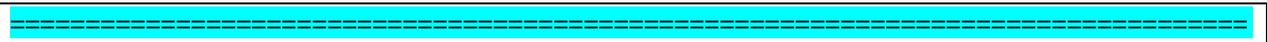


# ***RAO BULLETIN***

***1 January 2011***

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- Attachment - Veteran Legislation  
Attachment - Indiana State Veteran's Benefits  
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**Mobilized Reserve 28 DEC 2010:** The Department of Defense announced the current number of reservists on active duty as of 28 DEC 2010. The net collective result is 1,988 fewer reservists mobilized than last reported in the 15 DEC 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 72,143; Navy Reserve, 5,790; Air National Guard and Air Force Reserve, 8,320; Marine Corps Reserve, 5,060; and the Coast Guard Reserve, 779. This brings the total National Guard and Reserve personnel who have been activated to 92,082 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/d20101228ngr.pdf> . [Source: DoD News Release No. 1185-10 dtd 29 Dec 2010 ++]

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**Medicare End of Life Planning:** A new health regulation will pay doctors for providing Medicare recipients with voluntary end-of-life planning, a provision that Democrats dropped from the health-care reform bill after prominent Republicans turned the issue into a political hot potato. Voluntary advance care planning, also known as end-of-life planning, is included in a new Medicare regulation issued on 3 DEC that covers annual checkups called "wellness visits. The regulation allows Medicare to pay for voluntary end-of-life planning or counseling as part of the annual checkup, to help Medicare beneficiaries deal with the difficult decisions families

face when a loved one is approaching death, such as when to withdraw or forgo life-sustaining care. The new regulation goes into effect on 1 JAN 2011.

An early version of the health-care reform bill allowed Medicare to pay for voluntary end-of-life planning every five years. Congressional Democrats later dropped that provision after Alaska Gov. Sarah Palin likened the counseling to death panels and Republican House leader John Boehner said that the measure could start us down a treacherous path toward government-encouraged euthanasia for people who were critically ill. In contrast to the political controversy, medical research has consistently shown the value of end-of-life planning. "Advance care planning improves end-of-life care and patient and family satisfaction and reduces stress, anxiety and depression in surviving relatives," according to the conclusions of a study published this year in the British Medical Journal and quoted by the Obama administration in the preamble to the Medicare regulation.

Those who oppose including end-of-life planning in Medicare coverage often argue that patients will lose their ability to control the type of care they receive at the end of their lives or could have treatment withdrawn prematurely, but those views are inconsistent with medical research. According to Dr. Stacy M. Fischer, an assistant professor at the University of Colorado School of Medicine, whose research findings were also cited by the Obama administration, "end-of-life discussions between doctor and patient help ensure that one gets the care one wants and protect patient autonomy. Recent data suggest that, although only approximately 30% of adults have completed an advance directive (AD), 93% would like to discuss ADs with their physician." Fischer wrote after Democrats dropped end-of-life planning from the health-care reform bill, "The reality is that these conversations are time consuming, incompatible with 20-minute appointments, and not billable."

Despite opponents' claims that discussing ADs with one's physician would hasten death, Fischer said there is no evidence that these discussions or completing an AD lead to harm. On the contrary, the harm may be in denying end-of-life planning to people who need it, according to Dr. Donald M. Berwick, administrator of the Centers for Medicare and Medicaid Services, who issued the new regulation. "Using unwanted procedures in terminal illness is a form of assault. In economic terms, it is waste. Several techniques, including advance directives and involvement of patients and families in decision-making, have been shown to reduce inappropriate care at the end of life, leading to both lower cost and more humane care." [Source: About.com | Senior Living Sharon O'Brien article 28 Dec 2010 ++]

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**Cancer Risk Reduction Update 01:** Seniors who currently take a "baby aspirin" every day to help prevent stroke or heart disease may also have a lower risk of cancer, according to a new Oxford University study published 7 DEC, which found a 20% drop in cancer deaths among people taking a low-dose aspirin daily. The benefits of taking a daily low-dose aspirin (typically a 75 mg or 81 mg tablet) is well-established for people at high risk of heart disease, but is sometimes not recommended for healthy middle-aged adults and those 80 and older due to the small risk of stomach bleeds. "These results do not mean that all adults should immediately start taking aspirin," said Professor Peter Rothwell of the Department of Clinical Neurology at Oxford University, who led the work. "Previous guidelines have rightly cautioned that in healthy middle aged people the small risk of bleeding on aspirin partly offsets the benefit from prevention of strokes and heart attacks, but the reductions in deaths due to several common cancers will now alter this balance for many people."

The results of the study, published in the Lancet, show that aspirin reduced death due to any cancer by around 20% during the trials. But the benefits of aspirin only became apparent after people took the drug for five years or more, suggesting that low-dose aspirin works by slowing or preventing the early stages of the disease so that the effect is only seen much later. After five years of taking aspirin, patients in the trial showed death rates that were

34% less for all cancers and as much as 54% less for gastrointestinal cancers, such as esophagus, stomach, bowel, pancreas and liver cancers. In testing for the long-term benefits of taking a low-dose aspirin daily, researchers found that the risk of cancer death over a period of 20 years remained 20% lower for all solid cancers among those who had taken aspirin, and 35% lower for gastrointestinal cancers. It took about five years to see a benefit in taking aspirin for esophagus, pancreatic, brain, and lung cancer; about 10 years for stomach and bowel cancer; and about 15 years for prostate cancer. The 20-year risk of death was reduced by about 10% for prostate cancer, 30% for lung cancer, 40 percent for bowel cancer and 60 percent for esophagus cancer.

Given the evidence that aspirin has a delayed preventative effect against cancer, Rothwell believes that the people who benefit most would be those who start taking aspirin in their late 40s or 50s, before most people's risk of cancer starts to increase, and then continue for 20 to 30 years. But Rothwell added a cautionary note: "I don't think it's necessarily right for the person who did the research to say what guidelines should be. We can't say with absolute certainty that there won't be some unknown harm in taking aspirin for 30 years, but it looks as if there would be pretty large benefits in reducing cancer deaths. People have to accept there's some uncertainty here." The results of this study are promising and potentially exciting, showing that something as simple as aspirin can help prevent many types of cancer. As always, however, you should check with your personal physician before beginning, increasing or changing any medication. [Source:About.com | Senior Living Sharon O'Brien article 7 Dec 2010 ++]

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**Medical Complaint Filing:** You count on nursing homes, doctors and other medical professionals to provide the care you and your loved ones need, but sometimes things go wrong and there are serious problems you never expected. If that happens, and you need to file a complaint with the agency that licenses physicians and nursing homes in your area, contact your state's Department of Health Services, Department of Aging, or the Foundation Aiding the Elderly (FATE) for assistance. To express your concerns or complaints at a national level, write or call the Senate Special Committee on Aging which has jurisdiction over aging issues and elder care: U.S. Senate, Special Committee on Aging, Dirksen Office Building G-31, Washington, DC 20515-6400 Tel: (202) 224-5364 or get in touch with FATE: Foundation Aiding the Elderly, P.O. Box 254849, Sacramento, CA 95865-4849 Tel: (916) 481-8558. Info on the last two offices can be found at <http://www.4fate.org> & <http://aging.senate.gov>. To request information about reputable local nursing homes that provide long-term care, contact your state's Department of Health Services or Department of Aging for details and referrals. [Source: About.com | Senior Living Sharon O'Brien article 7 Dec 2010 ++]

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**Complex Regional Pain Syndrome:** More veterans are complaining about complex regional pain syndrome (CRPS), which they believe derived from injuries suffered in the service. The illness can cause lifelong medical nightmares for some adults and even children, usually after a mild trauma inflames the nerves, causing pain that never shuts off - even after the original injury heals. The condition attacks the central nervous system and leaves those affected in constant anguish, much like amputees who feel pain in their "phantom limb." Because the malady isn't formally recognized by the U.S. Department of Veterans Affairs, those affected say they find it difficult to get benefits from the government. Although there is no way to know how many vets suffer from the pain syndrome, according to the Board of Veterans' Appeals the number of appeals for disability compensation that cite the illness rose to nearly 600 in 2009, up from 330 in 2005. The board lists about 500 cases related to the syndrome for 2010. An Air Force Reserve colonel suffering from the syndrome is trying to raise public awareness has led the charge in seeking compensation for hundreds of other military personnel returning from service. Many complain they have found little support from a federal agency already besieged with head injuries and post traumatic stress syndrome.

The VA compensates veterans for injuries related to complex regional pain syndrome, said Thomas Pamperin, the agency's deputy undersecretary for disability assistance, based in Washington. But he doesn't believe it is necessary to assign a code to every disability, saying "our ratings schedule is flexible enough to evaluate any recognized condition." Most patients refer to the condition by its former name — **reflex sympathetic dystrophy**. It usually begins with a searing or stabbing pain that is disproportionate to the original injury and persists longer than the expected healing time. The first signs may include a hypersensitivity to touch, swelling and skin discoloration, altered temperature and abnormal sweating. The pain ebbs and flows daily, causing anxiety when patients believe they have improved only to have it return, sometimes much later, said Dr. Timothy Lubenow, professor of anesthesiology at Rush University Medical Center. No one is sure how many people suffer from the illness, which can be cured if caught early. The Reflex Sympathetic Dystrophy Syndrome Association (RSDSA) based in Milford, Conn., estimates there are 50,000 new American patients annually, based on Norwegian studies.

Few doctors understand it, and many don't know how to best treat it, Lubenow said. "It was initially ascribed to people in the Civil War who had gunshot injuries," Lubenow said. "It is not as infrequent as one would think. ... It isn't always as readily recognized as it should be because early on it may present with relatively mild symptoms." Some people with the syndrome suffer pain and can hold jobs. Air Force reservist Col. Doug Strand, 51, of Hampton, Va. says if left untreated for too long, the nerve damage can spread to other parts of the body. He said he developed the syndrome after injuring his left leg in 2008, and now copes with problems affecting his lungs. After living daily with pain, many patients experience depression and undergo personality changes, experts said. What exacerbates the problem is that people who aren't familiar with the syndrome don't understand its debilitating effects. Jim Broatch, executive director of the RSDSA, started a Web page <http://www.rsds.org/index2.html> devoted specifically to veterans after hearing complaints from returning soldiers. "I always laugh when they say, 'It's in your head,'" Broatch said. "I say, 'Damn right.'" [Source: Chicago Tribune Lisa Black article 26 Dec 2010 ++]

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**Tax Returns:** It will take a little longer for some taxpayers to file their 2010 returns, but it will be worth the wait for beneficiaries of a new tax law: college students, teachers and residents of states that have sales taxes but no income tax. Thanks to a December tax package that was hailed as a forerunner of a bipartisan spirit in government, the Internal Revenue Service needs to reprogram computers for new college tuition breaks, teachers who buy classroom supplies with their own money, and Americans who live where there's no state and local income tax to deduct. The IRS said 23 DEC that it will be mid- to late February before it can accept returns that apply for those tax breaks. However, delays will be minimal for taxpayers who already itemize deductions, because they normally have to wait for their financial documents. "The majority of taxpayers will be able to fill out their tax returns and file them as they normally do," said IRS Commissioner Doug Shulman. "We will do everything we can to minimize the impact of recent tax law changes on other taxpayers. The IRS will work through the holidays and into the new year to get our systems reprogrammed and ensure taxpayers have a smooth tax season." The IRS will announce a specific date when it can start processing tax returns affected by the changes. The changes in the law that will cause delays were:

- The new line on Schedule A, Itemized deductions, to allow for state and local sales tax deductions. Taxpayers in states with income taxes usually chose that deduction instead. Taxpayers cannot complete Schedule A until this tax break is programmed in IRS computers.
- The new higher education tuition and fees deduction for parents and students, covering up to \$4,000 paid to a post-secondary institution. Many parents and students, however, will instead use existing education credits.
- The new expense deduction for kindergarten-through-grade 12 educators who have out-of-pocket classroom expenses of up to \$250.

The new tax law gives benefits ranging from tax cuts for millionaires and the middle class to longer-term help for the jobless. Without the law, millions of Americans would have been hit with increases starting on New Year's Day. The package retains Bush-era tax rates for all taxpayers, including the wealthiest Americans, a provision President Barack Obama and congressional liberals opposed. It also offers 13 months of extended benefits to the unemployed and attempts to stimulate the economy with a Social Security payroll tax cut for all workers. Meanwhile, a board that reviews IRS operations said examinations of returns increased by 8 percent this year on taxpayers with incomes above \$1 million. Examinations of individuals with incomes below \$1 million, small and large corporations, and collections, remained steady from last year. The rate of returns filed electronically rose slightly to 69%, while revenue from enforcement action was up from \$48.9 billion in 2009 to \$57.6 billion this year. The IRS Oversight Board, which consists of nine members, was created by Congress under a 1998 law to oversee the agency's operations. [Source: Los Angeles Daily News AP Larry Margasak article 23 Dec 2010 ++]

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**VA SSVF Program:** The Supportive Services for Veteran Families (SSVF) Program is a new U.S. Department of Veterans Affairs (VA) program that will award grants to private non-profit organizations and consumer cooperatives who will provide supportive services to very low-income Veterans and their families residing in or transitioning to permanent housing. The grantees will provide a range of supportive services designed to promote housing stability. The VA has announced the availability of funds for supportive services grants under the SSVF Program. A Notice of Fund Availability (NOFA) was published in the 23 DEC Federal Register concerning the SSVF Program, the application process, and the amount of funding available. The NOFA is available at: <http://edocket.access.gpo.gov/2010/pdf/2010-31742.pdf>. Applications can be downloaded at [http://www1.va.gov/HOMELESS/docs/SSVF\\_Application-Dec2010.pdf](http://www1.va.gov/HOMELESS/docs/SSVF_Application-Dec2010.pdf). VA will use the collected information to evaluate and select recipients for supportive services grants. Applicants may be asked to provide additional supporting evidence or to quantify details during the review process.

