 days later.
- Dec 03 1942 - WWII: U.S. planes make the first raids on Naples, Italy.
- Dec 06 1941 - WWII: President Franklin D. Roosevelt issues a personal appeal to Emperor Hirohito to use his influence to avoid war.
- Dec 07 1917 - WWI: The United States declares war on Austria-Hungary with only one dissenting vote in Congress.
- Dec 07 1941 - WWII: Japanese attack Pearl Harbor without a declaration of war and land forces in Northern Borneo.
- Dec 07 1942 - WWII: The U.S. Navy launches USS New Jersey, the largest battleship ever built.
- Dec 08 1861 - Civil War: CSS Sumter captures the whaler Eben Dodge in the Atlantic. The American Civil War is now affecting the Northern whaling industry.
- Dec 08 1941 - WWII: Roosevelt declares war on Japan noting the previous day's events mark it as a date that will live in infamy.
- Dec 08 1943 - WWII: U.S. carrier-based planes sink two cruisers and down 72 planes in the Marshall Islands.
- Dec 08 1944 - WWII: The United States conducts the longest, most effective air raid on the Pacific island of Iwo Jima.
- Dec 09 1950 - Cold War: Harry Gold gets 30 years imprisonment for passing atomic bomb secrets to the Soviet Union during World War II.
- Dec 09 1992 - Operation Restore Hope: U.S. Marines land in Somalia to ensure food and medicine reaches the deprived areas of that country.
- Dec 10 1898 - Spanish American War: The U.S. and Spain sign the Treaty of Paris, ending the war and ceding Spanish possessions, including the Philippines, to the United States.
- Dec 10 1941 - WWII: Japanese troops invade the Philippine island of Luzon.
- Dec 11 1862 - Civil War: Union General Ambrose Burnside occupies Fredericksburg and prepares to attack the Confederates under Robert E. Lee. The battle ends two days later with the bloody slaughter of onrushing Union troops at Marye's Heights.
- Dec 11 1941 - WWII: Germany and fascist Italy declare war on America. The U.S. reciprocates.
- Dec 12 1863 - Civil War: Orders are given in Richmond, Virginia, that no more supplies from the Union should be received by Federal prisoners
- Dec 13 1775 - The Continental Congress authorizes the building of 13 frigates.
- Dec 13 1774 - Mass militiamen successfully attacked arsenal of Ft. William and Mary

[Source: Various Nov 1010 ++]

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## Military Trivia 17:

1. The oldest current U.S. military decoration, the **Purple Heart**, was established in 1789 as the Badge of Military Merit. General George Washington originally established the Badge to honor their faithful service during the Revolutionary War. At least six men received the badge, and two of those examples still exist. The badge fell out of use in subsequent conflicts, but was never made obsolete. The modern Purple Heart replaced it in 1932. Unlike many other decorations, the Purple Heart does not require someone to write a recommendation in order for it to be conferred upon an individual.

2. For his actions on board the USS West Virginia during the attack on Pearl Harbor on December 7, 1941, Mess Attendant Dorie Miller became the first African-American to win the **Navy Cross**. Miller's heroism that fateful day included moving wounded fellow soldiers to safer locations--including a vain attempt to move West Virginia's captain, who wound up dying in the battle, off the bridge--and taking control of an anti-aircraft gun, which he wasn't even trained to use. Miller died on November 24, 1943, when the escort carrier USS Liscome Bay was sunk by Japanese torpedoes. He received the Purple Heart posthumously.

3. Boatswain's Mate Third Class Albert R. Johnson and Engineman Earl H. Leyda were the first recipients of the **Coast Guard Medal**, in 1958. Johnson and Leyda were involved in a rescue attempt at the Oswego Water Works Tunnel in Oswego, New York, on August 18, 1957. Despite successfully reaching the workers, their efforts were in vain, as the workers had perished before they managed to get to them. The Coast Guard Medal was originally authorized in 1949, some nine years before it was first awarded.

4. The U.S. Navy was the first branch to give the **Good Conduct Medal**, starting in 1869. The U.S. Air Force didn't start giving a separate Good Conduct Medal until 1963, although it was first authorized in 1960. Until 1963, USAF personnel received the U.S. Army's version of the Good Conduct Medal. The Air Force decided to quit giving the Good Conduct Medal in 2006 because they felt that good conduct is expected among its airman, thus making the medal inappropriate. Air Force personnel who won the medal are still authorized to wear it.

