

RAO BULLETIN

1 April 2011

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Welcome Home Vietnam Veterans Day Update 02: The U.S. Senate declared March 30th “Welcome Home Vietnam Veterans Day.” On March 30, 1973, U.S. troops withdrew from Vietnam under the terms of the Treaty of Paris. Senator Richard Burr (R-N.C.), Ranking Member of the Senate Committee on Veterans' Affairs, introduced the legislation saying, "Our soldiers served honorably and bravely in Vietnam. Unfortunately, they arrived home to a country in political turmoil, and never received the recognition they deserve. By setting March 30th aside as a day to focus on our Vietnam veterans, we can show our unified gratitude for their service and the sacrifices that these veterans made on our behalf." This is a long-overdue tribute to honor the men and women who served bravely during the Vietnam War. The US Armed Forces began serving in an advisory role to the South Vietnamese in 1961, and in 1965, ground combat troops were sent into Vietnam. More than 58,000 members of the United States Armed Forces lost their lives and more than 300,000 were wounded in Vietnam. This is the second consecutive year of the resolution.



Vet Cemetery California Update 11: The former head of the U.S. Department of Veterans Affairs will lead the nonprofit foundation that supports two national cemeteries in San Diego. Anthony J. Principi, a Navy Vietnam veteran and a former San Diego attorney, will become chairman of the volunteer board of the Fort Rosecrans & Miramar National Cemetery Support Foundation in June. He succeeds retired Air Force Brig. Gen. Robert L. Cardenas, who in 2002 helped form the group that has worked to win federal approval for the new Miramar National Cemetery. Principi, 66, is a 1967 graduate of the U.S. Naval Academy and served as VA secretary from 2001 to 2005. He maintains residences in San Diego and in Washington, D.C., according to a news release. The foundation promotes veterans' commemorative events, coordinates installation of patriotic memorials, and provides fund-raising assistance for Fort Rosecrans and Miramar National Cemeteries. [Source: San Diego Union Tribune Jeanette Steele article 29 Mar 2010 ++]

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CRKP: A deadly new antibiotic-resistant superbug is showing up in hospitals and health-care facilities from New York to California--and elderly patients are getting the worst of it. Carbapenem-resistant Klebsiella pneumoniae, or CRKP, was first noticed in New York City. A 2010 study by researchers at the Columbia University Medical Center found that 42% of infected patients died within 30 days after infection. A more recent study by the Los Angeles County Department of Public Health found that about 350 cases of CRKP were reported in Los Angeles County between June and December 2010. The Centers for Disease Control and Prevention (CDC) has been tracking CRKP across 35 states since 2009. "These patients tend to be elderly, they are commonly on ventilators, and they often stay at the facility for an extended period of time," Dr. Dawn Terashita, medical epidemiologist and lead author of the Los Angeles study, said in a statement.

Medical experts are comparing CRKP to other superbugs such as methicillin-resistant Staphylococcus aureus, or MRSA, placing it in a widely recognized category of bacteria against which most antibiotics are useless. But CRKP is proving more difficult to treat than MRSA and other superbugs. The current treatment, a drug called colistin, is an older antibiotic with toxic side effects, but doctors say that newer, more effective treatments are unlikely to be developed in the near future. "We develop new drugs to defeat the infections, and germs change to get around those drugs, and this is one of those cases," Dr. Richard Besser, ABC News chief health and medical editor, and a former acting director of the CDC in Atlanta, said in an interview on Good Morning America. "It's like an arms race and in many ways the germs are winning." CRKP is still relatively young, and doctors are still working to understand what conditions are contributing to the infections. Like MRSA, however, CRKP is often transmitted to hospital and nursing-home patients by health-care workers and visitors. "As a loved one of someone that is in the hospital, you have to be vigilant when you're sitting there with your relative and anyone comes in and wants to touch your relative without washing their hands," Besser said. "You have to say something. ... It does come down to simple things like that, making sure no one is giving a germ to someone you care about." [Source: About.com | Senior Living Sharon O'Brien article 29 Mar 2011 ++]

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Radioactive Substances: Countries around the world have either banned or stepped up tests on imports from quake-stricken Japan after radioactive substances were found in its food and water following blasts at a nuclear plant. Exposure to large amounts of radioactivity can cause nausea, vomiting, hair loss, diarrhea, hemorrhage, destruction of the intestinal lining, central nervous system damage, and death. It also causes DNA damage and raises the risk of cancer, particularly in young children and fetuses. Below are the three radioactive substances health experts are most concerned about, the detected levels in Japan, and what they mean for human health:

IODINE-131: Leafy green vegetables in Japan were found this week to contain up to 22,000 becquerels of iodine-131 for every kilogram. Such a level exceeds the limit set by the European Union by 11 times. Becquerel is a measure of radioactivity. Eating a kilogram (slightly more than two pounds) of such vegetables would give half the amount of radiation typically received by the average person from the natural environment in a year. Eating this amount every day for 45 days will accumulate 50 millisieverts, the annual radiation limit set for a nuclear plant worker. Millisievert quantifies the amount of radiation absorbed by human tissues. Exposure to 100 millisieverts a year increases the risk of cancer. That is equivalent to about three whole body CT scans. If inhaled or swallowed,

iodine-131 concentrates in the thyroid gland and increases the risk of thyroid cancer. Children, fetuses and young adults are especially vulnerable. The risk of thyroid cancer can be lowered by taking potassium iodide pills, which helps prevent the uptake of the radioactive iodine. However, iodine-131 disintegrates relatively quickly and its radioactivity is halved every 8 days. This means it loses all its harmfulness in 80 days.

CESIUM-134 and CESIUM-137: Vegetables in Japan have also been tainted with up to 14,000 becquerels of cesium for every kilogram. That exceeds the EU limit by over 11 times. Eating a kilogram of such tainted vegetables every day for a month would accumulate radiation equivalent to a full body CT scan – or 20 millisieverts. External exposure to large amounts of radioactive cesium can cause burns, acute radiation sickness and death. It can also increase the risk of cancer. Ingesting or inhaling cesium allows it to be distributed in soft tissues, especially muscle tissue, increasing cancer risk. It can also cause spasms, involuntary muscular contractions and infertility. Unlike iodine, uptake of radioactive cesium cannot be prevented once the person is exposed. This substance is of more concern than iodine-131 because it is very hardy and takes far longer to disintegrate. Cesium-137 has a half life of 30 years, meaning it takes that long to reduce its radioactivity by half. It will take at least 240 years for this contaminant to exhaust all its radioactivity. Cesium-134 has a half life of 2 years, which means it will take about 20 years for it to become harmless.

Below are the effects of short-term, high-level exposure to radiation, as published by the U.S. Environmental Protection Agency. Unlike cancer, these effects from acute radiation exposure usually appear quickly, causing what is known as radiation sickness, which includes symptoms like nausea, hair loss and skin burns. If the dose is fatal, death usually occurs within two months.

- Exposure to 50-100 millisieverts: changes in blood chemistry.
- 500: nausea, within hours.
- 700: vomiting
- 750: hair loss, within 2-3 weeks
- 900: diarrhea
- 1,000: hemorrhage
- 4,000: possible death within 2 months, if no treatment
- 10,000: destruction of intestinal lining, internal bleeding and death within 1-2 weeks
- 20,000: damage to the central nervous system and loss of consciousness within minutes, and death within hours or days.

[Source: Veterans Today Dr. Ashraf Ezzat article 29 Mar 2011 ++]

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Stop-loss Pay Update 10: With the enactment of the latest Continuing Resolution the deadline to apply for Retroactive Stop-Loss Special Pay (RSLSP) has again been extended until 8 APR 2011. The 2009 War Supplemental Appropriations Act established RSLSP, providing \$500 for each month/partial month served in stop loss status. Service members, veterans, and beneficiaries of service members whose service was involuntarily extended under Stop Loss between Sept. 11, 2001, and Sept. 30, 2009, are eligible for RSLSP. Veterans and current service members involuntarily retained in the military during this timeframe should apply for special pay before the 8 APR deadline. Information on the special pay and links to the application can be found at http://www.defense.gov/home/features/2010/0710_stoploss/. [Source: NAUS Weekly Update 25 Mar 2011 ++]

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Stolen Valor Update 31: The full U.S. 9th Circuit Court of Appeals 22 MAR declined to rehear an earlier ruling by a three-member panel determining that a law barring people from lying about their military heroics was unconstitutional, a breach of Freedom of Speech. The court ruled that the act violated the First Amendment by prohibiting people from falsely claiming they had received certain military decorations or medals. A prohibition against wearing unearned medals was not affected. In 2007, Xavier Alvarez was fined and ordered to perform community service for lying about his military service. Alvarez had claimed at a meeting of the Three Valley Water District in Pomona, California, that he had been awarded the Medal of Honor. The ruling affects only those cases in California and the eight States covered by the Ninth Circuit. A prohibition against wearing unearned medals is not

affected. Whether government prosecutors will appeal the Circuit Court decision to the Supreme Court remains in question. [Source: NAUS Weekly Update 25 Mar 2011 ++]

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Vantage Point Blog Update 01: Alex Horton started his blog, “Army of Dude,” as a young enlisted infantryman in Iraq from 2006 to 2007. It was one soldier’s view of war, graphic and often critical, penned at first for friends and family. Over time, his audience grew, drawn by his especially literate and personal descriptions. After leaving the Army, he kept writing, in between community college classes and a part-time job wrangling grocery carts at Costco. So, when the government erroneously stalled his GI Bill benefits in 2009, and after officials struck him as indifferent, Horton did what seemed natural. He published a pair of thousand-word Internet rants about the Department of Veteran Affairs. One VA employee displayed “the same level of care you would expect from a Tijuana back alley vasectomy,” Horton wrote. Other employees probably bought “salt in bulk,” as they seemed eager to pour it into veterans’ wounds. “With the advice of my VA counselor,” Horton wrote, “I bet it all on the Post-9/11 GI Bill. And I lost.” At least three things happened as a result of those blog posts.