Questions regarding this application may be directed to VA's technical assistance provider, the Corporation for Supportive Housing at 1(312) 332-6690 x17 or via Email: SSVFinfo@csh.org. If you have any questions regarding the SSVF Program, contact the SSVF Program Office at 1(877)737-0111. Applications for assistance must be received by the SSVF Program Office by 4 p.m. EST on 11 MAR 2011. Regional grant-writing workshops focused on the application will take place throughout the month of January. Each workshop will provide attendees with (i) an overview of the SSVF Program, (ii) an overview of the NOFA, and (iii) advice on completing the application. In addition, workshop attendees will be provided an opportunity to ask questions of VA and the Corporation for Supportive Housing (VA's technical assistance contractor for the SSVF Program). There is no registration fee for attending these workshops. However, pre-registration is required by entering your data at <http://63.247.141.136/~csh/registration>. Attendees are responsible for any travel or other expenses associated with their attendance. Attendance at a workshop is not required to submit an application for the SSVF Program. The PowerPoint slides used during the workshops will be posted to this website in early JAN 2011. The workshop schedule is:

- Chicago Thursday, January 6, 2011 –8:30 a.m. – 4:30 p.m. at Hotel Allegro, 171 W. Randolph Street, Chicago, Illinois
- Los Angeles Tuesday, January 11, 2011 –9:00 a.m. – 5:00 p.m. at Embassy Suites LAX, 9801 Airport Road, Los Angeles, California
- Seattle Thursday, January 13, 2011 –9:00 a.m. – 5:00 p.m. at Doubletree Arctic Club Hotel - Downtown, 700 3rd Ave, Seattle, Washington
- Houston Tuesday, January 18, 2011 –9:00 a.m. – 5:00 p.m. at Sheraton North Houston, 15700 John F. Kennedy Boulevard, Houston, Texas

- New York City Thursday, January 20, 2011 –9:00 a.m. – 5:00 p.m. at New York City Bar Association, 42 West 44th Street, New York, NY (meeting location) Club Quarters - Rockefeller Center, 25 W. 51st Street, New York, NY (Hotel location)

Grant-writing workshops will also be held in Tampa, Florida and Las Vegas, Nevada in early FEB 2011. Dates and specific locations are forthcoming. [Source: <http://www1.va.gov/HOMELESS/SSVF.asp> Dec 2010 ++]

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**Vet Abuse:** A home healthcare worker is facing sex abuse charges after authorities said a Rossville family used a hidden camera to catch him abusing an 82-year-old man. Thomas Franklin Scroggins, 36, is charged with two counts of aggravated sodomy and one count of aggravated sexual battery. Scroggins, who is also an employee at Hutchinson Medical Center, was working for ResCare Home Care. Rescare has a contract with the Veterans Administration. The abused patient is a decorated Army paratrooper and was a prisoner of war in Korea. He was assistant fire chief in Rossville for 20 years. Family members said the video shows Scroggins physically and sexually abusing the veteran. Pati J. Kelly, Rescare executive director, NW and NE GA, issued this statement, "ResCare has just learned of this devastating news. Our hearts go out to the client and the family during this difficult time. We are very concerned and are fully cooperating with the police and their investigation. We hesitate to provide further comment at this time as to not jeopardize the police investigation." [Source: Chattanooga article 22 Dec 2010 ++]

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**Gulf War Syndrome Update 13:** Approximately 697,000 men and women served in various operations during Desert Shield and Desert Storm between August 1990 and June 1991. While the war was short lived, the chronic medical symptoms are not. A Gulf War Illness Task Force, wisely formed so as to prevent litigation, has discovered that nearly a quarter of these veterans of war have reported chronic fatigue, weakness, gastrointestinal problems, cognitive dysfunction, sleep interruptions, persistent headaches, skin disorders, lung problems and chronic mood disorders. This cluster of symptoms are now known as "Gulf War Veteran' Illness" The task force states that their research with these veterans will continue for the next three to five years. A preliminary finding is that the reported illnesses are not the result of mental health issues, but the by product of exposure to environmental toxins. Publicly, no one mentions depleted uranium exposure, yet we know that it is included in the research. We also know that a team of soldiers who returned to Kuwait to clean up the Bradley tanks from DU, all became gravely ill. To some this an Agent Orange Deja Vu. But again, we must give some credit to the new regime at the VA, they are not trying to hide, as they did with Agent Orange. The VA has approved \$2.8 million for research into treatments for these illnesses. [Source: Tuscon Sentinal mike brewer article 22 Dec 2010 ++]

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**Military Recruiting Update 02:** According to a just published report by the nonprofit Education Trust, almost one in four high school students who try to join the Army fail its entrance exam. The Army requires a minimum score of 31 out of 99 on the first stage of the three-hour Armed Services Vocational Aptitude Battery. Potential Marine, Navy, Air Force and Coast Guard recruits need higher minimum scores, which are 32, 35, 36 and 40, respectively. The report adds to a growing worry among military recruiting commanders and civilian education leaders that the pool of young people qualified for military service is shrinking. The services are meeting their recruiting goals—primarily due to the economy—but recruiting officials admit that 75% of today's pool of 17 to 24-

year-olds are ineligible for military service due to aptitude, fitness, health and/or criminal records. To read the Education Trust report go to [http://org2.democracyinaction.org/o/6879/p/salsa/web/common/public/signup?signup\\_page\\_KEY=2946](http://org2.democracyinaction.org/o/6879/p/salsa/web/common/public/signup?signup_page_KEY=2946). [Source: VFW Washington Weekly 22 Dec 2010 ++]

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**Strategic Arms Reduction Treaty:** In an overwhelming 71-26 vote, the U.S. Senate on 22 DEC ratified the new Strategic Arms Reduction Treaty, a pact to level the arms playing field between the United States and Russia. Considered critical to U.S. national security, Defense Secretary Robert M. Gates said in a 21 DEC statement that the treaty "will enhance strategic stability at lower numbers of nuclear weapons, provide a rigorous inspection regime including on-site access to Russian missile silos, strengthen our leadership role in stopping the proliferation of nuclear weapons, and provide the necessary flexibility to structure our strategic nuclear forces to best meet national security interests." The former arms treaty, and its on site arms inspections, between the two world superpowers ended nearly a year ago. Details of the treaty include:

- The treaty allows the United States and Russia to conduct as many as 18 short-notice, on-site inspections each year, with as many as 10 "Type 1" inspections, which focus on strategic systems, such as intercontinental ballistic missiles, submarines and bombers, and up to eight "Type 2" inspections, which cover storage sites, test ranges and other operations. On-site inspections work in synergy with other elements of the treaty, including data exchanges on the technical characteristics, locations and distribution of weapons. Any changes in the status of strategic systems must be reported through timely notifications and biannual reports, according to the treaty.
- The treaty mandates that 35 facilities in Russia and 17 in the United States are subject to inspections. Russian inspectors will be permitted entry into the United States via Washington, D.C., and San Francisco, escorted by Defense Threat Reduction Agency officials. Each side has to give 32 hours notice during normal working hours before a short-notice inspection.

The new treaty will be carried out in conjunction with the Nunn-Lugar Cooperative Threat Reduction Program, a 20-year-old effort to advance nuclear nonproliferation around the world. As of 21 JUN, the program has supported the elimination of 783 ICBMs and 672 ICBM launchers, 651 submarine-launched ballistic missiles and 476 SLBM launchers, 155 heavy bombers, 906 air-to-surface missiles, and deactivation of 7,545 nuclear warheads. Russia is expected to ratify the treaty by the end of the year. [Source: AFPS Terri Moon Cronk article 22 De 2010 ++]

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**Stop-loss Pay Update 09:** The deadline for eligible service members, veterans and their beneficiaries to apply for Retroactive Stop Loss Special Pay (RSLSP) has been extended to 4 MAR 2011, allowing personnel more time to apply for the benefits they've earned under the program guidelines. The deadline extension is included in the continuing resolution signed by President Obama 22 DEC, providing funding for federal government operations through 4 MAR 2011. "There was a surge of applicants as we approached our earlier deadline, but there may still be more out there who have yet to apply," said Lernes Hebert, director, Officer and Enlisted Personnel Management. "We are pleased that this extension was included in the continuing resolution which will give those remaining the opportunity to apply as we continue to work through the current applications."

The RSLSP was established to compensate for the hardships military members encountered when their service was involuntarily extended under Stop Loss Authority between 11 SEP 01, and 30 SEP 09. Eligible members or their beneficiaries may submit a claim to their respective military service in order to receive the benefit of \$500 for each full or partial month served in a Stop Loss status. When RSLSP began on 21 OCT 09, the services estimated

145,000 service members, veterans and beneficiaries were eligible for this benefit. Because the majority of those eligible had separated from the military, the services have engaged in extensive and persistent outreach efforts over the past 14 months. Outreach efforts including direct mail, engaging military and veteran service organizations, social networks and media outlets, will continue through 4 MAR 2011. To apply for more information, or to gather more information on RSLSP, including submission requirements and service-specific links, go to <http://www.defense.gov/stoploss>. [Source: DoD News Release No. 1174-10 dtd 22 Dec 2010 ++]

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**Vet Toxic Exposure ~ Lejeune Update 14:** Responding to heightened publicity and an uneven smattering of decisions on claims, the Department of Veterans Affairs will begin training a specialized cadre of workers to handle disability claims related to historic water contamination at Marine Corps Base Camp Lejeune, N.C. The agency will consolidate claims at one office in Louisville, Ky. Eight employees there will focus on culling, researching and adjudicating disability claims related to the contaminated water. The move is more than bureaucratic; it could prove significant to Marine veterans across the country who are suffering from cancers and other diseases that they think are related to the poisonous chemicals that flowed through Lejeune's water supply.

McClatchy Newspapers reported in June that the VA's decisions on Lejeune-related claims appeared uneven and that they varied for Marines across the country. That led to questions from Congress about whether the VA was doing enough to track cases related to the contamination. Devereaux was among those who testified on the issue. A million people - civilian workers, Marines and their family members - are thought to have been exposed to the contaminated water at Camp Lejeune, and more than 160,000 have registered with the Marine Corps to learn more about the case. From the mid-1950s to the mid-1980s, water wells at Lejeune were poisoned with trichloroethylene (TCE), tetrachloroethylene (PCE), benzene, vinyl chloride and other volatile organic chemicals. The wells were shuttered in the mid-'80s, but many Marine veterans and their families had no idea of the contamination until Congress required the military to notify them beginning in 2008. In response to congressional inquiries, the agency has begun tagging claims that list Lejeune's water as a cause; traditionally claims have been tracked by disability, not cause.

Bradley Flohr, the VA's assistant director for policy in compensation and pension service, said in an interview that the agency was acting now because it had grown concerned that disability decisions hadn't been consistent across regional offices. "Perhaps we're not getting as consistent decisions as we would like to have. We've committed to do training for staff dedicated to do these claims ... We know for certain benzene is most often associated with leukemias, acute myelocytic leukemia, and others. Kidney cancer as well, with TCE and PCE, and liver cancer is associated with vinyl chloride." The department found about 195 adjudicated disability claims that listed Camp Lejeune's contaminated water as a cause. Of those, just 32 have been approved. In SEP 2010, Thomas J. Pamperin, now the VA's deputy undersecretary for disability assistance, testified to the House of Representatives that the VA hadn't found conclusive evidence to link the water to a host of cancers and other diseases. Instead, the VA reviewed claims on a case-by-case basis, which resulted in scattershot decisions. Now the agency has decided to have one office review all incoming Lejeune claims. So far, about 100 new ones await adjudication, Pamperin said in an interview. "

The VA's move to consolidate Lejeune-related claims comes even as federal scientists in Atlanta continue a years-long project to understand the contamination's health effects better. Results of water-modeling and other studies from the Agency for Toxic Substances and Disease Registry are expected in 2013, Flohr said. The VA already had tried this year to update regional offices about the water contamination - but not always with the most up-to-date information. The agency sent a memo last spring to regional offices, but it referenced a controversial 2009 report from the National Research Council that left out significant contaminants and that epidemiologists have

disputed. Flohr said the letter was updated this past summer to include other contaminants, such as benzene and vinyl chloride. This fall, the director of the Agency for Toxic Substances and Disease Registry Christopher Portier sent a letter to the Department of the Navy and the Marines with a copy to the VA warning them that the National Research Council report had flaws, including leaving out certain contaminants, low-balling potential impacts of exposure to the chemicals and not fully appreciating how more scientific study would better explain the health effects of the contamination. "Let me be perfectly clear; there was undoubtedly a hazard associated with drinking the contaminated water at Camp Lejeune", he wrote .[Source: McClatchy Newspapers Barbara Barrett article 20 Dec 2010 ++]

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**VA Medical Benefits Package Update 01:** VA provides a Medical Benefits Package to all enrolled Veterans. This comprehensive plan provides a full range of preventive outpatient and inpatient services within VA health care system. Also, once you enroll in the VA's health care system, you can be seen at any VA facility across the country. VA operates an annual enrollment system that helps to manage the provision of health care by providing an overall population of beneficiaries. Additionally, the enrollment system ensures that Veterans who are eligible can get care and ensures that care is given to Veterans who are eligible. VA applies a variety of factors in determining Veterans' eligibility for enrollment, but once a Veteran is enrolled, that Veteran remains enrolled in the VA health care system. There are many ways that a Veteran may qualify to receive VA health care at over 1,400 medical centers and clinics across the nation. The VA has highly trained physicians and clinicians that allow the VA to address many specialties. You may also be able to receive assistance with prescription medication. VA health care is portable. Once enrolled, you may receive care at your home facility as well as the nearest VA facility while traveling. If you are a Veteran, and you want low-cost, high-quality health care, you probably qualify for VA Health Care if any of the below apply to you. If so, got to <https://www.1010ez.med.va.gov/sec/vha/1010ez> to apply online. For help in applying, call 1-877-222-8387:

**Basic service criteria -**

- You served in the active military, naval, or air service and were honorably discharged or released; or
- You were/are a Reservist or National Guard member and you were called to active duty by a Federal Order (for other than training purposes) and you completed the full call-up period

**Any of the following applies to you -**

- You were discharged or separated for medical reasons, early out, or hardship.
- You served in theater of combat operations within the past 5 years.
- You were discharged from the military because of a disability (not preexisting).
- You are a former Prisoner of War.
- You received a Purple Heart Medal.
- You receive VA pension or disability benefits.
- You receive state Medicaid benefits.