5. The first six **Air Force Combat Action Medals** were given in a ceremony in Washington, DC, on June 12, 2007, in a ceremony by then-Air Force Chief of Staff General T. Michael Moseley. Artist Susan Gamble, whose husband was also in the air force, designed the medal. It is unique among U.S. military decorations, inasmuch as the medal drape and chest ribbon have diagonal stripes. The Pennsylvania company that made the ribbon had to get a special loom to do the job.

6. The **Air Medal** Created on May 11, 1942 is one of a number of decorations given by multiple branches of the U.S. military. It may be given to recognize single acts of merit or heroism while participating in aerial flight, or for meritorious service over a period of time.

7. Orville Wright is the only civilian aviation pioneer awarded the **Distinguished Flying Cross**. It took an act of Congress for Wright to receive America's oldest military decoration for aerial heroism. That's because the honor was retroactive to December 17, 1903--the day that Orville and his brother Wilbur became the first Americans to achieve powered flight. Although a number of civilians received the Distinguished Flying Cross, it officially recognizes heroism and extraordinary achievement in military flight operations after November 11, 1918. President Calvin Coolidge signed an order in 1927 officially limiting the award to those people who served in the armed forces.

8. The first women to win the **Silver Star Medal**, America's third highest award for valor, were four Army nurses for evacuating a field hospital in Anzio, Italy in FEB 1944. They were joined by Leigh Ann Hester in 2005 and Monica Lin Brown in 2008. Three nurses who had served in World War I were posthumously awarded the Silver Star in 2007. Between 100,000 and 150,000 Silver Stars have been awarded since the award was established by an Act of Congress for the USN on August 7, 1942 and an Act of Congress for the USA on December 15, 1942. Colonel David Hackworth is the record holder for most Silver Stars awarded to a single person. He earned ten Silver Stars for service in the Korean War and the Vietnam War, in addition to two Distinguished Service Crosses.

9. The **Humanitarian Service Medal**, awarded to those participating in military operations of a humanitarian nature, was authorized by President Gerald Ford by Executive Order 11965 on January 19, 1977. It may be awarded to regular military, National Guard and Reserve members and units who perform meritorious military service of a humanitarian nature. This includes disaster relief and evacuation of non-combatants from hostile areas, retroactive to April 1, 1975. Among the many operations for which this medal has been presented are the Tenerife Air Disaster in the Canary Islands in 1977 and the Loma Prieta earthquake in California in 1989.

10. No one has ever won the **Medal of Honor** twice. Because the Medal of Honor is given to those who distinguish themselves "conspicuously by gallantry and intrepidity at the risk of...life above and beyond the call of duty while engaged in an action against an enemy of the United States", posthumous awards are common.

[Source: [http://www.funtrivia.com/quizzes/world/military\\_matters/us\\_military.html](http://www.funtrivia.com/quizzes/world/military_matters/us_military.html) Nov 2010 ++]

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**Tax Burden for South Dakota Retirees:** Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. Following are the taxes you can expect to pay if you retire in South Dakota:

**Sales Taxes**

**State Sales Tax:** 4% (prescription drugs exempt); municipalities may add up to an additional 2.75%. Residents who are age 65 and older and have a yearly income of under \$9,750 (single) or in a household where the total income was under \$12,750 are eligible for a sales tax refund.

**Gasoline Tax:** \* 24 cents/gallon

**Diesel Fuel Tax:** \* 24 cents/gallon

**Cigarette Tax:** \$1.53 cents/pack of 20

\* Tax rates do not include local option tax of 1 cent.

**Personal Income Taxes**

No state personal income tax

**Retirement Income:** Not taxed.

**Property Taxes**

Property is assessed at 85% of market value between counties. Assessors determine the market value of property by using a combination of the following three approaches: (1) Cost approach whereby the assessor estimates the cost of replacing the property (structures), reduces that amount by its age (depreciation) and adds the value of the land. (2) Market approach whereby the assessor compares the subject property to like properties that have recently been sold.

(3) Income approach in whereby the assessor uses the value of the projected income from a property to determine its value. For more information refer to <http://www.state.sd.us/drr2/prospectax/property/home.htm>.

Property taxes are assessed and collected by local government entities. A tax freeze and/or municipal property tax reduction is available for seniors age 65 and older, and disabled persons. Single homeowners 66 and older who earn \$10,000 or less can get a refund of up to 35% of taxes paid. Multi-person households headed by someone 66 and older, where the combined income is \$13,000 or less, are eligible for a refund of up to 55% of taxes paid. The state has several other property tax relief programs. For details refer to <http://www.state.sd.us/drr2/prospectax/property/relief.htm#Sales%20and%20Property%20Tax%20Refund%20for%20Senior%20&%20Disabled%20Citizens>.