- First, Horton got in touch with Brandon Friedman, who had just started as the VA’s first director of new media, and who put him in touch with the top VA official working on educational benefits.
- Second, the government cleared up his GI Bill issue.
- Third, Horton got a job offer — from the Department of Veteran Affairs.

Eighteen months after writing his heated words, Horton is now a professional blogger for the VA, working with Friedman and a small group of colleagues on the ninth floor of the agency’s Washington headquarters. Their mission is to revolutionize how the VA interacts with veterans on the Internet, so that veterans can get information, and people with complaints like Horton had can get answers. It’s a difficult job. Two years ago, the VA had no official presence on any Internet social networks. The department’s website was unappealing and cumbersome. Agency employees weren’t even allowed to look at sites like Facebook or Twitter from their work computers. As a result, they were officially disconnected from the ongoing, online dialogue about their work. That situation struck Tammy Duckworth, the assistant secretary for public and intergovernmental affairs, as untenable. “I had always been really frustrated with VA’s web page before I got my appointment, and it was one of the things where, if I had any role in VA after the president was elected, I was going to do something,” explained Duckworth. “It drove me crazy, as somebody who was trying to work through the system myself.”

So, Duckworth hired Friedman, a blogger, author and Army veteran of Iraq and Afghanistan, to turn things around. With a limited budget, Friedman borrowed the work of an employee in the VA’s chief technology office, Lauren Bailey, and eventually recruited Horton, whom he’d first met in 2008. More recently, two other Iraq vets have joined the team. Kate Hoit, is a former Army photojournalist who wrote a personal blog about her transition from soldier to civilian under the name “GI Kate,” started work at the end of January. Josh Tuscher, a former National Guard infantryman who had designed the VA’s new blog in 2010 as a contractor, came on as an employee this month. The new media team launched VA’s official blog, VAntage Point, in November, and the group spends its days now writing posts, and updating the new Facebook and Twitter feeds. Their focus is on topics like the GI Bill, military history, homelessness, veteran suicides, and the VA’s disability claims backlog. Some discussions have garnered hundreds of comments — praise and pillory, alike — and everything runs uncensored. “We don’t take stuff down,” Duckworth said. “There have been veterans who have said some pretty nasty things about Secretary [Eric] Shinseki, and we leave it up, because you’ve got to have real dialogue. If people are frustrated, frankly, VA employees who look at the blog need to know that.”

Not everyone praises the overall effort. In the last week, Friedman and Paul Rieckhoff, president of Iraq and Afghanistan Veterans of America faced off in a sort of ongoing, online feud over just how much progress the VA had made, after Rieckhoff accused the VA of doing “a crappy job of outreach” in an interview. Rieckhoff later backed off a bit, calling the decision to hire Friedman and the others “a huge step forward,” but added that the effort hasn’t been robust enough. Friedman insists that misses the point. “We started doing this stuff in late 2009,” he countered. “We’ve made a very concerted, methodical effort to bring VA into the 21st century in terms of online communications, media, whatever. Our main Facebook page has over 100,000 followers. We’ve got the largest Facebook following of all the cabinet agencies.” Still, he added, “It’s not about numbers. It’s about getting a large

following for a reason. It's so that we can really make a difference in people's lives." [Source: Stars & Stripes Bill Murphy article 24 Mar 2011 ++]



From left, Josh Tuscher, Alex Horton, Brandon Friedman and Kate Hoit are the core of the team trying to reshape how the Department of Veterans Affairs communicates over the Internet.

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Bank Fees Update 01: ATM fees are on the rise at some of the country's biggest banks. Chase, for example, is testing out \$5 fees for non-customers. That means if you stumble upon a Chase on your way to dinner and decide to take out 20 bucks, you'll pay a 25% fee. And that doesn't even include what your own bank charges you for going out of network, which is typically around \$3. JP Morgan Chase (JPM, Fortune 500) is currently testing the \$5 ATM fee in Illinois and a \$4 ATM fee in Texas -- both for non-customers who use its ATMs -- to see if they bring in enough revenue to introduce nationwide, according to sources familiar with the tests. A Chase spokesman declined to comment. Out of the bank's network of 16,000 ATMs, more than 20% -- or about 3,600 -- are located in these two states. Chase spent an estimated \$400 million to build the entire network and pays \$200 million a year to run it. So the bank is making non-customers pay a significant amount for the convenience of using this large network.

Meanwhile, HSBC Bank USA (HBC) this month started charging all non-customers a \$3 fee for using its ATMs, saying that this pricing is more competitive. Previously, about 60% of its ATMs charged a \$3 fee for non-customers, while the remaining 40% charged either \$1.75 or \$2.50. While other megabanks like Wells Fargo (WFC, Fortune 500), Bank of America (BAC, Fortune 500) and Citi (C, Fortune 500) haven't made similar changes yet, CardHub.com CEO Odysseas Papadimitriou says they're not far away. "It's easy to compare debit cards by looking at the monthly fee, so banks are going to try to minimize the monthly fees and load you with fees in different ways - - and ATM fees are going to become one of the most popular ways to do that," said Papadimitriou. Even some of the banks that CNNMoney once called the least evil -- because they had free checking and zero ATM fees for customers -- are having to reconsider.

- PNC Bank (PNC, Fortune 500), for example, is keeping its free checking account. But starting in September, it will stop reimbursing ATM fees for free-checking customers who use non-PNC ATMs and charge them \$2 a pop. Starting Sept. 12, customers who want to avoid the ATM fees must open a Performance Checking account and carry a balance of \$1,500 or pay a \$10 monthly fee, a PNC spokesman said.
- TD Bank made a similar change. While it used to let customers use any ATM free of charge, the bank is now charging \$2 for customers who use out-of-network ATMs -- unless you have a "deeper relationship" with the bank (which translates into carrying a high minimum balance and paying a monthly fee of \$25). "We changed our policy for basically two reasons -- in part because of competition in the industry and regulatory environment, but also because when we had this policy we had a smaller network," a TD spokeswoman said. "Now that we have invested in thousands of ATMs and mobile banking, people can get access to money when and how they want it, and it's a fee people can avoid if they want to."

The changes in ATM fees come on the heels of a proposed rule that would cap the fees banks charge retailers each time customers swipe their debit cards to make purchases. CardHub expects the proposed Durbin amendment to cost banks an average of \$27 per card per year -- adding up to a loss of more than \$13 billion a year for the industry. So along with adding fees for non-customers or eliminating rebates for out-of-network ATMs fees, banks may even start making their own customers pay to use their ATMs. More banks may also begin offering prepaid cards, said Papadimitriou. Since they wouldn't be regulated by the Durbin amendment, banks would still be able to collect the same "swipe fees" as they do now. "They need to maintain a certain profitability for the services they provide, so they're going to get the money one way or another," he said. "They will be experimenting with a whole gamut of things, and ATM fees are just one way of getting the money back that the Durbin Amendment is taking away from them." Bottom line, if you want to minimize banking fees you need to take advantage of your local military credit union's services. [Source: CNN.Money.com Blake Ellis article 17 Mar 2011 ++]

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USS Texas BB-35: Once touted as the most powerful weapon on the planet, the nearly century-old battleship has endured some 60 years as a historic relic moored in the brackish Houston Ship Channel, corrosion from water outside and inside munching at its steel and patchwork repairs. "Our boat's been sitting in the water and rusting away, so we get it out of the water," says Andy Smith, the Texas Parks and Wildlife Department's manager of the battleship site east of Houston. That's the goal as work finally is beginning to permanently remove the Texas from water by constructing a unique dry berth for the 573-foot-long, 34,000-ton vessel. It's the most complex project ever for the parks agency and isn't likely to be complete until late this decade. Texas voters three years ago approved a bond package that included \$25 million to save the ship moored since 1948 at the equally historic San Jacinto Battleground. The project also is being designed to not repeat the cycle of past repairs that cost millions of dollars but failed to ensure the long-term future of the ship launched in 1912. "It's not going to be done again to this vessel," Neil Thomas, project manager for the agency's infrastructure division, says of the overhaul. "We've got one shot, and we've got to do it right." The Navy has no battleships in its fleet. Eight remain afloat. They are:

- Texas, commissioned March 1914. Transferred to the state of Texas in 1948 as a permanent memorial on the Houston Ship Channel.
- North Carolina, commissioned April 1941. Dedicated as memorial in 1962 at Wilmington, N.C.
- Massachusetts, commissioned May 1942. Transferred to the Massachusetts Memorial Committee and preserved as a memorial in 1965 at Fall River, Mass.
- Alabama, commissioned August 1942. Transferred to the state of Alabama in 1964 for use as a memorial at Mobile, Ala.
- Iowa, commissioned May 1943. Berthed since 2001 in Suisan Bay, San Francisco, Calif., as part of the Reserve Fleet, also known as the Navy's "ghost fleet." Two groups are vying to obtain the ship as a museum berthed in California.
- New Jersey, commissioned May 1943. Donated in 2000 to Home Port Alliance of Camden, N.J., for use as a museum.
- Missouri, commissioned June 1944. Opened as a museum in 1999 at the Arizona Memorial at Pearl Harbor, Hawaii.
- Wisconsin, commissioned April 1944. Moored at the National Maritime Center in downtown Norfolk, Va., and open to the public since 2001.