[Source: <http://www4.va.gov/healtheligibility> Dec 2010 ++]

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**VA Medical Benefits Package Update 02:** In January 2008 Congress increased Combat Veteran benefits by extending the period of enhanced health care enrollment eligibility from two to five years post discharge for Veterans who served in the theater of operations during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities after 11 NOV 98. In addition, Combat Veterans

discharged from active duty before 28 JAN 03 who had not enrolled in VA's health care system were provided an enhanced enrollment window through 27 JAN 2011. This enhanced enrollment provides cost-free hospital care, medical services, and nursing home care for any illness determined to be possibly related to their combat service. Veterans whose enhanced enrollment eligibility is about to expire are encouraged to enroll by either applying for enrollment on-line at [www.1010ez.med.va.gov/sec/vha/1010ez/](http://www.1010ez.med.va.gov/sec/vha/1010ez/), contacting VA at 1 877-222- 8387, mailing an application to their local VA medical center or visiting the nearest VA health care facility to apply in person. For more information regarding enrollment, refer VA's eligibility site at <http://www.va.gov/healtheligibility>. [Source: <http://www4.va.gov/healtheligibility> Dec 2010 ++]

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**Medicare Premiums 2011:** Most Medicare beneficiaries won't see any increase in Medicare Part B premiums in 2011. This is because there was no cost-of-living adjustment (COLA) for Social Security annuitants this year. Beneficiaries with incomes under \$85,000 (or \$170,000 for couples) and who have their Part B premiums withheld from their Social Security will have their premiums frozen at either \$96.40 or \$110.50 per month (depending on when they signed up). For others, Medicare Part B monthly premiums will be \$115.40 in 2011 - a 4.4% increase over the 2010 premium. This increased premium will affect:

- New Part B beneficiaries (because they didn't have the premium withheld from their Social Security benefit in the previous year) and,
- Beneficiaries who do not have their Part B premium withheld from their Social Security benefit

As experienced in January 2010, beneficiaries with incomes above \$85,000 (or \$170,000 for couples)also will see higher premiums in 2011, based on the income they reported to the IRS for 2009. At incomes above those levels, the government subsidy for Medicare is progressively reduced. For most eligibles, the subsidy is 75%. As income rises, the subsidy is progressively reduced – to 20% for those in the highest income category. Refer to the below chart to determine what your 2011 Medicare premium will be. [Source: MOAA Leg Up 22 Dec 2010 ++]

2011 Medicare Part B Premiums				
Individual Income	Eligible Before 2010	2010 Eligibles	New 2011 Eligibles	Gov't Subsidy
Under \$85K	\$96	\$111	\$115	75%
\$85+K - \$107K	\$154	\$154	\$162	65%
\$107+K - \$160K	\$221	\$221	\$231	50%
\$160+K - \$213K	\$287	\$287	\$300	35%
Above \$213K	\$353	\$353	\$369	20%

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**Traumatic Brain Injury Update 15:** Over the past few decades, scientists have become increasingly persuaded that people who suffer brain injuries benefit from what is called cognitive rehabilitation therapy (CRT) — a lengthy, painstaking process in which patients relearn basic life tasks like counting, cooking and remembering directions to get home. Neurologists, several major insurance companies and even some medical facilities run by the Pentagon agree that the therapy can help people whose functioning has been diminished by blows to the head. Despite pressure from Congress and the recommendations of military and civilian experts, the

Pentagon’s health plan for troops and many veterans does not cover the treatment — a limitation that could affect the tens of thousands of troops who have suffered brain damage fighting in Iraq and Afghanistan.

Officials with Tricare say the scientific evidence does not justify providing comprehensive cognitive rehabilitation. But an investigation by NPR and ProPublica found that internal and external reviewers of a Tricare-funded assessment found it fundamentally misguided. Confidential documents obtained by NPR and ProPublica show that reviewers called the Tricare study “deeply flawed,” “unacceptable” and “dismaying.” One scientist called the review a “misuse” of science designed to deny treatment for servicemembers. Tricare’s stance is also at odds with that of other medical groups and even other branches of the Pentagon. Last year, a panel of 50 civilian and military brain specialists convened by the Pentagon unanimously concluded that cognitive therapy is an effective treatment that would help brain-damaged troops. The National Institutes of Health and peer-reviewed studies have also endorsed cognitive therapy as a treatment for brain injury. Tricare officials said their decisions are based solely on laws requiring scientific proof of the efficacy and quality of treatment. But the investigation found that Tricare officials have privately worried about the high cost of cognitive rehabilitation, which can cost \$15,000 to \$50,000 per soldier.

With tens of thousands of troops and veterans suffering long-term symptoms from head injuries, treatment costs could quickly soar into the hundreds of millions, even billions of dollars — a crippling additional burden on the military’s overtaxed medical system. The battle over science and money has made it difficult for wounded troops to get a treatment recommended by many doctors for one of the wars’ signature injuries, according to the investigation, which was based on scores of interviews with military and civilian doctors and researchers, soldiers and their families; visits to treatment centers across the country; confidential scientific reviews; and documents obtained under the Freedom of Information Act. Defense Secretary Robert Gates, who has complained over the past year about the growing cost of the Pentagon’s health care budget, declined a request for an interview. Tricare officials defended the agency’s decision not to cover cognitive rehabilitative therapy and said it was not linked to budget concerns.

Navy Capt. Robert DeMartino, who directs Tricare’s behavioral health department, said the agency is mandated to ensure the quality and safety of medical care delivered to servicemembers. That consistency can be difficult with cognitive rehabilitation. Therapists design highly individualized treatment plans, often relying on a variety of different techniques. The holistic approach and lack of standardization make it hard to measure the effects of any single technique or treatment. DeMartino said cost played no role in the agency’s decision, calling such a suggestion “completely wrong.” Still, a handful of military and veteran facilities provide cognitive rehabilitation therapy or offer programs of limited scope. Most facilities don’t have the capacity. Since Tricare has a policy against covering cognitive rehabilitation, servicemembers and retirees who seek treatment at one of the nation’s civilian rehabilitation centers would have their claims denied, or only partially paid. Tricare will cover some types of treatment considered part of cognitive rehabilitative therapy. For instance, Tricare will pay for speech and occupational therapy, which can play a role in cognitive rehabilitation.

The conflicting policies have resulted in unequal care. Some troops and their families have relied upon high-level contacts or fought lengthy bureaucratic battles to gain access to civilian cognitive rehabilitation programs, which provide up to 30 hours of therapy a week. Soldiers without strong advocates have been turned away or never sought care because of Tricare’s refusal to pay for services. [Source: Stars & Stripes T. Christian Miller and Daniel Zwerdling article 20 Dec 2010 ++]

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**Traumatic Brain Injury Update 16:** The campaign to persuade Tricare to cover cognitive rehabilitation therapy (CRT) began in earnest after the scandal at Walter Reed Army Medical Center in Washington

in 2007. News reports featured brain-damaged soldiers living in squalid conditions and receiving substandard care. The Brain Injury Association of America, a grassroots advocacy group for head trauma victims, started lobbying Congress and the Defense Department to order Tricare to cover rehabilitation for servicemembers. The insurance industry is divided. Five of 12 major carriers will pay for cognitive rehabilitation therapy for head trauma, according to a recent survey. Carriers and doctors providing the service can point to a long list of medical associations and scientific studies backing the effectiveness of cognitive therapy. The National Institutes of Health, the National Academy of Neuropsychology and the British Society of Rehabilitation Medicine, among others, have weighed in supporting the treatment.

Armed with such evidence, brain injury association lobbyists did not have much trouble finding support in Congress. By 2008, more than 70 House and Senate members had signed letters to Defense Secretary Robert Gates asking him to support funding for cognitive rehabilitation therapy. Then-Sen. Barack Obama led the group of 10 senators urging Tricare to pay for therapy. In APR 09, 50 of America's leading brain specialists gathered for two days of debate. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, the Pentagon's lead program for the treatment of brain injury, convened the conference to help settle the debate about cognitive rehabilitation therapy. The participants were leading researchers and doctors, both military and civilian, neurologists, neuropsychologists, psychiatrists, therapists, family doctors and rehabilitation experts. Their unanimous conclusion was that cognitive therapy improved the thinking skills and quality of life for people suffering from severe and moderate head injuries. Soldiers suffering lingering problems from a mild traumatic brain injury, or concussion, would also likely benefit from the therapy, the experts concluded.

Shortly after the conference, officials from the military's medical system met to discuss the findings at Tricare's headquarters. One source, who did not want to be identified for fear of reprisals from the military, said money was one topic of discussion. The Pentagon's figures show that 188,000 servicemembers have suffered a brain injury since 2000. Of those, 44,000 suffered moderate or severe head injuries. Another 144,000 had mild traumatic brain injuries. Previous ProPublica and NPR reports showed that number likely understates the true toll by tens of thousands of troops. Some estimates put the number of brain injuries at 400,000 servicemembers. Studies suggest that while most soldiers with concussions heal quickly, some 5 to 15% suffer lasting difficulties in memory, concentration and multitasking. For the military's health system, the figures added up quickly. Tens of thousands of servicemembers and veterans authorized to receive cognitive rehabilitative therapy might result in a \$4 billion bill, using high-end estimates for the cost of treatment from the Brain Injury Association.

In MAY 09, Tricare issued a \$21,000 contract to the ECRI Institute which called for ECRI to review the available scientific literature to determine whether cognitive rehabilitation therapy helped patients with traumatic brain injuries. ECRI graded the evidence for the benefits of cognitive therapy as being "inconclusive" or offering only "low" or "moderate" quality support of improvement in patients' cognitive functions. The final report, delivered to Tricare in OCT 09, noted some areas of benefit. For instance, "tentative" evidence showed cognitive therapy significantly improved the quality of life for brain-damaged patients. Overall, the report concluded, the evidence for most benefits from cognitive rehabilitation therapy remained inconclusive. By summer 2009, ECRI researchers had finished a draft of the study. ECRI, later joined by Tricare, asked outside scientific experts to review it. The reviews, according to interviews and copies obtained by NPR and ProPublica, were uniformly critical. Some of the researchers accused Tricare of using a study that was designed to deny coverage to soldiers.

Wayne Gordon, director of the rehabilitation medicine at Mount Sinai School of Medicine in New York, called the review "dismaying" and "unacceptable." Karen Schoelles, ECRI's medical director for the health technology assessment group, said the firm stood by its assessment. Cognitive rehabilitation "may be on to something," Schoelles said. "But it needs more research." Last year, Congress ordered the Pentagon to conduct further studies to review the effectiveness of the therapy. The congressionally mandated studies have not begun. Results are not

expected for several years. [Source: Stars & Stripes T. Christian Miller and Daniel Zwerdling article 20 Dec 2010 ++]

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**VA Fraud Waste & Abuse Update 31:** A former U.S. Navy mail clerk from Connecticut has been sentenced to 10 months in prison, followed by two years of supervised release, after admitting that he fabricated a story about a traumatic military record in Vietnam, where he never served, to collect some \$80,000 in government disability benefits. John Golino, 61, will also have to pay restitution to the government. Golino claimed falsely on a veteran's benefit application that, while serving in Vietnam with a special forces unit of U.S. Navy SEALs, he went through experiences, one of which he received a purple heart for, that caused him to suffer from post-traumatic stress disorder. He said that he had been forced to shoot a teenage girl who was trying to throw a satchel of explosives; watched a booby-trapped baby explode in the hands of a friend; and suffered shrapnel injuries to a wrist and a leg during an encounter with Viet Cong forces in Cambodia. In reality, federal prosecutors said the only legitimate disability Golino suffered was a wrist injury while he was assigned to handle mail on a World War II-era submarine tender, the USS Sperry.

On 29 SEP, Golino pleaded guilty to one count of converting money of the United States before U.S. District Judge Vanessa L. Bryant. A year ago, prosecutors said the Inspector General's office of the Veterans Affairs Administration confronted Golino about his military record. They said he admitted that he was never a Navy SEAL, had never been in a combat situation, had not earned a Purple Heart and that he had never been to Vietnam. He admitted as well that he fabricated the war record to increase his benefits. Since 1998, Golino had been receiving legitimate disability compensation benefits for the wrist injury he claimed to have suffered during his service as a mail clerk. As a result of a falsified application, the Veterans Administration changed Golino's disability rating to 70% disabled and increased his monthly compensation payments. The fraudulent payments, which prosecutors said Golino received from 2004 to 2009, amounted to \$79,624. [Source: The Hartford Courant Kim Velsey article 20 Dec 2010 ++]

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**Project Paperclip Lawsuit:** The Vietnam Veterans of America filed a lawsuit in JAN 09 on behalf of six Vietnam War veterans claiming that the Central Intelligence Agency (CIA) had used an estimated 7,800 US service members as guinea pigs in Project Paperclip experiments involving at least 250, but as many as 400 chemical and biological agents. Among the chemicals the lawsuit alleges were used on the soldiers were LSD, sarin and phosgene nerve gases, cyanide, PCP and even THC, the active ingredient in marijuana. The lawsuit described it as a vast program of human experimentation that was shrouded in secrecy and carried out without the informed consent of the experiment subjects. The VVA says the CIA has refused to use a routine protective order that would restrict any sensitive CIA data to within the courtroom, and instead blacked out large parts of relevant documents. The plaintiffs say the CIA refused to provide the names of the test subjects involved, allowing only the names of the six defendants who filed the lawsuit. Even more unbelievably, it appears that the CIA has yet to search even the most obvious location for documents — Edgewood Arsenal itself.

In 1970, the CIA provided Congress with an alphabetical list showing that they had tested 145 drugs during Projects Bluebird, Artichoke, MKULTRA and MKDELTA. A 2003 Department of Veterans Affairs report [www.publichealth.va.gov/docs/vhi/chem\\_bio\\_rad\\_weapons.pdf](http://www.publichealth.va.gov/docs/vhi/chem_bio_rad_weapons.pdf) states that between 1950 and 1975, about 6,720 soldiers took part in experiments involving exposures to 254 different chemicals, conducted at US Army Laboratories at Edgewood Arsenal, MD. Congressional hearings into these experiments in 1974 and 1975 resulted in

disclosures, notification of subjects as to the nature of their chemical exposures, and ultimately to compensation for a few families of subjects who had died during the experiments. On 13 JAN the CIA will argue for dismissal of Vietnam veterans' claims that the CIA must provide them with information about the health effects of chemicals used on the servicemen. In its 32-page motion to dismiss the group's third amended complaint, the CIA claims it has no legal obligation to provide the veterans with notice of the drugs' health effects. A copy of the brief is available a <http://www.courthousenews.com/2010/12/14/CIADismiss.pdf>. [Source: The Raw Story Daniel Tencer and Military.com articles 27 Apr & 21 DEC 2010 ++]

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**Debit Cards Update 01:** The Federal Reserve has just announced its proposal that would limit debit card fees to a maximum of 12 cents per transaction. This is a stunning change from the existing interchange or “swipe” fees charged to retailers that average between 1% and 2% of a transaction. This is part of the Dodd-Frank financial reform bill signed in JUL 2010 that requires the Fed to limit these interchange fees to a level “reasonable and proportional” to what it costs the bank to process the transaction. The intent of the legislation is to lower the cost for merchants which, in turn, would hopefully result in lower prices on goods and services for consumers. This is obviously good news for retailers who fought hard for it, but this is very bad news for banks. These rules will slash debit card revenue which was almost pure profit for the banks. This proposal could drastically change the debit card industry.