There is a property tax exemption for disabled veterans. Veterans that have been rated as permanently and totally disabled as the result of a service connected disability may be eligible for up to \$100,000 of their property value to be exempt from property taxes. Refer to [www.state.sd.us/drr2/prospectax/property/disabledveteransforweb.pdf](http://www.state.sd.us/drr2/prospectax/property/disabledveteransforweb.pdf).

The state has a property tax homestead exemption that delays payment of property taxes until the property is sold. Taxes are a lien on the property and must be paid along with interest before the property can be transferred. For more information on all property taxes, [www.state.sd.us/drr2/prospectax/property/publications.htm](http://www.state.sd.us/drr2/prospectax/property/publications.htm) or call 800-829-9188.

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

For further information, visit the South Dakota Department of Revenue site [www.state.sd.us/drr2/revenue.html](http://www.state.sd.us/drr2/revenue.html) or call 800-829-9188.

[Source: [www.retirementliving.com](http://www.retirementliving.com) Nov 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:

- **Question Of Final Passage. Final Passage** of a matter occurs when the chair puts the question to the chamber for a vote.
- **Question Of Privileges Of The House.** A question of privileges of the house asserts that the safety, dignity or integrity of the House is in question. Expressed in the form of a House resolution, it must be first ruled upon by the chair within 48 hours. If valid, one hour of debate is granted and a vote is held.
- **Quorum - House.** A quorum is the number of House members who must be present before business may be conducted. A quorum in the House requires the presence of 218, while 100 are needed in Committee of the Whole
- **Quorum - Senate.** A quorum is the number of Senators (51) who must be present before business may be conducted. Unless challenged by a point of order, the Senate conducts daily business without a quorum present.
- **Quorum Call - House.** A quorum call in the House seeks to bring a majority of members to the floor to record their presence.
- **Quorum Call - Senate.** A quorum call in the Senate may have more than one purpose. Most often it is used to delay proceedings. The delay while names are being read is used to await absent senators or to hold

private conversations. A quorum call may also seek to bring a majority to the Senate floor. This is known as a "live" quorum call.

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

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**Veteran Legislation Status 28 NOV 2010:** Congress returned from its election recess 15 NOV and began its post-election lame duck session. The lame duck session broke for one-week on 22 NOV for Thanksgiving, and resumed 29 NOV. 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**" attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

Grassroots lobbying is perhaps the most effective way to let your Representative and Senators know your opinion. Whether you are calling into a local or Washington, D.C. office; sending a letter or e-mail; signing a petition; or making a personal visit, Members of Congress are the most receptive and open to suggestions from their constituents. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting legislators know of veteran's feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> your legislator's phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to [http://www.thecapitol.net/FAQ/cong\\_schedule.html](http://www.thecapitol.net/FAQ/cong_schedule.html) for dates that you can access your legislators on their home turf. [Source: RAO Bulletin Attachment 28 Nov 2010 ++]

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## Have You Heard?

A young man volunteered for Navy service during World War II. He had such a high aptitude for aviation that he was sent right to Pensacola skipping boot camp.

The very first day at Pensacola he solos and is the best flier on the base. All they could do was give him his gold wings and assign him immediately to an aircraft carrier in the Pacific.

On his first day aboard he took off and single-handedly shot down 6 Japanese Zeroes. Then climbing up to 20,000 ft. he found 9 more Japanese planes and shot them all down, too. Noting that his fuel was getting low, he descended, circled the carrier and came in for a perfect landing on the deck.

He threw back the canopy, climbed out and jogged over to the captain. Saluting smartly he said, "Well sir, how did I do on my very first day?"

The captain turned around, bowed, and replied, "You make one velly impoltant mistake!"

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"There is no limit to what a man can do or where he can go if he doesn't mind who gets the credit."

--- Ronald Reagan [1981 Inaugural Address]

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**Here's a solution to all the controversy over full-body scanners at the airports:**

All we need to do is develop a booth that you can step into that will not X-ray you, but will detonate any explosive device you may have hidden on or in your body. The explosion will be contained within the sealed booth.

This would be a win-win for everyone. There would be no issue of racial profiling and the device would eliminate long and expensive trials.

This is so simple that it's brilliant. I can see it now: you're in the airport terminal and you hear a muffled explosion. Shortly thereafter an announcement comes over the PA system, "Attention, standby passengers! We now have a seat available on flight number..."

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