The department signed a contract 26 OCT with AECOM, a worldwide architectural and engineering firm, to design a dry berth for the Texas. Teams involved in the project met aboard the ship for the first time earlier this month. Some topographic surveys and soil tests are under way and a preliminary design from the firm is expected by next spring. Public comment, compliance with environmental assessments and government agencies and regulations could take another two years. Construction bidding is expected by mid-2014 with project completion anticipated by summer of 2017. Smith said a couple of vessels in England have been dry berthed but nothing like the magnitude of the Texas, commissioned in 1914 and the oldest of the eight remaining American battleships. It's the last the Dreadnought class, patterned after the British battleship that featured unprecedented speed and armaments at the turn of the 20th century.

In World War I, it served as U.S. flagship in the British Grand Fleet. In 1940, it was named flagship of the U.S. Atlantic Fleet and participated in D-Day in 1944. It experienced casualties when hit by German artillery off France,

then provided support for World War II battles at Iwo Jima and Okinawa in the Pacific, using its main battery of 10 14-inch guns to fire 1,500-pound shells up to 12 miles . It was decommissioned in 1948 and came under care of the Texas Parks and Wildlife Department. A berth was carved out on what was known as Santa Anna Slough, a swamp that empties into the Houston Ship Channel. The muddy acreage is where Gen. Sam Houston and his army of Texans in 1836 defeated Mexican Gen. Santa Anna to win Texas' independence and it's across the channel from one of the world's largest petrochemical complexes. "You have one of the most significant battlefields on the North American continent with one of the most significant naval ships in the world," Smith said. "You could argue that both definitely are one of a kind."

Thomas described the task for project architects as "variations of a boat in the bathtub and getting the water out of the bathtub." One early suggestion was putting the Texas on a floating barge. That was dismissed after considering the ship is 120 feet tall from top to keel and would damage the look of the battlefield it shares. "One of the things we want to do is respect the context," Thomas said. "We have to be sensitive to the fact that the ship itself is the artifact, but it's actually sitting in a sea of artifacts. So that brings a whole other level of complexity and care we have to take because we're certainly not in the business of saving one artifact at the expense of the other." There is also an environmental concern if the site — a wetland — is drained and turned into a dry area. About 100,000 people a year visit the ship, which should be less costly to maintain when it's permanently out of the water. Voters who approved the \$25 million in bonds showed they wanted the Texas preserved, Smith said. "We want to make sure that money is spent well, that we do the right thing that is permanent," he said. "We talk about how to preserve the ship for the next 100, 200 years. We're not talking 10, 15, 20, 50 years." [Source: Associated Press Michael Graczyk article 28 Nov 2010 ++]



The Battleship TEXAS is the last dreadnought in existence in the world, a veteran of Vera Cruz (1914) and both World Wars, and is credited with the introduction and innovation of advances in gunnery, aviation and radar. Having been designed in the first decade of the 20th century, (keel laid in 1911 and completed in 1914), and having seen action in some of the most intense and critical campaigns of WWII, she is an important piece of our naval and maritime history.

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California Vet Home Update 09: Assemblyman Nathan Fletcher, R-San Diego on 22 MAR urged California residents to use their state tax forms to support the California Veterans Homes Fund, which operates six homes for former members of the armed forces. The six are located in Yountville (Napa County), Barstow (San Bernardino County), Chula Vista (San Diego County), Lancaster (Los Angeles County), Ventura (Ventura County) and West Los Angeles (Los Angeles County). CalVet is designing and constructing two new Veterans Homes of California. These new homes will be constructed in Fresno (Fresno County) and Redding (Shasta County). Fletcher said money from the fund is directed to a Morale, Welfare and Recreation account that pays for services, programs and care. "As a veteran Marine, I know first-hand the critical importance of providing needed services to those who have honorably served our country," Fletcher said. Fiscal constraints on the state mean new ways are needed to pay for the programs, the assemblyman said. Neal Asper, the administrator of the Chula Vista Veterans Home, said money supports outings, libraries and memorial services. Taxpayers can check a box on their income tax forms to make a voluntary donation to the fund. For more information on California's veteran homes refer to <http://www.cdva.ca.gov/Homes/Default.aspx>. [Source: LA JOLLA LIGHT article 22 Mar 2011 ++]

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Kentucky Vet Legislation Update 01: Governor Steve Beshear today signed into law nine bills that will help and honor Kentucky veterans. "From helping military families with deployment costs to providing a preference for veterans in state hiring, my administration is committed to honoring all who sacrifice and serve our great state and our great nation," said Gov. Beshear. "With these new laws, we continue our efforts to assist military service members and veterans with their education, health care and job-seeking efforts, make it easier for disabled veterans to receive the homestead exemption on property tax, and provide new ways for Kentuckians to show them recognition they so mightily deserve." At a public bill signing ceremony 22 MAR at the Frankfort VFW Post 4075, Gov. Beshear was joined by legislators and Kentucky Veterans as he signed the following bills in law:

- **HB 425** allows Kentucky public universities to charge in-state tuition to veterans who are non-Kentucky residents if that veteran qualifies under the Post 9/11 GI Bill.
- **HB 202** helps veterans obtain commercial driving licenses by waiving the driving skills test for applicants with recent military service who are experienced in operating commercial-sized motor vehicles.
- **HB 244** amends the homestead exemption on property tax to allow totally disabled veterans to document their qualifying disability at the time of initial application, eliminating the need to reapply annually for the exemption.
- **HCR 138** is a concurrent resolution urging Congress to direct more resources and attention to providing treatment to combat military personnel and combat veterans suffering from Post Traumatic Stress Disorder (PTSD) and other combat-related stress disorders.
- **HB 303** clarifies the law relating to veterans programs that may benefit from the Kentucky Veterans Program Trust Fund.
- **HB 187** creates a new specialty "I Support Veterans" vehicle license plate. This license plate will be available for purchase by any Kentucky resident, veteran or non-veteran. A portion of the fee for the specialty plate will support the Kentucky Department of Veterans Affairs.
- **HB 200** requires the state to create a plaque honoring Kentucky's Medal of Honor recipients. The plaque must be installed in the Capitol building and properly maintained. Forty-two Kentuckians have earned the Medal of Honor and two recipients, Ernie West and Don Jenkins, currently reside in Kentucky. Kentucky's Medal of Honor recipients also include the only woman to earn a Medal of Honor, Dr. Mary Edwards Walker of Louisville.
- **HB 302** allows members of Veterans Service Organizations to drill or parade with arms.

- **HB 317** requires the Kentucky Department of Highways to display the POW/MIA flag along with the United States flag and the Commonwealth of Kentucky flag at all state rest areas. Previously, flying the POW/MIA flag at state rest areas was permitted, but not required.

[Source: Louisville Public Policy Examiner Thomas McAdam article 22 Mar 2011 ++]

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DoD/VA VLER Update 04: The Virtual Lifetime Electronic Record (VLER) now under development by the Veterans Affairs and Defense departments hit a speed bump when five members of the Wisconsin congressional delegation asked the Veterans Affairs and Defense departments to consider using a single commercial system for their new electronic health records. The move could benefit one of the state's largest employers, software company Epic Systems Corp. VA said it plans to stick with the open source approach it announced last month, but experts say the lawmakers' query could potentially delay the new system. In a 7 FEB letter, the lawmakers asked top executives of the two departments if the benefits of a commercial system had received "appropriate consideration" in the modernization and integration of their electronic health records. "Some experts believe that commercial EHRs show significant potential to provide a state-of-the-art replacement quickly and at a reasonable cost," wrote Wisconsin's two senators, Democrat Herb Kohl and Republican Ron Johnson, Republican representative Paul Ryan and Democratic representatives Ron Kind and Tammy Baldwin, whose district includes Verona, where Epic has its headquarters. The letter added that single-vendor EHRs help protect patient safety by using one consolidated database. A commercial approach also could cut development and installation time, said the letter, which was addressed to Roger Baker, VA chief information officer, and George Peach Taylor of Defense.