The big question is how this will affect consumers. Will retailers pass on these savings to consumers in the form of lower prices? Or will merchants pocket these savings? Merchants are charged an interchange fee each time a debit card is swiped. Card processors like Visa and MasterCard pass on the majority of this fee to the banks. The fee is set by the card network and currently the average fee is approximately 2% of the transaction value. A \$200 purchase with a 2% interchange fee generated \$4 for the bank; the new rule reduces the fee to 12 cents. The National Retail Federation estimates that debit card fees total about \$20 billion annually. Bank of America, the biggest issuer of debit cards, said earlier this year that the fee limits could cost the bank between \$1.8 billion to \$2.3 billion annually. Banks are going to have to make up for this substantial loss of revenue by raising rates and fees in other areas. In addition, we’ll probably see issuers cut rewards on debit cards. More than likely, it will be the consumer who will pay the price for this rate cut for retailers.

Changes are already underway for issuers to generate more revenue and it’s the consumer who is being asked to pay more. Chase began notifying some customers this month that it is adding a \$6 monthly fee to accounts with small deposits. Direct deposits will have to be at least \$500 to qualify for a waiver on the monthly fee. The monthly requirement is a single direct deposit of at least \$500; multiple direct deposits that add up to \$500 will not qualify for the waiver. The monthly fee is waived if customers make five or more debit card purchases in a statement period. The change goes into effect starting 8 FEB 2011 and applies to basic checking accounts. The Fed also proposed rules that would let merchants choose from at least two independent debit networks for routing transactions, potentially creating more competition for Visa and MasterCard. The Fed has until mid-April to publish final rules that would ensure that debit card interchange fees are “reasonable” and “proportional.” Final rules are scheduled to become effective in JUL 2011. [Source: Lynn Oldshue article 16 Dec 2010 ++]

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**Museum of Military History:** The Internal Revenue Service has revoked its determination that the Chandler AZ Museum of Military History qualifies as a non-profit organization as described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 and will disallow tax deductions for contributions made to this organization.. Generally, IRS will not disallow deductions for contributions made to an organization on or before the

date of announcement in the Internal Revenue Bulletin. However, the IRS is not precluded from disallowing a deduction for any contributions made after an organization ceases to qualify under section 170(c)(2) if the organization has not timely filed a suit for declaratory judgment under section 7428 and if the contributor:

- Had knowledge of the revocation of the ruling or determination letter.
- Was aware that such revocation was imminent, or
- in part responsible for or was aware of the activities or omissions of the organization that brought about this revocation.

Note that his revocation only applies to the Military Museum located in Chandler AZ and not to the numerous other Military History Museums located throughout the country. A partial list of these include facilities located in the Great Lakes, Boise ID, Washington DC, Frankfort KY, Sacramento CA and Little Rock AR. [Source: IRS Announcement 2010-84 pg. 603 dtd 1 Nov 2010 ++]

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**VA Direct Deposit Update 01:** The Department of the Treasury announced a new rule that will extend the safety and convenience of electronic payments to millions of Americans and phase out paper checks for federal benefits by 1 MAR 2013. Officials at the Department of Veterans Affairs (VA) urge Veterans to sign up for electronic payment of their benefits. "Receiving VA benefits electronically will increase the security, convenience and reliability of these vital payments," said Secretary of Veterans Affairs Eric K. Shinseki. "VA encourages Veterans who are now receiving their benefits in paper checks to set up direct deposits before the deadline." On 1 MAR 2013, VA will stop issuing paper checks. People who do not have electronic payments for their federal benefits by that time will receive their funds via a pre-paid debit card. Called the Direct Express card, it is issued by Comerica Bank as the financial agent of the U.S. Treasury.

Another deadline affects people receiving VA's compensation or pensions for the first time after 1 MAY 2011. Those people will automatically receive the benefits electronically. Anyone already receiving federal benefit payments electronically will be unaffected by the changes. To learn more about the federal government's switch to direct deposit - or to change VA benefits to direct deposit -- visit <http://www.GoDirect.org>. Information about the federal government's "Go Direct" campaign is also available at 1-800-333-1795. Along with payments for VA benefit, the change will also affect recipients of payments from Social Security, Supplemental Security Income, Railroad Retirement Board, or Office of Personnel Management. [Source: VA News Release 21 Dec 2010 ++]

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**Census 2010 Update 01:** Republicans got the official good news from the Census Bureau 21 DEC: The population growth and shifts of the past decade have worked to their favor, and the majority of House seats that will be reapportioned for the next decade will be moving to GOP stronghold states in the South and Sunbelt at the expense of several generally Democratic states in the Northeast and Midwest. By far the biggest winner will be reliably Republican Texas, which will get four new congressional districts mainly because of its soaring Hispanic population — for a new total of 36 House seats, meaning its 38 electoral votes will be an even bigger second prize in the next three presidential elections than California. Florida will get to elect 27 House members during the next decade, up from 25. New seats would also be assigned to Georgia (for a new total of 14), Washington (for 10), Arizona (for nine), South Carolina (for seven) and Nevada and Utah (for four apiece).

The two-seat losers would be New York (which would be left with 27) and Ohio (reduced to 16). One seat each would be taken from Illinois and Pennsylvania (leaving both with 18), New Jersey (12), Massachusetts (9) Michigan (14), Missouri (eight), Louisiana (six) and Iowa (four). For the first time in its history, Democratic-leaning California

did not gain a House seat after a census. The reapportionment numbers, of course, are only the first step in the politically byzantine process by which the states will redraw their congressional maps before the 2012 election. Before that, though, the new census results will be used to distribute more than \$400 billion in annual federal aid. The official 2010 count as of 1 APR, census day, was set at 308,745,538 — putting the national growth at 9.7% during the previous decade. That was the smallest since the 1940 census, which pegged population during the decade of the Great Depression. (It was 13.2% in the 1990s.)

The Census also disclosed that over 2.4 million firms in the United States are Veteran Owned firms. That is 9% of all the firms in the country. Approximately half a million firms employ 5.9 million people and have a combined annual payroll of \$213,974,430,000 While 1.9 million businesses do not have additional paid employees (sole owners or with non paid family members). There are additionally over 1.2 million Veteran/Non Veteran Equal Ownership Businesses. These are usually Small Businesses (defined as having less than 500 employees) which are owned by a husband and wife. So according to this just completed analysis of 2007 surveys, 13.5% of all businesses in the U.S. are owned or are significantly controlled by veterans. [Source: CQ Roll Call Daily Briefing 21 Dec 2010 ++]

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**Kidney Disease Update 02:** Cystatin C, a blood marker of kidney function, proved significantly more accurate than the standard blood marker, creatinine, in predicting serious complications of kidney disease, in a study by researchers at the San Francisco VA Medical Center and the University of California, San Francisco. Among adults who were identified as having chronic kidney disease by high creatinine levels, the researchers found that only patients who also had abnormally high levels of cystatin C were at high risk for death, cardiovascular disease, heart failure, or kidney failure. People with high creatinine but normal cystatin C levels had risks similar to those with normal creatinine levels. The researchers also found that a "small but important segment" of the study population was missed by creatinine but identified by cystatin C as being at significant risk of serious complications, according to lead author Carmen A. Peralta, MD, MAS, an SFVAMC researcher and an assistant professor of medicine in residence in the division of nephrology at UCSF.

The study of 11,909 participants appears online in the JASN Express 16 DEC section of the Journal of the American Society of Nephrology. The authors analyzed patient data from two prospective studies: the Multi-Ethnic Study of Atherosclerosis and the Cardiovascular Health Study, both sponsored by the National Heart, Lung, and Blood Institute. Principal investigator Michael G. Shlipak, MD, MPH, chief of general internal medicine at SFVAMC, said that the current study highlights a potential clinical use for cystatin C as a method for confirming a diagnosis of chronic kidney disease. Shlipak has been a leader among physicians in identifying cystatin C as an alternative, accurate, and reliable marker of kidney function.

Both cystatin C and creatinine are substances made in the body and filtered by the kidneys. High levels of the substances in the blood indicate that the kidneys are losing the ability to filter them, and thus are losing function. "However," explained Peralta, "creatinine is a byproduct made in muscles, so it is affected by what you eat and especially by how much muscle you have." Thus, "a bodybuilder with healthy kidneys might have an elevated creatinine level because of high muscle mass, whereas a frail elderly person might have normal or even low levels of creatinine, but in fact this person's kidneys are not working well – it's just that there's not much creatinine because there's not much muscle." In contrast, cystatin C is a protein made in cells throughout the body. "In studies so far, it does not seem to be that affected by age or muscle mass or diet," said Shlipak, who is also a professor in residence of medicine and epidemiology and biostatistics at UCSF.

Shlipak proposes that cystatin C, which can cost as little as \$17 per test, be added as a method for confirming or staging chronic kidney disease in guidelines that are currently being formulated by nephrologists. "It's vital that we have an accurate diagnostic test, because kidney disease does not show symptoms until it's too late, when your kidneys have almost failed completely," he said. "Being missed by creatinine is an important limitation in our current method of diagnosing kidney disease," said Peralta. Yet, she adds, being falsely identified with kidney disease through inaccurate test results can be disastrous as well. "There is fear and psychological stress, particularly in communities of color, where people have a lot of friends and family members who are on dialysis," she noted. "You can also be subjected to unnecessary and expensive tests and medications." [Source: <http://www.redorbit.com/news/health> 17 Dec 2010 ++]

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**Medal of Honor Update 02:** The nation has lost another Medal of Honor recipient. Melvin Biddle was awarded the medal for his actions in Belgium in 1944. Acting as an Army infantry scout in the Battle of the Bulge, he took out three snipers, took out three machine gun nests and killed 13 Germans in a single volley. All single handedly which then allowed the Allies to advance into the town. When President Truman placed the medal around Biddle's neck at the White House, he famously said on that day, people don't believe me when I tell them that I would rather have one of these than be president. Melvin Biddle of Indiana was 87. His death now leaves 86 living recipients of the Medal of Honor. [Source: NBC Nightly News 17 Dec 2010 ++]

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**Arlington National Cemetery Update 19:** Following months of reports detailing serious shortcomings in the administration of Arlington National Cemetery (ANC), Congress has adopted legislation that directs a comprehensive remediation plan. The House voted 407-3 to pass the bill. The Senate passed the measure by unanimous consent on 4 DEC. President Obama is expected to sign it. Reports of mis-labeled ANC gravesites prompted a July hearing before the Contracting Oversight panel chaired by Senator Claire McCaskill (D-MO) who sponsored the bill. S.3860:

- Directs the Army to account for the gravesites at ANC including whether they are correctly identified, labeled, and occupied.
- Requires the GAO to report to Congress on the management and oversight of contracts supporting burial operations.
- Directs the Army to report on progress in implementing its own plan and revised regulations to improve ANC management

[Source: MOAA Leg Up 17 Dec 2010 ++]

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**GI Bill Update 90:** Congress passed S. 3447, the Post-9/11 Veterans Educational Assistance Improvements Act of 2010 by unanimous consent in the Senate on 13 DEC, and the House later approved it by a vote of 409-3 on 16 DEC. Though some military fraternal organizations did not support all of its provisions, the bill does fix a number of shortcomings in the current Post-9/11 GI Bill. President Barack Obama is expected to sign the bill into law before the end of the year. It takes effect in August 2011. According to a report that accompanied the bill, an additional 131,000 Guardsmen will be immediately eligible for benefits. Each year, 8,000 more will qualify. The additional benefits include \$1.8 billion in direct spending for the National Guard during the first 10 years it is in

effect, but the costs will be more than offset by other provisions in the bill, according to the Congressional Budget Office. The new law also will:

- Allow veterans to apply their benefit to vocational and trade schools and distance learning in addition to four-year schools. Now it will be able to be used for licensing and certification programs, apprenticeships, on the job training, flight training and other non-college programs
- Expands the housing allowance to students enrolled in long distance learning
- Increase assistance for the purchase of books and supplies; and
- Extend the time severely injured veterans and their caregivers have to use the benefit.

[Source: TREA Washington Update

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**VA Presumptive VN Vet Diseases Update 17:** The Department of Veterans Affairs (VA) has decided more than 28,000 claims in the first six weeks of processing disability compensation applications from Vietnam Veterans with diseases related to exposure to the herbicide Agent Orange. "With new technology and ongoing improvements, we are quickly removing roadblocks to processing benefits," said Secretary of Veterans Affairs Eric K. Shinseki. "We are also conducting significant outreach to Vietnam Veterans to encourage them to submit their completed application for this long-awaited benefit." VA published a final regulation on 31 AUG that makes Veterans who served in the Republic of Vietnam and who have been diagnosed with Parkinson's disease, ischemic heart disease, or a B-cell (or hairy-cell) leukemia eligible for health care and disability compensation benefits. With the expiration of the required 60-day congressional review on 30 OCT, VA is now able to process these claims.

Vietnam Veterans covered under the new policy are encouraged to file their claims through a new VA Web portal at <http://www.fasttrack.va.gov>. Vietnam Veterans are the first users of this convenient automated claims processing system. If treated for these diseases outside of VA's health system, it is important for Veterans to gather medical evidence from their non-VA physicians. VA has made it easy for physicians to supply the clinical findings needed to approve the claim through the new Web portal. These medical forms are also available at <http://www.vba.va.gov/disabilityexams>. The portal guides Veterans through Web-based menus to capture information and medical evidence required for faster claims decisions. While the new system currently is limited to these three disabilities, usage will expand soon to include claims for other conditions. VA has begun collecting data that recaps its progress in processing claims for new Agent Orange benefits at <http://www.vba.va.gov/VBA/agentorange/reportcard/index.html>. [Source: VA News Release 17 Dec 2010 ++]

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**IRS Audit Update 01:** For the budget year ending 30 SEP 2010, the IRS audited 1.58 million individual returns, up 11% from the 1.43 million audits in 2008. And they made money doing it. The statistics for 2008 were:

- If you made over \$200,000, your odds of an audit were about 1 percent.
- Incomes over \$200,000 but less than \$1 million had audit odds of nearly 3 percent.
- With an income over \$1 million, your odds of an audit increased to nearly 6.5 percent.