The Wisconsin letter might have put a minor speed bump in the way of a long-awaited agreement between VA and Defense to develop a single record, expected later this month, said one industry source familiar with the negotiations between the two departments. The letter also seemed designed to torpedo VA's plans to use an open-source approach to develop its next-generation EHR announced last month, said a congressional source who declined to be identified. Barbara Hernandez, an Epic spokeswoman, acknowledged the company talked to its representatives and provided technical information to them. The company also talked to representatives from other states, she said, adding that privately held Epic, which has 4,200 employees and took in \$825 million in revenues last year, does not use lobbyists. The company developed the EHR for Kaiser Permanente, the largest private health care provider in the country, which serves 8.3 million people with 35 hospitals, 431 medical offices and a staff of 167,000 employees. Kaiser spent \$4 billion during a six-year period from 2003 to 2009 to deploy this system. VA operates 153 hospitals, 135 nursing homes, 50 residential rehabilitation facilities and 15 clinics supported by a staff of 252,925.

In his reply to the Wisconsin representatives, Baker said the open source approach will allow VA to modernize its current Veterans Health Information Systems and Technology Architecture, known as VistA, through integration of commercial products. "This will have the effect of opening up several billion dollars of our annual spending for much broader private sector competition," he wrote. The Military Health System has not yet responded to the Wisconsin letter, a spokesman said. Craig Newmark, founder of the online classified advertising business Craigslist, serves as a consultant to VA, and supports the system plans announced last month. "The open-source approach, in real life, normally means faster, more effective, less expensive development," Newmark said. "It's about moving away from customized and proprietary systems and towards openly architected and modular ones." The open source approach "also spurs genuine innovation and real, high-quality jobs, in part, because it provides a level playing field for developers, and that attracts the most effective software people," he said.

Tom Munnecke, who helped develop VistA at VA and then served as chief scientist for Science Applications International Corp., where he worked on developing the Defense electronic health records system, said attempts to derail open source in VA "is nothing new; the open-source VA VistA model was always under attack by those who wanted to lock the government in to their proprietary architecture. The VA showed repeatedly that an open model was superior." Ed Meagher, vice president of health care strategy at Computer Sciences Corp. who formerly served as VA's deputy chief information officer, said the open source approach that Baker backs is in the best interest of everyone involved in the process of VistA modernization -- VA, vendors, veterans and the taxpayer -- and will ensure open competition for all vendors, including Epic. Newmark said open source means a level playing field,

which "reflects fundamental American values of fair play. Everyone gets a chance for their part of the American dream." [Source: ExecGov.com Bob Brewin article 22 Mar 2011 ++]

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VA Fraud Waste & Abuse Update 32:

- **Texarkana TX** - Tiawa Charles Braxton 31, pleaded guilty to theft of public money 18 MAR before U.S. District Judge David J. Folsom. According to information presented in court, from 1 OCT 07 to 1 OCT 09, Braxton collected a pension for his father, Charles Braxton, even though Charles Braxton had died on 22 SEP 07. The U.S. Department of Veterans Affairs pays a pension to wartime veterans who have limited or no income and who are 65 years or older, or if under 65, are permanently disabled. Under its Fiduciary Program, the VA can appoint a fiduciary to care for an incompetent veteran if it serves the best needs of the government. The VA appointed Tiawa Braxton to serve as fiduciary for his father. Braxton was notified of his duties as a fiduciary, including his duty not to use the benefits for his personal use, and to notify the VA upon the death of his father, Charles Braxton. During an attempt to visit and contact Charles Braxton on 24 SEP 09, the VA learned from his neighbor that he had died. The VA later confirmed that Charles Braxton had died, but Braxton never notified the VA and continued to receive VA benefits in the amount of \$45,126 on behalf of his father. Braxton knew that he was required to contact the VA and report his father's death, but willfully chose not to notify them and to use the \$45,126 for his personal use. Braxton was indicted by a federal grand jury on 1 SEP 2010. He faces up to five years in federal prison. A sentencing date has not been set. This case is being investigated by the U.S. Department of Veterans Affairs - OIG and prosecuted by Assistant U.S. Attorney Denise O. Simpson. [Source: The Orange Leader article 18 Mar 2011++]
- **Noblesville IN** - United State Postal Service inspectors say an employee cut open packages to steal bottles of Vicodin and oxycodone. Postal employee Jeffrey Yardley, 48, of Noblesville, is now facing charges of theft, possession and dealing of a controlled substance. Yardley worked the post office near 55th Street and Keystone Avenue. The packages were sent from the Veterans Administration and addressed to area veterans. Patient complaints led the VA to notify postal inspectors. An investigation led the inspectors to Yardley's branch. "They caught him in the act, approached him right away. The items were on his person and he was immediately relieved of his duties," said USPS Indianapolis spokeswoman Kim Yates. Investigators say Yardley had an accomplice. They say he gave the pills to a woman who sold the drugs and returned the profits to Yardley. That woman is not believed to be a postal employee. Yardley is currently out of jail on bond. He has been suspended from his job while the court case progresses. The crime is similar to one committed by last year by Dan Schwomeyer. The post office delivery man admitted stealing prescription drugs intended for veterans. Investigators say Schwomeyer would open packages and steel pills while on his truck route. The USPS urges customers to call their post office and their sender if an expected prescription fails to be delivered. [Source: Indianapolis WISH TV-8 Jay Hermacinski article 22 Mar 2011 ++]
- **Stratford CT** - Ellen Pack, 64, was sentenced this week by United States District Judge Janet C. Hall in Bridgeport to two months of imprisonment, followed by two years of supervised release, for stealing U.S. Department of Veterans Affairs disability benefits while acting as a fiduciary for an incompetent military veteran. Judge Hall also ordered Pack to spend the first three months of her term of supervised release in home confinement, and to pay a fine in the amount of \$2000. According to court documents and statements made in court, in 2006 and 2007, Pack served as a fiduciary for a military veteran who was a patient at the Veterans Affairs Hospital in West Haven. In accordance with her fiduciary duties, Pack received funds from the U.S. Department of Veterans Affairs that were to be used solely for the veteran's care and benefit. Instead, Pack used significant portions of the monthly benefit payments, in an amount totaling more than \$30,000, to pay for various items and expenses for her own use and benefit. On 27 JUL Pack pleaded guilty to one count of misappropriating U.S. Department of Veterans Affairs disability benefits. [Source: Stratford Patch article 25 Mar 2010 ++]

- **Batesburg SC** - A church pastor pleaded guilty last week to embezzling \$105,519 from the U.S. Department of Veterans Affairs. William C. Padgett entered the plea in U.S. District Court on 17 MAR. He was indicted in November. Padgett had submitted claims in FEB 08 to the VA, claiming he was unable to work due to post-traumatic stress disorder, and he began receiving veterans and Social Security benefits. However, he continued to serve as a church pastor and raise chickens on his farm, the indictment said. [Source: The State | Crime & Courts article 25 Mar 2011 ++]
- Federal prosecutors have indicted a 27-year-old registered nurse on charges she stole painkillers that she claimed were going to patients at the Veterans Administration Medical Center in Martinsburg. Lisa D. Kirk of Martinsburg is free on bond. She's charged with obtaining prescription drugs through fraud, forgery and deception 56 times between DEC 08 and JUN 09. Prosecutors say Kirk used an account assigned to her as an employee but kept drugs including oxycodone and morphine instead of administering them to patients. If convicted, she could be sentenced to four years in prison and fined \$250,000 on each of the 56 counts. [Source: Washington Examiner AP article 26 Mar 2011 ++]

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Purple Heart Update 01: The Army has announced a clarification in its guidelines for receiving a Purple Heart, with an emphasis on battlefield concussions being eligible for the medal. Official Army guidelines have long considered combat-sustained concussions a valid injury worthy of the Purple Heart, but in practice, it has been left to doctors or battlefield commanders to decide whether a blow to the head during combat warranted the medal. With recent studies on brain trauma, however, the rules have been revised to state what constitutes a concussion, with symptoms including momentary loss of consciousness or memory, dizziness, headache, nausea or light sensitivity. Medical treatment, also required for the medal, is defined by the rules to include merely rest and Tylenol. If you are a Soldier who suffered a concussion and feel you may not have been appropriately recognized for a Purple Heart, the Army urges you to re-apply through your chain of command. Veterans can call 888-276-9472 or email hrc.tagd.awards@conus.army.mil. [Source: Mil.com | Benefits article 21 Mar 2011 ++]

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Virginia Vet Tax Exemption: Legislation passed a final hurdle this winter to exempt from state real estate taxation those veterans rated by the U.S. Department of Veterans Affairs as 100 percent disabled. The General Assembly sent the matter to the public in a referendum that appeared on ballots on Election Day last November. The voters approved the exemption. "Then a different General Assembly had to adopt it," said Smyth County Commissioner of the Revenue Jeff Richardson, and it did. To be eligible for the exemption, Richardson said, a veteran must have permanent, service-connected and 100 percent disability. Having 100 percent disability benefit is not a qualifier for the exemption, he said. The enabling legislation also exempts from the tax the surviving spouse of a veteran who was eligible for the exemption "so long as the death of the veteran occurs on or after Jan. 1, 2011, the surviving spouse does not remarry, and the surviving spouse continues to occupy the real property as his principal place of residence."