For tax year 2009, about 389,000 individual returns had income of \$1 million or above, and IRS audited more than 8% of them. If you're rich or non-profit, your odds of being audited go up. "We saw individual audits increase, reaching the highest rate in the past decade," said Steve Miller, IRS deputy commissioner for services and enforcement. "The bottom line shows enforcement revenue topped \$57 billion, up almost 18% from last year." Among the returns most likely to be audited? Wealthy individuals, big businesses, and non-profit organizations.

Targeting people with money is nothing new. Best advise: Make it a goal to report less than a million in income for 2010. If you can't help it because you're just that good, keep accurate records. [Source: MoneyTalksNews Stacy Johnson article 17 Dec 2010 ++]

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**VA Claims Backlog Update 47:** Two Western Pennsylvania congressmen for the second time are pushing for a review of allegations that the Pittsburgh office of the Department of Veterans Affairs deliberately delayed veterans' claims so caseworkers could get productivity bonuses. An audit by the Government Accountability Office, sought by two senators and three House members more than a year ago, never happened because they could not get needed support from legislative leaders. Rep. Tim Murphy (R-PA-18) and Rep. Jason Altmire (D-PA-04) said they will try again. "We must make sure that we know exactly what went wrong so that we can ensure mistakes like this do not happen again," Altmire said in an e-mail.

The initial demand followed a brief 17 MAY 09 report by the Veterans Affairs inspector general, who found evidence that the processing of at least 10 disability claims were delayed, making caseworkers eligible for \$300 productivity bonuses. A note attached to one veteran's case read: "Not ready to rate because of the incentive." The VA suspended the bonus program in NOV 08. GAO spokeswoman Laura Kopelson said because of its heavy workload, the office does not honor such requests for audits unless the person seeking one includes the chair or ranking member of a relevant committee, such as the House or Senate veterans affairs committees. Murphy said the Pennsylvania lawmakers could not get support from committee leaders. But questions about the allegations remain, and Murphy said he plans to renew efforts to get a GAO review of not only the bonus allegations but the reasons for a growing backlog of veterans disability claims in Pittsburgh and elsewhere. Murphy said veterans faced undue delays in getting claims reviewed and processed. "I know these are not guys who are faking it," he said.

Nationally, according to VA spokeswoman Ramona Joyce, the agency has a backlog of nearly 250,000 claims, about 35% of all pending claims. The number of claims ballooned recently because of changes in standards for Agent Orange claims. In Pittsburgh, Joyce said, 34.9% of the 5,487 pending claims are classified as backlogged. Murphy said he would seek support from Rep. Jeff Miller, a Florida Republican who will chair the House veterans panel. "I think we will get him to cooperate," said Murphy, adding that he has a list of veterans services-related issues he wants the GAO to look at. A spokesman for Miller did not respond to a request for comment. [Source: Pittsburgh Tribune-Review Walter F. Roche article 17 Dec 2010 ++]

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**VA Claims Backlog Update 48:** John Gingrich, the VA department's chief of staff, said during a conference call with reporters on 17 DEC that the Veterans Affairs Department is on its way to eliminating its claims-processing backlog within four years. "Under the guidance of VA Secretary Eric K. Shinseki VA will deem claims backlogged" if they take longer than 125 days to process. Today, the average claim takes 165 days to process, and department officials plan to drop that average to 80 to 90 days, he said. The department has about 250,000 claims older than 125 days, Gingrich said. It has reduced the backlogged claims and plans to eliminate the logjam by 2015, he said. "It's a huge leap, but we're going to get there," he said. "Over the next couple months, [VA officials] will be able tell you how we'll get there." The reduction has come even as claims are rising, mostly due to policy changes with regard to post-traumatic stress and Vietnam-era Agent Orange chemical exposure, Gingrich said. More than 100,000 claims are filed with VA every month -- about 14,000 each month for post-traumatic stress -- resulting in 1.2 million new claims filed this year, Gingrich said. The department received 974,000 claims in 2009, he added.

VA has 45 pilot programs in place to help reach its goal of meeting President Barack Obama's directive "to transform the VA into a 21st century, people-oriented department with established metrics and is forward-looking," Gingrich said. "Our leadership is not looking at how things were, but how things are going to be," he said. "I've watched this entire leadership chain say, 'How do we move forward?'" Making that transformation requires a culture change in the department and a focus on accountability, smarter technology, re-engineered business processes and closer collaboration with stakeholders, Gingrich said. Increased budgets are helping the department make the necessary changes, he noted. "Not only are we working on culture, we're putting the resources behind it," he said. "The whole VA is behind it. We've got VA support, congressional support, and presidential support. We're going to make a dramatic change in VA processing in the coming years. With the secretary's help, we've turned a corner." [Source: AFPS Lisa Daniel article 17 DEC 2010 ++]

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**VA Claims Backlog Update 49:** On 21 DEC Congress approved a continuing resolution in order to keep the federal government funded through 4 MAR 2011. The resolution came just in time to prevent a government lockout as funding for federal government operations would have expired on 22 DEC. The bill extends most agencies funding at 2010 levels, but it also includes an additional \$460 million for the VA in order to maintain claims processors and help reduce the backlog of claims. Reducing the claims backlog has been a long-standing goal. More funding was required to keep pace with the swell of claims brought on by the three new presumptive conditions for exposure to Agent Orange approved by the VA this fall. The resolution also includes a two years pay freeze for federal civilian employees starting on January 1. Military personnel will not be affected by the freeze, and instead will see a 1.4% pay increase in 2011. [Source: MOAA Leg Up 22 Dec2010 ++]

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**Traumatic Brain Injury Update 14:** When it officially opened its doors in JUN 2010, the National Intrepid Center of Excellence at the National Naval Medical Center set out to provide a new level of care for warfighters suffering traumatic brain injuries and psychological disorders. Six months later, as it continues to build staff to reach full operational capability, the center is making a difference in the lives of servicemembers struggling to deal with the unseen, signature wounds of war with hopes they can continue their military service. "Our vision is to be an instrument of hope, healing, discovery and learning," said Navy Capt. Thomas Beeman, a reservist recalled to active duty to lend his civilian health care administration expertise to help stand up the facility. "We are living out that vision and trying to meet those needs."

The \$65 million center, a gift from the Intrepid Fallen Heroes Fund, features the most advanced equipment and facilities available to diagnose and treat TBI and other psychological disorders. Among its offerings is \$10 million in imaging equipment that enables health care providers and researchers the rare ability to see inside the brain to formulate diagnoses and treatment plans. State-of-the-art medicine is just one aspect of the center's holistic, multidisciplinary approach to treating TBI, post-traumatic stress, depression, anxiety and other combat-related psychological stressors. "We try to take care of the spiritual, the physical and the emotional, psychological health of the people we serve," said Beeman, the center's deputy commander. "Our mission is to return as many warriors back to active duty as possible, or at least to get them in the right place and at the right spot so they can enjoy healthy and holistic lives." A playground just behind the facility hints at the center's family-centered focus, which Dr. James Kelly, a neurologist serving as the center's director, called critical to patients' long-term recovery. "This isn't just for individual servicemembers in uniform. It's for their whole family," he said. "That's been the concept of operations from the very beginning."

The new, 72,000-square-foot center is one of six created under the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Located on the grounds of the National Naval Medical Center, and directly across the street from the National Institutes of Health, it provides unprecedented opportunity for collaboration and information-sharing. That supports all of the center's missions: not just providing clinical care to servicemembers and their families, but also expanding the body of research about TBI and psychological disorders and sharing it with the broader medical community. "This is not just one place that a handful of people come through and get excellent care," Kelly said. "This is actually an opportunity for all of us to learn together and to learn from one another and to share that information nationwide. ... So everybody will benefit." [Source: AFPS Donna Miles article 17 Dec 2010 ++]

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**NDA 2011 Update 08:** A new defense bill reduced to “only” 904 pages was introduced on 15 DEC that omitted some controversial provisions that held up the passage of the previous version — mainly the repeal of "Don't Ask, Don't Tell" and military hospital abortions. One controversial item did remain: a provision that would allow the U.S. government to pay reparations to the families of Guam residents subjected to atrocities during the Japanese occupation in World War II but it eventually was omitted also. The new bill was the product of weeks of bipartisan negotiations between the House and the Senate and contains critical provisions for our troops. National Defense Authorization Act for Fiscal Year 2011 (H.R. 6523) will:

- Provide \$725 billion in funding on a range of items, to include war funding and weapons systems modernization programs;
- Extend Tricare healthcare coverage to dependent children up to age 26.;
- Extends for 1 year the prohibition on increasing the premium and copayment for TRICARE Prime, charges for inpatient care in civilian hospitals under TRICARE Standard, and cost sharing requirements for drugs provided through the TRICARE retail pharmacy; and
- Provide a 1.4% across-the-board military pay raise. The defense bill was passed on 22 DEC and passed to

For a full summary of the replacement bill, refer to the House Armed Services Committee website at [http://armedservices.house.gov/index.cfm/press-releases?ContentRecord\\_id=47290df4-6149-481c-97dc-7d35f8c3f308](http://armedservices.house.gov/index.cfm/press-releases?ContentRecord_id=47290df4-6149-481c-97dc-7d35f8c3f308). [Source: TREA Washington Update 17 Dec 2010 ++]

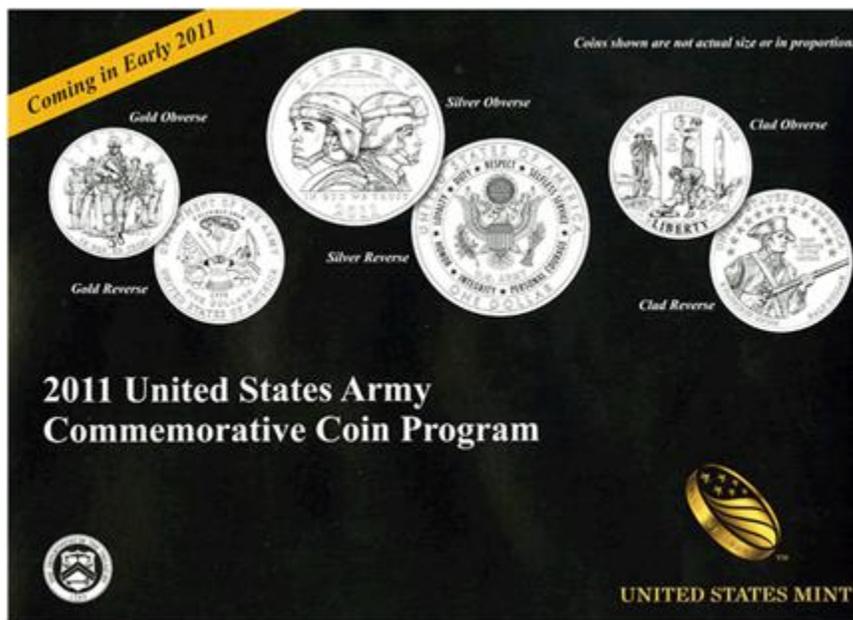
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**Army Commemorative Coins:** Army Chief of Staff General George W. Casey, Jr. and Army Historical Foundation (AHF) Executive Director BG Creighton W. Abrams, Jr. (USA-Ret.) unveiled designs for three 2011 Army Commemorative Coins to over 60,000 people in between the third and fourth quarters in the Army's end zone. during the 111th Army-Navy football classic on December 11 at Philadelphia's Lincoln Financial Field. "The designs for the 2011 U.S. Army Commemorative Coins celebrate our magnificent Army's storied history and heritage and signify a remarkable public tribute to every American Soldier who has served our nation in war and in peace," noted Secretary of the Army John M. McHugh following the unveiling. The United States Mint will produce the \$5 dollar gold coin, the silver dollar, and the clad half-dollar in both proof and uncirculated versions. Black and white line rendering on each coin can be viewed on the AHF website. Details of each coin are:

- With its theme of Service in War, the \$5 coin's front, or obverse, features five Soldier figures whose service from colonial times through today symbolizes the Army's continuity of strength and readiness. The coin's reverse includes the U.S. Army emblem and inscription, "This We'll Defend," to represent the unbroken history of the Army's loyalty and commitment to defend the Nation. The law authorizes minting 100,000 of the \$5 dollar coins.

- The front of the Army silver dollar, themed Modern Army Service, depicts the busts of a male and female Soldier symbolizing the worldwide deployment of the 21st century Army. The back is impressed with the Great Seal of the United States surrounded by the Army's seven core values. Mintage limit for the silver dollar is 500,000.
- The theme of the clad half-dollar is Service in Peace. Its obverse represents the Active Army, Army National Guard, and Army Reserve's contributions during peacetime, to include disaster relief/humanitarian assistance and the Army's pioneering role in early space exploration. The reverse depicts a Continental Soldier, symbolizing the Army as the first military service to defend the country. The United States Mint will produce up to 750,000 of the clad half-dollars.

Prices will be announced on 31 JAN 2011 and will go on sale in February and be available through 2011. Surcharges collected from coin sales—\$35 dollars for each gold coin, \$10 for each silver coin, and \$5 for each clad coin—are authorized to be paid to the Army Historical Foundation to help finance the National Museum of the United States Army which will be built at Fort Belvoir, Virginia. “The intrinsic value of these commemorative coins is certain to resonate with our more than one million currently serving Soldiers and their families and our 11 million surviving Army veterans across the country as sincere public appreciation of their selfless service and personal sacrifices,” Abrams commented at the unveiling. “On their behalf, I thank the Congress for enacting the coin legislation, the United States Mint for the stunning designs of the coins, and the American public for their continuing support of our Soldiers and Army veterans,” Abrams added. For more information about the coins refer to: The Army Historical Foundation, 2425 Wilson Blvd., Arlington, VA 22201 Tel: (800) 506-2672 Web [www.armyhistory.org](http://www.armyhistory.org). [Source: TREA Washington Update & AHF website 17 Dec 2010 ++]



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**Wreaths Across America Update 03:** To find out how to sponsor a wreath go to <http://www.wreathscrossamerica.org>. During the last year:

- Over 219,000 total wreaths were donated and placed in 2010.
- 545 locations participated, including ceremonies at 24 national veteran cemeteries on foreign soil.
- It is projected that over 160,000+ volunteers participated nationwide.

- 2010 included the first annual wreath displays at historic locations such as Pearl Harbor, Bunker Hill, and Valley Forge Park, in addition to the wreath displays in NYC, The Pentagon, and Shanksville, PA to remember the victims of 9/11 .
- The wreath-laying events were supported by over 50 volunteer trucks and drivers from more than 30 different trucking companies.
- 2000 red hats were distributed to children under the age of 12 as part of the newly founded 'Red Hat Brigade'

The Escort To Arlington is now being emulated at locations all over the Country and has become as important as placing the wreaths in showing support for veterans, active military, and their families.

'Teach in 2010' added a number of new educational resources including the downloadable curriculum, children's book, and the new 'Million Memories Project' [<http://1000memories.com/waa>] - a way to capture and save the stories of our veterans and their service. [Source: WAA Newsletter 22 Dec 2010 ++]



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**VA Patient Comms:** The Veterans Affairs Department plans to establish at all VA medical facilities by MAR 2011 the capability for veterans to securely communicate online with their physicians through their My HealthVet (<https://www.myhealth.va.gov>) patient portal. VA has to date tested secure email at 40 of its facilities so that veterans can inquire about their prescription refills, test results and appointments, said Dr. David Douglas, who is leading VA's effort to deploy secure messaging. Veterans can access the secure messaging feature through a tab on their MyHealthVet Web site and select "opt in" after reading important information about its use, he said. They can determine if their healthcare team has been phased in to the communications feature by creating a new message and looking for the provider name in the "to" field. They can also use secure messaging to discuss such things as symptoms, questions about prescribed medications and appointment cancellations with their physicians or their staff, Douglas said in a recent announcement on the MyHealthVet site. In the future, VA plans to use secure messaging in place of some face-to-face appointments to "get rid of the need to drive to a VA medical center or clinic," he said. Some 57 companies, including "name-brand" ones like "AT&T, Sprint and Motorola, have expressed interest in VA's request for information (RFI) for a "patient and guest wireless Internet access program. Based on questions submitted to VA, respondents to the RFI are considering both Wi-Fi and high speed cellular service, which is in line with the thinking of VA CIO Roger Baker. [Source: Government HealthIT Mary Mosquera article 7 DEC 2010 ++]

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**VA Homeless Vets Update 19:** A homeless-prevention program by the Department of Veterans Affairs (VA), which seeks to help Veterans and families who are on the verge of becoming homeless, has moved

closer to implementation. The program marks the first time that VA will fund services for the spouses and children of Veterans at risk of becoming homeless. "The problems that lead to homelessness begin long before Veterans and their families are on the streets," said Secretary of Veterans Affairs Eric K. Shinseki. "By putting more resources into intervention programs for people at risk of becoming homeless, we can reduce suffering and increase the opportunities for turning around these lives." Shinseki's comments came as VA formally announced that it is taking applications from private non-profit organizations and consumer cooperatives interested in providing needed services to at-risk Veterans and their families.

With funding from VA for the program, called Supportive Services for Veterans Families, community organizations will be better able to provide counseling, training, education assistance, direct time-limited financial assistance, transportation, child care, rent, utilities, and other services to participating Veterans and family members. In January, VA is sponsoring free grant-writing workshops for community organizations interested in applying for funds under this program. The workshops will be held in Chicago, Los Angeles, Seattle, Houston and New York City. When the "Notice of Funds Availability" applications are available, they will be posted on the VA Web site at [www1.va.gov/homeless/ssvf.asp](http://www1.va.gov/homeless/ssvf.asp). Details about the workshops and other information about the program are available on the Internet at [www1.va.gov/homeless](http://www1.va.gov/homeless). Community organizations can also contact VA at 1-877-737-0111 or at SSVF@va.gov. [Source: VA News Release 16 Dec 2010 ++]

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**VA Care Payment Rates:** The Department of Veterans Affairs (VA) announced 16 DEC it will begin using Medicare's standard payment rates for certain medical procedures performed by non-VA providers on 16 FEB 2011. "This regulation will have no impact on the Veterans we care for," said VA Under Secretary for Health Dr. Robert A. Petzel. "VA will now have the ability to better plan budgets and place more money into access to health care for the Veterans that VA is honored to serve." The new adjustment was made in federal regulations and will affect the following treatments VA provides to Veterans through contracted care: ambulatory surgical center care, anesthesia, clinical laboratory, hospital outpatient perspective payment systems, and end stage renal disease (ESRD). Veterans who are eligible for care will continue to receive the uninterrupted care they need and have earned. Non-VA doctors and facilities will still get paid for services they provide to eligible Veterans but at rates set by the Centers for Medicare and Medicaid Services (CMS) Prospective Payment Systems (PPS) and Fee Schedules. Existing contracts will not be affected and the rule allows for new contracts using the new rates.

Savings of approximately \$1.8 billion over five years will allow VA to continue to invest in such innovative programs as a wearable artificial kidney, home dialysis and expanding access through stand-alone clinics. "Adopting CMS pricing methodology for these schedules and services will allow VA medical centers to use their resources more efficiently to meet Veterans' needs," said Gary Baker, VA's health administration chief business officer. "The adoption of Medicare rates will help ensure consistent, predictable medical costs, while also helping to control costs and expenditures." The pricing methodology changes are a result of a rule change to 38 CFR 17.56, the federal regulation that governs VA when paying medical claims for Veterans treated in community facilities. The proposed rule was published on 18 FEB 2010 and was opened for public comment 19 APR 2010. The congressional review period for the final rule begins 17 DEC and lasts 60 days. VA is providing written notifications to Veterans and non-VA providers. As additional information becomes available, it will be posted to the VA's "Non-VA Purchased Care" Web site, <http://www.nonvacare.va.gov>. [Source: VA News Release 16 Dec 2010 ++]

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**PTSD Update 60:** The Defense Department's (DoD) failure to comply with the law in releasing records that show it has blocked disabled veterans from receiving disability compensation and other benefits, earned as a

result of service to our nation has prompted Vietnam Veterans of America (VVA) and VVA Chapter 120 in Hartford, Connecticut, to file a federal Freedom of Information Act (FOIA) lawsuit. The complaint, filed 15 DEC at the U.S. District Court in New Haven by the Veterans Legal Services Clinic of the Jerome N. Frank Legal Services Organization at Yale Law School, charges that, since the beginning of the Global War on Terrorism, DoD has systematically discharged nearly 26,000 veterans, wrongfully classified as suffering from Personality Disorder, a characterization that renders the service member ineligible for receiving rightful benefits. Personality Disorder is a disability that begins in adolescence or early adulthood and can present with symptoms which may mimic Post-traumatic Stress Disorder (PTSD). "DoD's Personality Disorder designation prevents thousands of wounded veterans from accessing service-connected disability compensation or health care," said VVA National President John Rowan.

In 2007, the Veterans Affairs Committee in the U.S. House of Representatives charged DoD with deliberately misusing personality disorder diagnoses in order to reduce to the cost of health care and disability compensation by at least \$12.5 billion. Since then, DoD has dramatically decreased the number of soldiers it has discharged on the basis of Personality Disorder. After discharging an average of 3,750 service members per year for Personality Disorder between 2001 and 2007, DoD has discharged only 960 service members in 2008; 1,426 in 2009; and 650 to date in 2010. However, rather than repairing the harm it has caused to the veterans it misdiagnosed, DoD is refusing to admit that veterans were inappropriately discharged with Personality Disorder before 2008. "While DoD protects its reputation and its pocketbook, veterans with Post-traumatic Stress Disorder and Traumatic Brain Injury continue to be denied the benefits and medical care they are due," said Dr. Thomas Berger, Executive Director of VVA's Veterans Health Council.

Since 2007, VVA has publically criticized DoD's systematic misuse of Personality Disorder discharges, in correspondence to DoD Secretary Gates and in testimony before the House Veterans Affairs Committee, with the intent of curbing the wrongful discharge practice and assisting those wrongfully discharged veterans in receiving the benefits to which they are entitled. "If DoD truly believes that all Personality Disorder discharges were lawful, why does it refuse to provide records responsive to VVA's Freedom of Information Act request?" asked Melissa Ader, a law student intern in the Jerome N. Frank Legal Services Organization at Yale Law School, which is counsel in the case. "We hope that this lawsuit will allow the public to assess for itself whether DoD has treated veterans unjustly." For more information refer to: [www.vva.org/ppd.html](http://www.vva.org/ppd.html). [Source: VVA Press Release 15 Oct 2010 ++]

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**Saving Money:** The Massachusetts Institute of Technology counts among its famous alumni Richard P. Feynman (the physicist who helped develop the atom bomb), Paul R. Krugman (who won a 2008 Nobel Prize in economics), and Benjamin Netanyahu (the prime minister of Israel). Now an MIT team of researchers has turned its scientific mind toward a seemingly mundane device: the ordinary wallet. So they've created the Proverbial Wallet. Actually, three of them. "We have trouble controlling our consumer impulses," says the MIT Media Lab team on its website. "When we pull a product off the shelf, do we know what our bank account balance is, or whether we're over budget for the month? Our existing senses are inadequate to warn us." So these three prototype wallets warn you in very different ways...

- **The Bumblebee** - The friendliest of the trio is the Bumblebee, which contains a tiny motor that vibrates whenever your bank processes a transaction. How does it know? The wallet connects via Bluetooth to your cellphone, then checks in with your bank. "The intensity of the vibration correlates to the amount of the transaction," says the team's report, "Tangible Interface for Financial Awareness".
- **The Mother Bear** - Instead of a motor, this wallet contains a small, strong hinge. As your bank account gets smaller, it gets stronger – making it difficult to open. "This concept uses a passive circuit at its heart,"

reads the report. "A hinge has been made out of a motor that can be shorted, and the two leaves of the hinge are sown into the sides of a wallet. When the motor is shorted with a small switch, the hinge offers more resistance, making the wallet harder to open or close."

- **The Peacock** - After buzzing and locking down, what's left? How about inflating? When you're flush with cash, the wallet plumps up. When you're a tad short, the wallet shrinks. "This concept uses a servo embedded in a wallet, which is commanded by a square wave of varying frequency to rotate its arm from parallel to perpendicular to the wallet surface," MIT explains. The wallets are viewable at <http://web.media.mit.edu/~jkestner/proverbialwallet/Proverbial%20Wallet%20TEI09.pdf>.

Sadly, none of these wallets are yet available for sale. But the MIT team has grand plans for taking its Proverbial Wallets to the sci-fi levels using "shape-memory metal" that wouldn't require hinges and motors. What will they think of next? [Source: MoneyTalksNews Michael Koretzky article 21 Dec 2010 ++].

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## Notes of Interest:

- **VA Claim Deadlines:** The lawyer for a Korean War veteran who suffered from schizophrenia and was barred from appealing a denial of benefits because he missed a deadline has urged the Supreme Court to allow veterans some leniency. Oral arguments in the case of *Henderson v. Shinseki* were heard Dec. 6 before the U.S. Supreme Court. No obvious consensus emerged during oral arguments. A ruling in the case is expected by late June when the justices traditionally recess for the summer. The veteran, David Henderson, passed away on Oct. 24, and his wife, Doretha, has taken over the appeal. The case is being watched closely by several veterans' organizations.
- **Female Vet Suicide.** A new study has found that the suicide rate among young female U.S. military veterans is nearly three times higher than among civilian women. The study is the first general population study of suicide risk among U.S. female veterans and is published in the December issue of *Psychiatric Services*. A summary of the study is available on the [Psychiatric Services website](#). The study concluded that the high rate of suicide among women veterans alerts clinicians and caregivers to be aware of warning signs and helpful prevention resources.
- **Stolen Valor.** The American Legion has joined federal prosecutors in arguing that a federal court in Denver should uphold a law making it illegal to lie about being a military hero. The veterans group filed a friend-of-the-court brief with the 10th U.S. Circuit Court of Appeals. Prosecutors are asking the appeals court to overturn a lower court ruling that the Stolen Valor Act violates free speech. The law makes it a crime punishable by up to a year in jail to falsely claim to have received a medal from the U.S. military. A federal appeals court in California has also ruled the law is unconstitutional. Prosecutors there have asked the court to reconsider. Neither the Colorado nor California appeals court has said when it might rule.
- **HVAC.** Rep. elect Jeff Denham (R-CA-19) released a statement on his appointment to the House Committee on Veterans' Affairs," saying that as a veteran, "I understand the unique challenges our brave men and women face. It is the duty of Congress to fulfill its commitment to our veterans and ensure they have the care promised." The House Committee on Veterans' Affairs has jurisdiction over all U.S. Department of Veterans Affairs programs and facilities.
- **Fort Detrick.** Defense Department and the Environmental Protection Agency have signed a Federal Facilities Agreement to clean up contamination at Fort Detrick in Frederick, Md. On EPA's Superfund list since 2008, Ft. Detrick had been the site for the formulation and testing of various herbicides, including Agent Orange. An investigation is underway to determine if contamination has caused cancer cases in the area.
- **DADT.** President Barack Obama signed into law 22 DEC legislation repealing the ban on gays and lesbians serving openly in the military.