"The devil is in the details," Richardson said. "We are going to administer it as the law of the state." But there is relief from the detail devil, according to Richardson. Veterans will not need to make the case of their eligibility. The Department of Veterans Affairs will send letters to those who qualify to present to Richardson's office, he said. That also satisfies a requirement in the enabling legislation that the veteran "provide documentation of the U.S. Department of Veterans Affairs... indicating that the veteran has a 100 percent, service-connected, permanent and total disability." Richardson said he is willing to talk to any organization that would like more information. To schedule a presentation or learn more, call 276-782-4040. [Source: SWVA Today Stephanie Porter-Nichols article 19 May 2011 ++]

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Arlington National Cemetery Update 23: Officials at Arlington National Cemetery still unable to fully account for who is buried where at the nation's premier military resting place are struggling to determine

who has reserved plots and whether some of those grave sites are already in use. Years of sloppy recordkeeping have left officials with no reliable data on how many reservations have been made for plots in the 624-acre cemetery. The problem — along with the discovery that an unofficial reservation system for VIPs continued for decades in violation of Army regulations — is yet another challenge for the cemetery’s new leaders. Last year, Army investigators found that graves were mismarked and unmarked, that burial urns had been unearthed and dumped in a dirt pile, and that millions of dollars had been wasted on failed attempts to digitize the cemetery’s paper record system. As a result, the Army ousted the cemetery’s top two leaders, Superintendent John C. Metzler Jr. and his deputy, Thurman Higginbotham. Since then, more problems have emerged, including the discovery of people buried in the wrong plots and a mass grave that held eight sets of cremated remains.

The cemetery’s new leaders are dealing with the reservations mess — an issue that highlights how deeply some care about not only being interred at Arlington but also about where in the cemetery they are buried. The reservations were made under a little-known system that ended in 1962, as the cemetery grew in popularity and officials decided that its coveted plots should be offered without regard to rank or status. But not all of the cemetery’s 70 sections were created equal. Some sit atop hills with views of Washington and are full of Medal of Honor recipients and high-ranking officials. Others are in out-of-the-way corners rarely visited by tourists. Some of the most prestigious are close to the Tomb of the Unknowns or the eternal flame at John F. Kennedy’s grave. Kathryn Condon, who was appointed executive director of the Army National Cemeteries Program last year in the aftermath of the scandal, said that the cemetery has 3,500 reservations on file but that there could be more. “As part of our accountability, we’re going to look at all of those reservations,” she said. Cemetery officials have no idea how many of the reservations on file are still valid, Condon said.

Another problem has been that although Arlington honors reservations made before 1962, it does so only if the person meets current eligibility requirements for burial at the cemetery. The criteria have become stricter since the 1960s: Veterans now must have died while on active duty, be entitled to retirement pay or have received a top award such as the Medal of Honor. But the cemetery hasn’t always told families that their reservations may no longer be valid. Although the cemetery stopped formally taking reservations in 1962, the practice of reserving choice grave sites continued, if unofficially, under Raymond J. Costanzo, who was superintendent from 1972 to 1990. Metzler, his successor, who ran the cemetery until he was forced to retire last year, also apparently allowed people to pick areas of the cemetery where they wanted to be buried, Army officials said. The Army, which investigated the matter two decades ago and is looking into it again, has a list from 1990 with “senior officials” who have plots that “were de facto reserved in violation of Army policy,” according to a memo obtained by The Post under the Freedom of Information Act. Some of those officials were driven around the cemetery by Costanzo, who told investigators that he had allowed them to pick their spots. Superintendents of national cemeteries, especially those with limited space, are often under pressure to find choice spots for important people, none more so than Arlington’s, said Roger Rapp, a former deputy undersecretary for operations with the Department of Veterans Affairs’ National Cemetery Administration.

Condon said the cemetery would not honor any reservations made after 1962. In the eight months that she has been running the cemetery, she has turned down several people who said they had been promised a burial plot. “We do not do reservations, and anyone who claims to have a reservation post-1962, we do not accommodate them,” she said. “When the loved one or veteran passes, that’s when we determine where we’ll bury them.” The cemetery does “accommodate families in their time of need” by allowing survivors to choose an area of the cemetery for their loved one as they plan the funeral. If there is an available grave site in that area, she said, the family would be granted the spot. Section 7A, near the Tomb of the Unknowns, is full of generals and Medal of Honor recipients. Lee Marvin, the actor and a World War II veteran, and Joe Louis, the boxing champion, are buried there. So are Costanzo and Metzler’s father, who was Arlington’s superintendent from 1951 to 1972. [Source: The Washington Post Christian Davenport article 20 Mar 2011 ++]

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VA Employee Political Activity Policy: A doctor at the Veteran's Administration hospital in Phoenix is losing his job because he forwarded to co-workers an email from a staffer for Sen. John McCain that violated a federal law on political activity on the job. Dr. John "Jack" Bagdade's firing after a hearing before a federal civil service board became final this week after he decided against pursuing an appeal. His last day is 1 APR.

Bagdade said he is still shocked that he is actually losing his job, even after a nearly four-year saga in which he waited for a federal agency called the Office of Special Counsel to investigate and then the formal firing process for violating the Hatch Act to play out. "I did violate the Hatch Act, but I feel the punishment certainly doesn't fit the crime," he told The Associated Press. "I was anticipating a suspension, not a removal." Bagdade is the fourth federal employee fired in the past two years for violating the 1939 law that generally bars federal employees from political activity at work. Two, including Bagdade, were fired for sending political emails. It also applies to some state and local employees who oversee federal funds.

The presumptive penalty for a violation is removal from the job, and that's what happens in most cases that are actually presented to the U.S. Merit Systems Protection Board, said Darshan Sheth, a spokesman for the Office of Special Counsel. "We don't have any wiggle room," Sheth said. "Once the board finds a violation the result is removal." Only if all three board members who hear a case agree there are major mitigating factors can the punishment be lowered. Usually, a suspension is the alternative. Bagdade's case was made more difficult to defend because about two years after he sent the email from McCain's staffer in Phoenix to his two bosses and numerous other co-workers, he also forwarded an email from a Democratic candidate for Arizona treasurer, Andrei Cherny, to his best friend at the hospital. That email came just days before OSC investigators arrived in Phoenix, and they discovered it when they pulled his emails from a server. Bagdade and his lawyer argued for the lower penalty at hearings before an administrative law judge because he didn't know the emails he was forwarding contained attachments soliciting donations to McCain or one to Cherny, who now heads the state Democratic party. And his lawyer argued Bagdade was patently unpolitical and somewhat naïve, citing remarks he made in subsequent emails. "These are not the statements of a politician but a 'loose cannon' who did not understand what he was doing as it impacted the Act and certainly did not consider the consequences of his actions," attorney David Eisenberg wrote.

Bagdade, 74, an endocrinologist, was hired at the VA in 2005 as the associate chief of staff for research and immediately began to work to improve the hospital's research department. He began seeking possible collaborations with other hospitals and a new University of Arizona medical school in downtown Phoenix. That's when he reached out to Paul Hickman, then a senior McCain staffer in Phoenix. Bagdade said he thought the VA needed a new hospital and new research facilities and McCain's office might be able to help. He met with Hickman for lunch at the hospital in 2006. Bagdade said Hickman told him the senator would not do anything that would appear to be an earmark, but he gave him contacts with the mayor of Phoenix that might be helpful. Those contacts proved helpful, and Bagdade thought he was making good progress. It was the following year that he got the email. "The title of it was 'Drink beer for John McCain,'" Bagdade said. "I saw Hickman's name, he said invite your friends, and I said OK, I owe you one because you really got this project launched. To repay the favor I'll just invite some friends to drink beer for John McCain. "So I was new in town and the people I sent the emails to were basically my acquaintances at work — starting with the director of the hospital, and my boss the chief of staff, the head doctor, plus other people in the research group here. That was basically it. And I did not open the attachment."

The reaction was swift. The next morning the hospital director and the chief of staff called him into a meeting. "And they said you violated the Hatch Act, we're turning you in and you'd better look for another job. This is very, very serious," he said. "I was shocked because I didn't know what the Hatch Act was." "It is Senator McCain's policy to fully comply with all appropriate rules and ethical guidelines regarding political activity," McCain's office said in a statement. One of the most ironic parts of the story, Bagdade said, is that he is a registered Democrat who has never voted for a Republican in his life. Bagdade said he is resigned to his fate, but still upset that he is losing his job. "I've given it up because it's just been costly and exhausting emotionally and I just want to move on with my life," Bagdade said. "I don't want to engage another year of time and money to be reinstated in my job." [Source: Associated Press article 20 Mar 2011 ++]

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Revolutionary War Memorial: When the National Park Service established a “reserve” around the Mall, closing the area to new monuments, two final memorials had secured space and were waiting to be built: a monument honoring Martin Luther King Jr. and a memorial to black soldiers and sailors who fought in the Revolutionary War. The King memorial is just months from completion, scheduled for an August unveiling eight years after the reserve was created in 2003. But despite several assists from Congress, which 14 years ago authorized the U.S. Mint to issue a commemorative coin to jump-start fundraising for the nonprofit Black Patriots

Foundation, ground never broke on the Revolutionary War memorial. And when congressional authorization to build the memorial between the Lincoln Memorial and Washington Monument expired in 2005, the foundation - and nearly \$1 million generated by the coin sales - had vanished. A little-noticed 2009 report by the Treasury Department's office of inspector general obtained by The Washington Times through an open-records request revealed a lack of oversight on the part of the U.S. Mint and widespread abuses by the foundation. Yet no administrative sanctions were issued, no one faced charges and the money was deemed irretrievable. A Mint spokesman said it had no statutory authority to try to recover the funds.