- **Tennessee Vet Homes.** Recent independent reviews of the Tennessee State Veterans' Homes (TSVH) show that the quality of patient care and home operations are exceeding the standard for nursing homes in the state. The veterans homes have passed the scrutiny of the US Department of Justice (DOJ), the US Department of Veterans Affairs and the Tennessee Department of Health. State Veterans' homes are located in Murfreesboro, Humboldt and Knoxville. Each facility has 140 beds.
- **WWI Vet.** Frank Buckles, thought to be the nation's lone living veteran of World War I, hopes he makes it to his 110th birthday about a month from now, despite troubling signs he is on the decline. He has slowed down considerably in just the past two months, according to his daughter Susannah Buckles Flanagan, who lives with him at the family home near Charles Town, West Virginia.
- **Palo Alto Lawsuit.** The third settlement for a veteran who suffered significant vision loss due to allegedly improper treatment at the Palo Alto veterans hospital, LT Kennedy Jr., has been awarded \$400,000. He was one of eight VA Palo Alto Health Care System patients informed by the hospital in early 2009 that his vision loss may be the result of substandard care.
- **MA VA Secretary.** The Massachusetts VFW is criticizing Gov. Deval Patrick for removing state Secretary of Veterans Affairs Thomas Kelley, saying in a statement that the removal of the 71-year-old Vietnam War veteran and Congressional Medal of Honor winner was a unceremonious dismissal and left 'a very bad taste in their mouths. Kelly will be replaced on an acting basis by Undersecretary of Veterans' Services Coleman Nee, a veteran of the Gulf War veteran. Patrick called Kelley 'a true American hero whose contributions to the commonwealth and to the nation run deep. The official explanation for removal was that Patrick wanted to take the agency in a new direction. Kelley was a holdover from the previous Republican administrations.
- **Pay Freeze.** The two-year pay freeze that is now law for federal employees on the pay scale known as the General Schedule will also apply to hundreds of thousands of civil servants whose wages are set under a separate salary system. Employees covered by the so-called Administratively Determined pay scale include public health doctors and nurses, medical personnel in the Veterans Affairs system, administrative law judges and attorneys, auditors and other staff at financial agencies such as the Securities and Exchange Commission.

[Source: Various 1-15 Dec 2010 ++]

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## Medicare Fraud Update 55:

- **Miami FL** - On 14 DEC, Edisnel Diaz Soler, 25, made his initial appearance before U.S. Magistrate Judge William C. Turnoff on charges that he laundered money derived from health care fraud and structured cash withdrawals to avoid currency transaction reports. The indictment alleges that Soler laundered money on behalf of Mercy Medical Supply, Inc., JHH Group, Inc., and Yani's Pharmacy, Inc., companies that allegedly engaged in health care fraud. According to the indictment, from OCT 07 to FEB 08, Soler withdrew more than \$100,000 in cash in amounts under \$10,000 to avoid bank currency transaction reporting requirements. Statements made in court during his bond hearing, indicated he laundered more than \$500,000 for companies engaging in health care fraud. In a separate but related case, on 2 DEC, Obel Martinez, 38, was sentenced to 36 months' imprisonment for his role in laundering money on behalf of Mercy Medical Supply, Inc., and JHH Group, Inc. According to statements made during his guilty plea, Martinez established a corporate bank account for El Cangre Corp., a company that he controlled. Between SEP 07 and JAN 08, he deposited a series of checks from health care companies into that bank account, including 64 checks from Mercy Medical totaling more than \$500,000. He then withdrew that amount via ATM withdrawals, cash withdrawals, counter debits, and the cashing of checks made payable to "cash." Other defendants have also been sentenced for their participation in this scheme.

- **Wilmington NC** - Tamala Creasy Newton, 51, was sentenced 13 DEC to a prison term of 8-1/2 years plus restitution of \$3.1 million to Medicare and Medicaid. Her father, Roy L. Creasy, was sentenced the week before to three years of house arrest for conspiracy to commit health care fraud. Creasy was fined \$40,000. and is also responsible for paying the restitution. In June, Newton pleaded guilty to 13 counts of aiding and abetting health care fraud, conspiring to commit health care fraud, four counts of mail fraud and aggravated identity theft. Newton and her father, a licensed chiropractor, owned and operated the Atlantic Health Clinic, Delco Health Clinic, Lake Waccamaw Medical Clinic and Yaupon Medical Clinic. From NOV 04 to JAN 2010, they billed Medicare and Medicaid for procedures that were never performed, billed for services on days the clinics weren't open, and re-submitted reimbursed claims after inserting a different date. Newton submitted claims under the Delco Health Clinic's provider number after it closed in 2007. She also forged the signature of a Medicaid provider on a Medicaid change form after altering the provider's address and bank information, which funneled the provider's Medicaid reimbursements to Newton.
- **Miami FL** - The owner of a South Florida home health care agency has been sentenced to five years in prison for his part in billing \$16.6 million in fraudulent Medicare claims. A Miami federal judge also ordered Yudel Cayro to pay \$9.8 million in restitution 17 DEC. Cayro admitted in court that some 344 Medicare recipients were referred through his clinic for unnecessary services. Authorities say the participants doctored patient files to make it look like they qualified for costly nursing visits several times a day to administer insulin, even though they didn't qualify for those services. Dr. Fred Dweck who also pleaded guilty in the scam will be sentenced in January. Four nurses have also been sentenced in the multi million dollar scam.
- **Miami FL** - A scam tricked Medicare into paying for nearly 10 times more units of an inhaler drug than were available in South Florida, costing taxpayers millions, according to a federal investigation released 29 DEC. The scams over an 18-month period are the latest to be pulled off in Miami and its surrounding communities, which are the national epicenter for Medicare fraud. According to investigators, Medicare paid for 7 million units of the drug arformoterol, even though the manufacturer and the three largest wholesalers sold only 750,000 units in the area in 2008 and the first half of 2009. The drug is used to treat chronic bronchitis and emphysema and legitimate sales to patients should have cost about \$3.7 million during that time period. Instead, South Florida providers, mainly in Miami-Dade County, were paid \$34 million. That's just more than half of the \$62 million worth of the drug that was billed, though Medicare typically only pays for a portion of such drug costs. Miami is responsible for roughly \$3 billion of the estimated \$60 billion to \$90 billion a year in Medicare fraud committed nationally.

[Source: Fraud News Daily 16-31 Dec 2010 ++]

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## **Medicad Fraud Update 28:**

- **Thomasville GA** - John D. Archbold Memorial Hospital Inc. has paid the United States a total of \$13.9 million to settle allegations that the hospital submitted false claims to the state of Georgia's Medicaid program, the Justice Department announced 28 DEC. The settlement resolves allegations that between NOV 02 and JUL 08, the Thomasville, Ga. hospital made false representations to the Georgia Department of Community Health, the state agency that administers the Medicaid program in Georgia, that it was a public hospital for Medicaid purposes in order to increase the amount of Medicaid funds provided to the hospital. Under Medicaid rules, only public hospitals may participate in the Medicaid Upper Payment Limit (UPL) program. In addition, public hospitals receive additional Disproportionate Share Hospital (DSH) program funds that are not available to private hospitals. Contrary to its certification to the Georgia Department of Community Health, Archbold Memorial was in fact a private hospital, and as a result received millions of dollars in UPL and DSH funds to which it was not entitled. As part of the resolution, the whistleblower – Wesley Simms, M.D.– will receive \$695,151 from the settlement amount.

- **Manitowoc WI** - Sarah Becker, 37, has been charged with Medicaid assistance fraud and is scheduled to appear before Sheboygan County Circuit Court Judge on 10 JAN to face the charge, which stems from her employment as a registered nurse. According to the Wisconsin Department of Justice’s criminal complaint, Becker worked for Nurses in Independent Practice as a private duty nurse. She submitted timesheets indicating that between 26 JUL 08 and 13 MAY 2010, she had provided medical services to the clients she was assigned to care for during the same hours that timesheets showed her working at Aurora Sheboygan Memorial Medical Center. Dalton was paid \$15,527.75 for the hours she claimed to have worked as a private duty nurse.
- **Los Lunas CA** - Mollie Stacey, 61, was sentenced to three years in prison and Deborah Cronn was placed on three years probation by District Court Judge William Sanchez after the two were convicted of Medicaid fraud over \$2,500, falsification of documents and conspiracy to commit Medicaid fraud. The two made false claims to the Medicaid Personal Care Option Program between 1 MAR 05 and 31 OCT 07. Stacey and Cronn claimed to be each other's caregiver for in-home services and submitted time sheets for which they were paid \$96,264.80. A Bernalillo County grand jury indicted Stacey earlier this year of falsely applying for disability benefits. A 13-count indictment accuses Stacey of fraud, perjury and failing to disclose facts in applying for assistance. Authorities said she was not in custody. Stacey is accused of taking \$293,000. According to the Social Security Administration, she obtained a Social Security number under a fictitious name and collected benefits between 1986 and 2006 collectong about \$637 a month.

[Source: Fraud News Daily 16-31 Dec 2010 ++]

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**State Veteran's Benefits:** The state of Indiana provides several benefits to veterans as indicated below. To obtain information on these refer to the “**Veteran State Benefits – IN**” 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
- Financial Assistance Benefits
- Employment Benefits
- Education Benefits
- Other State Veteran Benefits

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

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**Financial Planning:** Military members face a complex web of pay, allowances, benefits, and bonuses. Too often, doubt and confusion about money matters can get in the way of financial progress. Separating fact from fiction is an essential step toward building a sound financial plan. And with the truth on your side, turning plans into action may be a little easier. The following sets the record straight on some common money myths.

**MYTH: Financial planning is all about investing.** REALITY: Investing is one building block toward meeting long-term financial goals. But there’s much more to a solid financial plan. Budgeting for daily expenses, maintaining the right insurance coverage, and making smart tax decisions are just as important. A CERTIFIED FINANCIAL PLANNER can help with all of these areas.

**MYTH: I can’t afford financial advice.** REALITY: Guessing can cost you much more than paying for professional help. And financial advice doesn’t have to be expensive. Some financial services companies will

answer basic financial questions without charge, or create a base plan for as little as \$200. Paying a few hundred dollars now can be a bargain to ensure your financial choices pay off in the long run.

**MYTH:** Estate planning is only for rich people. **REALITY:** Individuals of all income levels should consider drafting a will. And if you have children, the will should designate who will serve as their financial and physical guardian. A durable power of attorney, medical directive and letter of instruction also can help your family handle your affairs in the event of your death or disability. The JAG office can help military members create these documents for free.

**MYTH: I don't have enough money to start investing.**

**REALITY:** You can open a mutual fund account for as little as \$20 per month. Starting early is key. Over time, the power of compounding returns can help your modest contributions grow. For example, if you invest \$20 a month for 20 years and earn an eight percent annual return, you'd have \$11,859. After 30 years, you'd have \$30,006.

**MYTH: I have plenty of time to save for retirement.** **REALITY:** As life expectancies get longer, future retirees will need much larger nest eggs so they don't outlive their savings. Building a retirement fund could be the largest financial commitment you'll ever make. So starting as early as possible could help you take advantage of compounding returns.

**MYTH: There is a formula for beating the stock market.** **REALITY:** No one can predict what the stock market will do. A winning investment strategy involves maintaining a diversified and disciplined approach to weather the ups and downs of the market over many years. Professional advice may help, but it's no substitute for a long-term commitment to systematic investing.

**MYTH: My landlord's insurance will protect me.** **REALITY:** If a fire, burglary, or other unfortunate event occurs, a landlord's insurance usually covers damages only to the building itself. This means tenants must replace their own belongings. So if you don't own your place, you probably need renters insurance (also called personal property insurance). That includes service members in government housing.

**MYTH: Saving for my kids' college tuition comes first.** **REALITY:** Parents should save for their own retirement before the kids' college expenses. Loans, grants, and scholarships can help pay for college, but retirees have far fewer options.

[Source: Military.com | USAA Richard Nash article 3 Dec 2010 ++]

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**Military History:** On 4 June 1942, Japanese aircraft attacked the American military base at Dutch Harbor in the Aleutians . One Zero fighter was hit during the raid, severing its oil line. The pilot of the damaged Zero, 19-year-old Flight Petty Officer Tadayoshi Koga, knew he couldn't make it back to his carrier, the RYUJO, and decided to land his aircraft on the island of Akutan , 40 kilometers (25 miles) away. Akutan had been designated for emergency landings, with a Japanese submarine standing off the island to assist pilots who were forced down. Koga attempted to land on what he thought was a grassy meadow while two of his wingmates watched on. The grassy meadow turned out to be a marsh, and when Koga touched down, the Zero's main gear dug into the mud and the aircraft flipped over on its back. Koga's two wingmates had orders to prevent a Zero from being captured, but as they were not certain Koga was dead, they were reluctant to shoot up the overturned Zero and destroy it. Koga did not emerge, and his wingmates finally had to depart in order to make it back to the RYUJO.

In fact, Koga was dead. His neck had been broken when the aircraft flipped over. On 10 July 1942, a US Navy PBY Catalina flying boat on patrol spotted the Zero, and set down on the waves so the crew could go ashore and

examine the downed fighter. They excitedly reported their find to their superiors and an expedition was sent to recover the downed aircraft. Navy workers laboriously dragged the Zero onto a skid and pulled out of the bog with a tractor, put the aircraft on a barge, and brought it to Dutch Harbor . Koga's body was buried on Akutan, to be repatriated back to Japan after the war. At Dutch Harbor , the Zero, which was still on its back, was righted, cleaned up, and put in a crate for shipment to San Diego . The Zero's wings could not be detached in any convenient way and so the crate was very big and clumsy. The inability to remove the wings was a nuisance for the Japanese as well, but adding such a feature would have increased the aircraft's weight.

After arrival in San Diego, the Zero, which turned out to be an A6M2 Model 21 with a manufacturing date stamp of 19 February 1942, was repaired. One problem was that the propeller was damaged beyond repair, but that was easy to fix, since the Sumitomo design was a straight copy of a readily available Hamilton Standard propeller. Flight evaluations of the captured aircraft began in late September 1942, and demonstrated the performance capabilities and limitations of the type. The information it yielded was vital to the U.S. war effort because in 1941 and most of 1942, the Zero outflew virtually every enemy fighter it encountered, primarily because of its agility. During the previous several years many Zero pilots had seen aerial combat in China, so unblooded Allied pilots in less maneuverable planes usually regretted any attempt to fight Zeros flown by the experienced Japanese—if they lived long enough. A Japanese authority has written that the Allies' acquisition of Koga's Zero was “no less serious” a setback than Japan's defeat at Midway, in which they lost four aircraft carriers. To read a more detailed account of this history refer to this **Bulletin's attachment** on the subject. [Source: Jack Gilmore's **Bits and Pieces** on Jim Rearden book Koga's Zero 23 Dec 2010 ++]

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

- Jan 01 1945 – WWII: In Operation Bodenplatte, German planes attack American forward air bases in Europe. This is the last major offensive of the Luftwaffe.
- Jan 02 1904 - Latin America Interventions: U.S. Marines are sent to Santo Domingo to aid the government against rebel forces.
- Jan 02 1942 - WWII: In the Philippines, the city of Manila and the U.S. Naval base at Cavite fall to Japanese forces.
- Jan 02 1966 - American forces move into the Mekong Delta for the first time (Vietnam War)
- Jan 03 1920 - WWI: The last of the U.S. troops depart France.
- Jan 04 1944 - WWII: Operation Carpetbagger, involving the dropping of arms and supplies to resistance fighters in Europe, begins.
- Jan 04 1951 - Korea: Chinese communist forces recapture Seoul from United Nations troops
- Jan 05 1781 - American Revolution: Richmond, Virginia, is burned by British naval forces led by Benedict Arnold.
- Jan 05 1904 - American Marines arrive in Seoul, Korea, to guard the U.S. legation there.
- Jan 05 1942 - WWII: U.S. and Filipino troops complete their withdrawal to a new defensive line along the base of the Bataan peninsula.
- Jan 05 1951 - Korea: Inchon, South Korea, the sight of General Douglas MacArthur's amphibious flanking maneuver, is abandoned by U.N. force to the advancing Chinese Army.
- Jan 06 1941 - WWII: President Franklin D. Roosevelt asks Congress to support the Lend-lease Bill to help supply the Allies.
- Jan 06 1967 - Vietnam: Operation Cedar. Over 16,000 U.S. and 14,000 Vietnamese troops start their biggest attack on the Iron Triangle, northwest of Saigon.