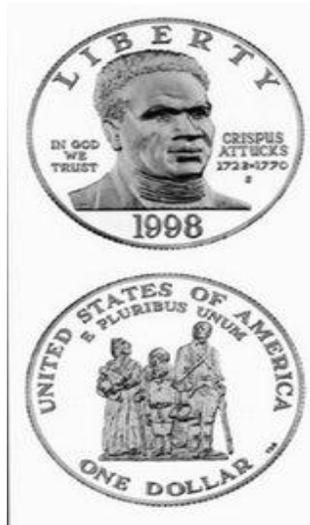
The foundation vigorously promoted the memorial, saying it would "remind us that blacks and whites shed blood together for our nations independence and our collective freedom." More than 5,000 blacks fought in the Revolutionary War. The commemorative \$1 coin featured an image of Crispus Attucks, a black man killed in the Boston Massacre and widely referred to as the first patriot to die in the American Revolution. It also depicted a black Colonial family that would have been featured on the 90-foot-long bronze sculpture on the Mall. The coin, sold in collector sets ranging from \$30 to \$84, was made available in FEB 98. Under the 1996 law enabling its creation, a \$10 surcharge for each coin was dedicated to funding the memorial. The coins were sold through DEC 98, raising \$902,000, which was delivered to the foundation in 2003. The coin sold poorly - only about 100,000 of the 500,000 that had been authorized. The law specified that coin proceeds were to be used exclusively for the memorial's construction, yet foundation officers told the inspector general's office that they were unaware of this provision and admitted to comingling coin proceeds with funds from other sources. They also acknowledged using the money to pay operational costs, including a salary of more than \$80,000 for the foundation's president, Rhonda Roberson.

H.B. Lazar Business Services Inc. in Silver Spring, the foundation's bookkeeper, told investigators in 2007 that the group's finances were "in shambles" when it took over the account in 2002. The firm said "large sums of money" had been spent on consultants, airline tickets and "shopping-type items." H.B. Lazar said the group stopped paying for its services in 2005 and could not be located to come pick up its records. The firm eventually shredded the records because it lacked the space to store them. In a written statement to investigators, Ms. Roberson said a foundation representative called the Mint's general counsel's office and was told there were no restrictions on the use of the funds. Mint officials deny that any such call took place, and the IG's report said Ms. Roberson could provide neither a time or date of the call or name of the person with whom she spoke. In her statement, Ms. Roberson, a lawyer, also said the money received from the coin surcharges "were used for fundraising to build the memorial and to run the foundation office." She told investigators that a sculptor was paid \$125,000 for a model of the monument and that additional funds went to pay her salary and other expenses, such as travel. She defended the foundation's use of the money and denied that any funds went to "any accounts for my personal use" or to the personal accounts of "anyone else affiliated with the foundation."

In 2005, the group simply disbanded. "It just had run its course," said Jim Granum, a longtime board member and retired railroad lobbyist. "It just sort of disintegrated with the expiration of the congressional authorization. On Dec. 31, 2004, the bookkeeper's statements show, the foundation had \$250,825 in cash and savings along with \$48,310 in commemorative coins it carried on its books as inventory. It is not clear from public records how that total was spent or what happened to the coins. When the foundation folded, it left behind more than \$160,000 in unpaid debts, according to Senate testimony. The National Park Service, which controls the Mall, estimated during a 2007 Senate hearing that the foundation had raised \$3.5 million to \$4 million for the project. Mr. Granum said the foundation needed \$14 million to build the memorial, but "it never became a cause for anyone with enough status to make it happen." He said the memorial project did not have the cache of the Martin Luther King Jr. memorial since it "didn't honor a particular person ... just an amorphous group from 200 years ago."

On July 22, 2008, the IG's office referred the matter to the Internal Revenue Service for potential criminal violations, although no criminal charges were filed. A day later, the IG's office wrote that the U.S. attorney's office for the District of Columbia had declined criminal prosecution because of the impending expiration of the statute of limitations. In a letter, U.S. Attorney Jeffrey A. Taylor said he was closing the case "for lack of evidence of criminal intent." In its report, the IG's office concluded that the foundation's funds had not been used in accordance with the required legislation, but that foundation members had not personally profited. In 2009, the IG's office threatened to take the rare step of issuing a separate management implication report identifying deficiencies in the Mint's commemorative coin program, but it never wrote such a report. [Source: Washington Times articles 20 Mar 2011

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Indiana Vet Tax Benefits:

Many times after veterans receive their VA disability award letters (stating what percent of VA disability they will receive), they fail to contact their local county veterans service office to see if there might be additional benefits coming. One of these benefits is a property tax deduction for the following disabled veterans:

- A \$12,480 deduction is available to veterans who: (1) served at least 90 days of honorable service and are totally disabled (not necessarily service-connected but the disability must be evidenced by a U.S. Department of Veterans Affairs pension certificate), or (2) are at least 62 years old and 10 percent service-connected disabled. This deduction is not available if the assessed value of the real property owned by the veteran is in excess of \$143,160.
- A \$24,960 tax deduction is available for veterans who served honorably in the Armed Forces during any period of wartime and are at least 10 percent service-connected disabled.
- A \$37,440 tax deduction is available for any veteran who served honorably during any period of war and is 100 percent service-connected disabled or is at least 62 years of age with at least a 10 percent service connected disability.

The VA also notes that:

- A statutory disability rating for pulmonary tuberculosis is not eligible;
- Active duty for training with the National Guard or Reserves is eligible only if the disability occurs from an event during the period of active duty and that duty was performed during wartime; and
- The surviving spouse of the veteran is eligible for the veterans tax deduction. The spouse must apply in his or her own name.

Current members of the active branches of service, National Guard and Reserves are eligible to receive an exemption of \$5,000 on their state income tax return. Veterans who are military retirees and over age 60 are eligible for the same extension. If you have questions concerning the above mentioned veterans benefits please contact your county veterans service officer so that you can obtain the proper form that the auditor in your county will need. The authorization for these deductions can be found at

[http://www.in.gov/dlcf/files/090923 - Stanley Memo - Veterans Deduction.pdf](http://www.in.gov/dlcf/files/090923_-_Stanley_Memo_-_Veterans_Deduction.pdf)

[Source: Tippecanoe County Veteran Services Office rfairchild@tippecanoe.in.gov 22 Mar 2011 ++]

Vet Toxic Exposure ~ McMurdo Update 01: The Disabled American Veterans (DAV) is supporting a request from Sen. Sherrod Brown (D-OH) that the Departments of Defense and Veterans Affairs evaluate the probability of radiation exposure from a leaking nuclear reactor at McMurdo Station that may have caused cancer in veterans serving there from 1964 to 1973 during Operation Deep Freeze. “Thousands of service members may have been exposed to radioactive contamination in the air, their water and their food,” said DAV National Commander Wallace E. Tyson. “The experimental, one-of-a-kind nuclear reactor used at McMurdo Station suffered hundreds of reported malfunctions over its lifetime. The same reactor was used to melt snow and desalinate seawater used by the service members stationed there for as long as 13 months at a time.”

In his letter to Defense Secretary Robert M. Gates, Sen. Brown said that veterans stationed at McMurdo have made numerous disability claims to the VA for cancers they suffered, only to be denied. Many died before their cases could be fully decided. “According to the United States Nuclear Regulatory Commission (USNRC), cancers that may develop as a result of radiation exposure are indistinguishable from those that occur naturally or as a result of exposure to other carcinogens,” said Brown. “We owe it to our veterans to err on the side of caution and support the claims of those whose cancer we cannot legitimately determine was not caused by radiation exposure at McMurdo Station. Our veterans deserve to know if the radiation exposures at McMurdo Station’s nuclear power plant are the source of their cancers. Unless proven conclusively that they are not, the VA should award service connections to veterans suffering from cancer that may have been caused by extended periods of exposure to radiation,” said Commander Tyson. “Veterans also need to know how many of our McMurdo veterans have already died from cancer linked to radiation exposure. We encourage the Departments of Defense and Veterans Affairs to give priority to the studies in hopes that no more veterans will die without proper review of their disability claims,” he said. “Justice delayed, in this case as much as any others, is justice denied.” [Source: Wallace E. Tyson, DAV National Commander msg 21 Mar 2011 ++]

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Military Health Care Reform: Earlier this month, the Secretary of Defense appointed John Baldacci, the former Democratic governor of Maine, to head up work within the Department on military health care reform. The announcement of the newly created \$165,300 salaried political appointment for the former governor met with an immediate call for elimination of the position. Chairman of the House Subcommittee on Military Personnel, Rep. Joe Wilson, called the position unnecessary saying it diverts scarce resources from the military health care system and duplicates the job taxpayers already pay Under Secretary of Personnel Clifford L. Stanley and Assistant Secretary for Health Affairs Jonathan Woodson for oversight of health. The appointment to head up military health-care reform also brought growing concern about additional, radical change in store for TRICARE—the most important non-cash benefit earned in a 20 or more year career in uniformed service. Baldacci, a four-term U.S. Congressman and former two term governor, did not serve in the military nor did he serve on the Armed Services Committee while in Congress. In his run for reelection in 2006, Baldacci won with 38 percent of the vote in a four person race. As governor, he established a statewide comprehensive health reform system, which has received intense criticism within the State. [Source: NAUS Weekly Update 18 Mar2011 ++]

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Veterans Home Buyer Tax Credit: The Veteran's Home Buyer Tax Credit program is ending soon. Under the problem, veterans who served overseas in the past two years are probably eligible for an \$8,000 tax credit when purchasing a home. Under the extension passed late last year by Congress for veterans, a contract must be signed by April 30, 2011, but applicants have until June 30, 2011 to close the deal. Veterans should check with their professional tax preparer in regards to their eligibility. [Source: NAUS Weekly Update 18 Mar2011 ++]

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DoD PDBR Update 09: The Dignified Treatment of Wounded Warriors Act of 2008, signed by President Bush on 28 JAN 2008, provides veterans who served on active duty from Sept. 11, 2001 to Dec. 31, 2009 with an opportunity for review of the disability ratings they were given which led to their discharge from the Armed Forces. To be eligible for a Physical Disability Board of Review (PDBR) review, a veteran must have been

medically separated during the above mentioned time frame, with a combined disability rating of 20% or less, and not have been found eligible for retirement. Over half of the cases that have been completed have been changed and have made those discharged improperly, now eligible for health care, and the ability to sign up for the Survivor Benefit Plan for their families without penalty.

A final version of the application (form DD-294) was approved on January 9, 2009 and is available at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm> (under "DoD Forms Inventory 0001-0499"). Applications are now being accepted. Refer to the FAQ document for more information about the Physical Disability Board of Review. You may contact the PDBR intake unit at the following address: SAF/MRBR, 550 C Street West, Suite 41, Randolph AFB, Texas 78150-4743 Keep in mind that this office cannot discuss the merits of your application. You may wish to contact your local veterans' service organization for advice or guidance. The DoD Instruction on the PDBR process is available here: <http://www.dtic.mil/whs/directives/corres/pdf/604044p.pdf>. [Source: NAUS Weekly Update 18 Mar2011 ++]

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Reserve Retirement Age Update 23: A key portion of the 2008 National Defense Authorization Act reduced the age that retired Guard or Reserve members can become eligible to receive full military retirement benefits. However, a glitch in the law's language, which authorizes three months' retirement-age credit for each 90 days served on active duty "in any fiscal year," is being interpreted by DoD to mean that each 90-day period must fall entirely within a single fiscal year. This would mean that a Guard or Reserve member would have to start an active duty tour on the first day of a given quarter to ensure all 90 days would count. Many Guard and Reserve retirees are not likely to notice this accounting glitch until their early retirement check doesn't arrive when they expect it. NAUS is working with numerous other military and veterans organizations to try and have DoD's interpretation changed to meet the intent of the law. [Source: NAUS Weekly Update 18 Mar2011 ++]

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Louisiana Vet Honor Medals: Military veterans will be able to have their state honor medals mailed to them if they don't want to wait for Gov. Bobby Jindal to hand them out at a formal ceremony, under a bill that has been filed for the 25 APR legislative session. Rep. John Bel Edwards, D-Amite, said 16 MAR that his House Bill 28 is designed to keep in place what state veterans affairs officials are now doing by giving the veterans the option of how they want to receive their medal, which are awarded to any Louisiana resident who has served in the military and been honorably discharged. Edwards and other lawmakers have complained in recent months that the medal ceremonies are being scheduled around Jindal's availability, and some veterans are forced to wait a long time to get them. "The veterans sign up for the medal and months and months and months go by without them hearing anything," Edwards said. "Then, they get a postcard" telling them where to be and when so Jindal can hand out the awards."

Edwards' bill allows the veterans to check on the medal application form if they want the award presented at a ceremony with the governor, want the medals mailed out or delivered to the state Department of Veterans Affairs parish service office where the veteran lives. The bill requires the delivery of the medals within 45 days unless the recipient wants to attend a formal presentation ceremony. "A veteran should be allowed to state a preference," Edwards said. State Department of Veterans Affairs Secretary Lane Carson said that the mail-out option has been available since 1 FEB. "The bill is unnecessary because we do it," Carson said. Edwards said he will push the bill to make certain the state agency doesn't renege on the options. He said the mail-out option has only been in place for a little more than a month after meetings with Carson. "We have given out about 25,000 medals at 80 ceremonies and have mailed thousands more," Carson said. "We have delivered some to the service centers and have even gone to their homes and churches (to present the medals). ... We will accommodate the veterans any way they want." Legislative critics of the governor have complained for at least a year that the ceremonies are media opportunities for the governor, a claim the governor's office has denied. Edwards said he expects the bill to pass. "I don't expect opposition to this bill," he said. Jindal spokesman Kyle Plotkin said the administration supports Edwards' bill. Information on the medals can be obtained by calling 1.877.GEAUXVA or from the department's Web site <http://www.vetaffairs.la.gov/medals>. [Source: The Times-Picayune Ed Anderson article 16 Mar 2011 ++]



Honor Medals on a table waiting to be awarded during a ceremony in Chalmette in 2010.

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Bank Fees: The banking industry and the Federal Reserve are about to do battle. And they're squaring off over 12 cents. Twelve cents that add up to billions of dollars per year on debit card. Right now, every time you pay for something with your debit card, your bank makes an average of 1.14% of the purchase, or 44 cents per transaction. That adds up to about \$16 billion per year. But the Federal Reserve wants to limit this so-called interchange fee to just 12 cents per swipe. That could cost the industry upwards of \$13 billion, according to CardHub.com. Banks, naturally, are not happy about the huge potential losses. Take a \$1,000 purchase, for example. Today, banks could make more than \$10, which is paid to them by the retailer. But under the Fed's proposed rules, they would get just 12 cents. And that, they say, is not enough to cover their costs. Retailers, on the other hand, are cheering the cap, saying they will be able to pass along billions of dollars of savings to consumers. "This is a huge step in curtailing out of control fees," said Rachel Wolf, a spokeswoman for the Merchant Payments Coalition. "Because retail is such a competitive industry, any savings retailers get they are going to pass along to customers, because if you don't offer competitive prices, someone's just going to go across the street to the competitor."

The new rules are expected to become official in just three weeks and then go into effect in July. As a result, the battle is getting pitched and banks are spending huge sums lobbying against what is known as the Durbin Amendment to the Wall Street reform act passed by Congress last year. The act required the Federal Reserve to regulate the interchange fees on debit cards in order to keep retailers and consumers from paying more than their fair share for the banks' services. But Congress left it up the Fed to determine what these regulations should look like. "Many members in this body are being lobbied right now by banks and card companies to repeal this law, to undo the interchange reform that Congress passed last year. It is one of the most active lobbying efforts I've ever seen," said Illinois Sen. Richard Durbin. "Normally the card companies and the big banks are used to getting their way in this town."

Banks are already breaking out the threats to consumers. CNNMoney learned that JPMorgan Chase is considering denying all debit card purchases greater than \$50 or \$100 -- regardless of whether you select "credit" or "debit" at the register. "The debit card that we know and love today will never be the same again if this rule goes into effect," said Trish Wexler, a spokeswoman for the Electronic Payments Coalition, which represents Visa, MasterCard, credit unions and banks. "Some people will have to pay more per transaction, some people won't be able to make certain purchases, and customers are going to have a choice -- do I switch to credit, go to a prepaid card and pay for extra fees, or go to a nontraditional bank if I don't have a credit card?" Charles Scharf, the head of retail financial services at JPMorgan Chase, said in a presentation to investors in FEB that about 5% of Chase customers would have to exit the banking system if the amendment goes through as planned. Even the Consumer

Federation of America, which lobbies on behalf of consumers, says limiting the fee to 12 cents might be short-sighted. "Our take is that the current interchange fee situation is not good for consumers, but if the final rule that's established doesn't allow banks to recoup their actual cost for providing processing debit transactions, it could lead to higher costs being imposed on low to moderate income consumers," said Travis Plunkett, legislative director of the CFA.