- Jan 07 1944 - WWII: The U.S. Air Force announces the production of the first jet-fighter, Bell P-59 Airacomet.
- Jan 07 1975 - Vietnam: Vietnamese troops take Phuoc Binh in new full-scale offensive.
- Jan 08 1815 - War of 1812: Battle of New Orleans - A rag-tag army under Andrew Jackson defeats the British on the fields of Chalmette in the Battle of New Orleans.
- Jan 08 1863 - Civil War: Second Battle of Springfield ends with a Confederate withdrawal.
- Jan 08 1877 - Crazy Horse and his warriors fight their last battle with the United States Cavalry at Wolf Mountain (Montana Territory).
- Jan 09 1861 – Civil War: The "Star of the West" incident occurs near Charleston, South Carolina. It is considered by some historians to be the "First Shots of the War".
- Jan 09 1945 - WWII: U.S. troops land on Luzon, in the Philippines, 107 miles from Manila.
- Jan 10 1847 - Mexican War: General Stephen Kearny and Commodore Robert Stockton retake Los Angeles in the last California battle of the war.
- Jan 10 1923 - WWI: The United States withdraws its last troops from Germany.
- Jan 11 1863 - Civil War: The Battle of Fort Hindman Arkansas ends with a Union victory.
- Jan 11 1940 - Benjamin O. Davis, Sr., becomes the U.S. Army's first black general, his son would later become a general as well.
- Jan 11 1967 – Vietnam: Operation Deckhouse Five", a combined USMC and ARVN troop effort in the Mekong River delta ends in failure.
- Jan 12 1991 - Persian Gulf War: The U.S. Congress gives the green light to military action against Iraq in the Gulf Crisis.
- Jan 12 1846 - Mexican War: President James Polk dispatches General Zachary Taylor and 4,000 troops to the Texas Border as war with Mexico looms.
- Jan 13 1893 - U.S. Marines land in Honolulu from the U.S.S. Boston to prevent the queen from abrogating the Bayonet Constitution
- Jan 13 1968 - Vietnam: U.S. reports shifting most air targets from North Vietnam to Laos.
- Jan 14 1911 - The USS Arkansas, the largest U.S. battleship, is launched from the yards of the New York Shipbuilding Company.
- Jan 14 1943 – WWII: Operation Ke, the successful Japanese operation to evacuate their forces from Guadalcanal during the Guadalcanal campaign, begins.
- Jan 14 1943 – WWII: Franklin D. Roosevelt and Winston Churchill begin the Casablanca Conference to discuss strategy and study the next phase of the war.
- Jan 15 1865 - Civil War: Fort Fisher North Carolina falls to the Union, thus cutting off the last major seaport of the Confederacy.
- Jan 15 1944 - WWII: The U.S. Fifth Army successfully breaks the German Winter Line in Italy with the capture of Mount Trocchio.
- Jan 15 1973 - Vietnam: Citing progress in peace negotiations, President Richard Nixon announces the suspension of offensive action in North Vietnam.

[Source: Various Dec 2010 ++]

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## **Military Trivia 20:** General George S. Patton.

1. George Patton was quoting Iliad and Odyssey at age 7. His military destiny was forged from a very young age. Patton didn't start his school education until the age of 12. He graduated from West Point in 1909, ranked 46th from a class of 103.

2. During his years of learning, Patton allowed himself plenty of time for sport. He went on to represent the U.S.A. at the 1912 Olympic Games in Stockholm competing in Modern Pentathlon. Patton finished a credible fifth in the competition. Remarkably it was the shooting element that let him down. In true Patton style he used his military .38 revolver instead of the lighter .22 favored by most of the athletes. The .38 blew larger holes in the target and it is commonly believed that he was not credited with one shot because a round that had supposedly missed the target actually passed through an already established hole. However, in "Patton, A Genius for War" by Carlo D'Este, it has been established that he did indeed miss the target entirely. This was probably due to the fatigue factor of Patton taking weeks to arrive by ship and not having enough time to prepare for the shooting event. Patton was also an expert fencer. He re-wrote the army's manuals on swordsmanship removing the 'parry.' His idea was for all attack. Defense just wasted energy.

3. In 1915 Lt. Patton was posted at Fort Bliss along the Mexican Border. It was here he first saw combat when he killed General Cardenas during a foraging raid over the border. Cardenas was head of the bodyguard detail for the Mexican rebel general Francisco Pancho Villa. After the raid, Patton strapped the bodies of Cardenas, one of Villa's captains and a private, to the hood of his car. He drove back to the U.S. base at Dublin and the war correspondents got a first hand account of Patton's adventure. The stories they filed to their respective newspapers made Patton a national hero for the first time.

4. In 1917, the newly promoted Captain Patton was in Europe getting his first taste of WWI. An attachment to a particular British division during the battle of Cambrai was to give his career a course in Tank Warfare. The battle of Cambrai was unique as it introduced large-scale tank warfare for the first time. The Brits secretly brought in 376 tanks to break the fortified stalemate of the Hindenburg line. The tanks smashed their objectives but the allied manpower was not sufficient to hold the ground. Patton must have loved what he saw because he went on to command and train the first 500 American tankers while in France.

5. With two battlefield promotions, Lt. Col. Patton led his men in the battle of St. Mihiel and the subsequent Meuse-Argonne Offensive. He was awarded the Silver Star, Distinguished Service Cross and the Purple Heart. The battle of Meuse-Argonne was the last Great War action Patton would see. He was hit by machine gun fire while trying to rescue some tanks that were mired in the mud. The war ended during his recovery and he went home to command the newly formed US Tank Corps, but in peacetime and with no budget, the US Tank Corps didn't gain momentum until congress and the military learnt a new word - blitzkrieg.

6. When the U.S.A. joined WWII, Patton was sent to Africa and took over command of the 2nd Corps after they sustained considerable losses at Kasserine Pass on the Atlas Mountains battlefield. Eisenhower needed a general of Patton's caliber to restore morale and get the tankers going forward. By March 1943 Patton had reorganized the 2nd Corps, restored discipline and confidence with the men, and with a counter-offensive, he had the Germans on the retreat. (Montgomery's Brits were pushing from the east.)

7. After Patton's successes in Africa he was assigned to lead the new 7th Army for the invasion of Sicily. He landed on the western half of the island and rival Field Marshal Bernard Montgomery general landed on the eastern side. Starting with their armored-ego clashes in Africa, Montgomery and Patton's relationship was to be a continual feud. Both generals were extremely driven and competitive. While they still shared the ultimate objective, Berlin, it was who would get there first and how that mattered.

8. Patton was given command of the U.S. 3rd Army for the liberation of Europe. Patton's reputation with the Germans was such that they believed he would lead the main thrust into Europe. Eisenhower exploited this reputation and the 3rd Army was held back and didn't participate on D-Day. The Germans also held back critical Panzer units from the beachheads believing the main thrust would come elsewhere (with Patton).

9. Perhaps one of Patton's greatest moments in WWII was turning his army northward and hitting the southern flank of the Ardennes Offensive. His swift action saved thousands of cut-off airborne troops in the strategically important town of Bastogne. It was during the siege of Bastogne that General McAuliffe gave his famous reply to the German request to surrender, 'Nuts!' For their heroism in holding Bastogne, the 101st was awarded the Distinguished Unit Citation, the first ever to be awarded to an entire division.

10. One of Patton's trademarks was his outspokenness and his ability to motivate men both through action and word. He is attributed with the quote, "The object of war is not to die for your country but to make the other bastard die for his." By armistice, Patton's 3rd Army had liberated 80,000 square miles of territory, captured hundreds of thousands of troops and inflicted nearly 1.5 million casualties. He was killed in a traffic accident while in occupied Luxembourg on the 21st of December 1945.

[Source: <http://www.funtrivia.com/trivia-quiz/World/General-George-S-Patton-145599.html> Dec 2010 ++]

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**Tax Burden for Texas 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 Texas.

**Sales Taxes**

**State Sales Tax:** 6.25% (non-prepared food, prescription and non-prescription drugs exempt); local option taxes can raise the rate to 8.25%.

**Gasoline Tax:** 20 cents/gallon

**Diesel Fuel Tax:** 20 cents/gallon

**Cigarette Tax:** \$1.41 cents/pack of 20

**Personal Income Taxes**

No state personal income tax

**Retirement Income:** Not taxed.

**Property Taxes**

Property tax is imposed by local taxing units. Refer to <http://www.window.state.tx.us/taxinfo/proptax> for details. For homeowners 65 and older, \$10,000 (in addition to the regular \$15,000 homestead exemption) of the property's assessed value is exempt from school taxes and \$3,000 is exempt from other local taxes. Once an over-65 homeowner qualifies for an over-65 homestead exemption for school taxes, that owner gets a tax ceiling for that home on school taxes. If the homeowner improves the home (other than normal repairs or maintenance), the tax ceiling is adjusted for the new additions. School district taxes are frozen for seniors (65 and older) and disabled persons at the level imposed on the residence the first year that the taxpayer qualified for the residence exemption. Counties, cities, towns, and junior college districts are permitted to establish a tax freeze on homesteads of those age 65 and older or disabled. For more information on exemptions refer to <http://www.cpa.state.tx.us/taxinfo/proptax/exmptns.html>.

**Inheritance and Estate Taxes**

There is no inheritance and the estate tax is limited and related to federal estate tax collection.

For further information, visit the Texas Comptroller of Public Accounts <http://www.window.state.tx.us/taxes> site or call the appropriate office using telephone numbers found on the site..

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

- **Secretary of the Senate** - The Senate's chief administrative officer responsible for overseeing the duties of Senate employees, educating Senate pages, administering oaths, handling lobbyists' registrations and other tasks.
- **Select or Special Committee** - A committee set up for a special purpose and, usually, for a limited time, by resolution of either the House or Senate.
- **Speaker of the House** - The elected presiding officer of the House of Representatives.
- **Special Session** - A session held after Congress has adjourned sine die. Special sessions are convened by the President.
- **Suspension of Rules** - The process where the Senate and House may suspend their usual rules on the first and third Mondays of each month and during the last six days of a session if two-thirds of a quorum vote affirmatively. A bill may then be brought up immediately for a debate limited to twenty minutes for each side. No amendments are permitted.
- **Table a Bill** - Motions to table, or to "lay on the table", are used to block or kill amendments or other parliamentary questions. When approved, a tabling motion is considered the final disposition of that issue. One of the most widely used parliamentary procedures, the motion to table, is not debatable, and adoption requires a simple majority vote.
- **Unanimous Consent** - A process for approving noncontroversial bills without serious debate. Used to expedite floor action and frequently used in a routine fashion.
- **U.S. Code** - A consolidation and codification of the general and permanent laws of the United States arranged by subject under 50 titles. The first six deal with general or political subjects, and the other 44 are alphabetically arranged from agriculture to war.
- **Veto** - The rejection of a bill by the President.
- **Voice Vote** - Voting in unison yes or no by voice, with no record of how individuals voted.
- **Well** - The area in front of the speaker's rostrum from which House members address the House.
- **Whip** - A key assistant to a party leader in the House or Senate.

[Source: Congressional Glossary of Terms [http://www.acha.org/info\\_resources/glossary.cfm](http://www.acha.org/info_resources/glossary.cfm) Dec 2010 ++]

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**Veteran Legislation Status 27 DEC 2010:** Congress has completed its lame duck session which will mark the end of the 111th Congress. The 112th Congress will commence 3 JAN and all bills not passed by then will die with the end of the 111th and have to be reintroduced. For a listing of Congressional bills of interest to the veteran community 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?

An old prospector shuffled into the town of El Paso, Texas leading an old tired mule. The old man headed straight for the only saloon in town, to clear his parched throat. He walked up to the saloon and tied his old mule to the hitch rail. As he stood there, brushing some of the dust from his face and clothes, a young gunslinger stepped out of the saloon with a gun in one hand and a bottle of whiskey in the other. The young gunslinger looked at the old man and laughed, saying, "Hey old man, have you ever danced?" The old man looked up at the gunslinger and said, "No, I never did dance... never really wanted to."

A crowd had gathered as the gunslinger grinned and said, "Well, you old fool, you're gonna' dance now," and started shooting at the old man's feet. The old prospector, not wanting to get a toe blown off, started hopping around like a flea on a hot skillet. Everybody was laughing, fit to be tied. When his last bullet had been fired, the young gunslinger, still laughing, holstered his gun and turned around to go back into the saloon. The old man turned to his pack mule, pulled out a double-barreled shotgun, and cocked both hammers. The loud clicks carried clearly through the desert air.

The crowd stopped laughing immediately. The young gunslinger heard the sounds too, and he turned around very slowly. The silence was almost deafening. The crowd watched as the young gunman stared at the old timer and the large gaping holes of those twin barrels.. The barrels of the shotgun never wavered in the old man's hands, as he quietly said, "Son, have you ever kissed a mule's ass?" The gunslinger swallowed hard and said, "No sir..... but I've always wanted to." There are two lessons for us all here:

1. Don't waste ammunition.
2. Don't mess with old people.

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"Government is like a baby. An alimentary canal with a big appetite at one end and no responsibility at the other."

--- **Ronald Reagan [1965 campaign for Governor]**

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