So why do banks need to make more than 12 cents per transaction? The Fed determined that 12 cents per transaction is what it takes to make the system run. But banks say they need more. In particular, they need the extra money to help cover costs incurred from fraudulent changes. Because the current fee structure is proportional to the transaction size, the bank makes more money on larger transactions. But if they're only able to get 12 cents even for big-ticket purchases, it will be harder to offset losses. If a spending limit becomes a reality, debit card users are really going to have to re-assess their options. What choices do consumers have if the Fed and the banks can't end their showdown? For one, customers could simply go shopping for another bank. Even if the megabanks add fees or limit the amount you can buy on your debit card, there will always be other options out there, including many small, local banks, said Gail Hillebrand, a senior attorney at Consumers Union. "As usual consumers are stuck in the middle having to do our homework as we watch out for the changes and watch out for the ones affecting us adversely," she said. Tim Mayr, a CNNMoney reader, said he won't think twice before he ditches his bank if a spending cap comes along. "They've been gouging the public for years, and now they're threatening to severely limit debit cards because they will only be able to charge a reasonable fee for debit transactions, instead of four or five times their actual transaction costs," he said. "That's nonsense. If any bank actually limits debit card transactions to \$50 or \$100, I'll eat my debit card!" [Source: CNN.Money.com Blake Ellis article 11 Mar 2011 ++]

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WW1 Vet Search Update 10: Frank Buckles was buried Tuesday with the pomp and ceremony befitting the man who outlived 4.7 million other Americans who served in World War I. His flag-draped casket was carried to his gravesite at Arlington National Cemetery on a caisson led by seven horses. A seven-man firing party fired three rifle volleys and a bugler played "Taps" as hundreds of onlookers saluted or held their hands to their hearts. At the end of the graveside service, soldiers from the Army's vaunted "Old Guard" folded the flag as an Army band played "America the Beautiful." Army Vice Chief of Staff Gen. Peter Chiarelli presented it to Buckles' daughter, Susannah Flanagan. "To our comrade in arms, Frank Woodruff Buckles, our nation bestows military honors," said Lt. Col. Keith N. Croom, an Army chaplain. "In life, he honored the flag. Now, the flag honors him." Buckles lied about his age to enlist at 16. He died last month at his Charles Town, W.Va., home, at age 110. Before the burial, his body lay in honor inside Arlington's Memorial Amphitheater Chapel, guarded by an Old Guard soldier in full dress uniform. Hundreds of visitors filed by silently to pay their respects and snap pictures. Around 3 p.m., after the public viewing was over, President Barack Obama and Vice President Joe Biden arrived by motorcade to pay their respects. They spent about 10 minutes inside the chapel and offered their condolences to Flanagan.

Flanagan had wanted her father to lie in repose in the U.S. Capitol, but Congress failed to approve that plan as politicians clashed over how best to honor Buckles and other WWI veterans. The last person to lie in the Capitol rotunda was President Gerald Ford. Flanagan and other invited guests at the burial did not speak to reporters. Buckles' grave is on the side of a hill ringed by cedar trees with views of the Washington Monument, Capitol dome and Jefferson Memorial to the north. At the crest of the hill, 50 yards away, sits the grave of Gen. John Pershing, under whose command Buckles served, along with a plaque commemorating the 116,516 Americans who died in World War I. A few hundred people attended the burial, including dozens of veterans from the Patriot Guard Riders and Rolling Thunder who rode through the cemetery on rumbling motorcycles. Six Native American veterans, in uniform and full headdresses, stood at attention and held flags at the gravesite. Dignitaries in attendance included Army Secretary John McHugh, Veterans Affairs Secretary Eric Shinseki and Sens. John J. Rockefeller and Joe Manchin of West Virginia.

Buckles had devoted the last years of his life to campaigning for greater recognition for his former comrades, prodding politicians to support a national memorial in Washington. Only two known WWI veterans remain worldwide: 110-year-old survivors Florence Green in Britain and Claude Choules in Australia. Born in Missouri in 1901 and raised in Oklahoma, Buckles visited a string of military recruiters and was repeatedly rejected before

convincing an Army captain he was 18. He served as an ambulance driver in England and France, and after Armistice Day, he helped return prisoners of war back to Germany. He returned to the United States in 1920 as a corporal. During World War II, he was working as a civilian for a shipping company in the Philippines when he was captured as a prisoner of war. He spent more than three years in Japanese prison camps in Santo Tomas and Los Banos. Among those who filed by Buckles' casket was Dale E. Smith, 88, a retired fighter pilot who served in World War II, Korea and Vietnam. "I've been through three wars," Smith said. "They were easy compared to what he went through."

As Frank Buckles was being buried about 1,300 miles away in Arlington National Cemetery, almost 100 people gathered in Mount Olivet Cemetery to salute him and the rest of the 4.7 million Americans who served in World War I. A color guard from Naval Air Station Fort Worth marched slowly down a promenade that is dedicated to veterans, passing between American flags posted by more than three dozen Texas Patriot Guard Riders. The color guard, wearing Air Force and Navy uniforms, came to a halt facing a group of men dressed as American Revolution soldiers. Between them was the cemetery's Dough Boy and American GI statues. David Hall, who organized the ceremony, rang a replica of the Liberty Bell. When its final toll died, a bugler blew Taps. Wreathes were placed at the statues' base. Lt. Col. Bob Northcraft of the Dallas chapter of Sons of the American Revolution explained that they represented all the armed services. He lauded past and present members. "Corporal Buckles' motto was 'We have a duty to live,'" Northcraft said. "I would add that we also have a duty to protect the country." Hall said that Buckles called him years ago when he heard about Hall's replica bell. Buckles wanted to stand beside Hall as he rang it. But Hall decided to take the bell to Buckles and let him ring it himself. [Source: Associated Press article 15 MR 2011 ++]

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Postal Rates Update 03: New first-class stamps will no longer have a denomination on their face. That means the new stamps you buy next year can be used to mail a letter or pay a bill no matter how many times the first-class rate goes up. Every first-class stamp will be a "Forever" stamp -- those denomination-free stamps that first appeared in APR 07. The change is expected to debut with a new stamp issued on 22 JAN. We can see several pluses in this:

- You won't have to mess with 1 or 2-cent stamps whenever rates go up so you can use up your non-Forever first-class stamps.
- You'll no longer have to choose between the practical but boring Forever stamp and the more festive 44-cent stamps the post office sells.
- You won't have to anticipate every postal rate increase and plan your stamp supply accordingly.

A clever reporter picked up on the change before the official announcement date in JAN when the new first-class commemorative stamps for 2011 were officially unveiled. They are all labeled "Forever." The Postal Service says that 28 billion Forever Stamps have been sold since (they first appeared), generating \$12.1 billion in total revenue. The stamps without denominations already account for 85 percent of its stamp program, the service says. The humble stamp is now one of the best investments around. We all know postage rates are going to keep going up. A lot. Over the past 10 years, first-class postage went up 29%, compared with a 0.1% gain for the Standard & Poor's 500 Index. Generous health care and retirement promises to postal workers, combined with weak revenue because fewer people use traditional mail, have created serious pressure to raise postage rates. [Source: money.msn.com Karen Datko article 28 Dec 2010 ++]

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Tricare User Fees Update 62: If military retirees think the Pentagon plan to raise TRICARE fees does not include them, they better think again. In a statement 17 MAR, a DoD spokeswoman revealed the true target of the Department's TRICARE attack—TRICARE for Life. In response to National Association for Uniformed Services (NAUS) testimony asking Congress to "hold the line" against fee increases, DoD spokeswoman Cynthia O. Smith pulled back the curtain on the Department's plan to assert that TRICARE for Life was one of the biggest factors contributing to growing costs for military health care. DoD was responding to NAUS testimony that accused the Department of manipulating military health care data in order to blame military retirees for the rising costs of the

military health program. In the DoD statement following NAUS testimony, the spokeswoman said the problem is introduction of the TRICARE for Life benefit for elderly retirees. She also asserted that a second large factor for increasing expenses is the fact that “working age” military retirees actually use the benefit they earned as a result of a 20-year career in the uniformed service. Yes, as appalling as it sounds, you read that right. According to spokeswoman Smith, rising costs result from the earned benefit being used. It is not, according to Ms. Smith, that “working age” military retirees pay too little a share in enrollment fees. Rather, she says, it’s the fact that those who’ve earned the benefit actually use it. One is left to wonder why the more simple—those who’ve earned the benefit are using it.

NAUS also notes that neither of the factors DoD cites—TRICARE for Life or “Working Age” Use of the Earned Benefit—are part of the current Pentagon package of TRICARE fee increases. Clearly, DoD has more in mind. The plan for TRICARE increases may indeed seem “modest” at first look, but it is clear the plan is “a nose under the tent,” designed to divide the voice of retirees and start the roll-out for substantial increases in TRICARE fees and copays beyond just TRICARE Prime. Another element DoD fails to mention is its estimate that for every 10 percent increase in out-of-pocket costs, the number of beneficiaries using TRICARE Prime is reduced by one percent. With a 13 percent increase in the first year, if DoD’s estimate is accurate, we’re likely to see more than 7,700 military retirees drop out of the TRICARE Prime plan with thousands more to follow in the coming years due to the compounding increases in the program if its plan goes into effect. The DoD spokeswoman made no mention of the Wars in Iraq and Afghanistan as contributing to dramatic increases in the cost of military health care as NAUS charged. NAUS is joined in opposition to the Pentagon plan by the American Legion, the Veterans of Foreign Wars, the AMVETS, the Air Force Sergeants Association and the Jewish War Veterans. [Source: NAUS Weekly Update for 18 Mar 2011 ++]

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Tricare User Fees Update 63: Rep. Walter Jones (R-NC), and Rep. Dan Boren (D-OK) introduced legislation to strip DoD of its present authority to increase TRICARE fees and copays. H.R.1092 would, among other things express the sense of Congress that primary incentive for enduring the extraordinary sacrifices inherent in a military career is a system of promised retirement benefits, including healthcare coverage that a grateful Nation provides for those who choose to dedicate 20-30 years or more of their life to serve the Nation. It also acknowledges that while the Department of Defense has made some efforts to constrain TRICARE program costs, a large part of the Department's effort has been aimed at shifting a larger share of cost burdens to retired service members. Most important, this bipartisan bill prohibits increases in TRICARE premiums, fees and copays including charges for DOD inpatient care. Similar legislation has served as the platform for defeating assaults on earned healthcare benefits in the past. Under current law, DoD retains the authority to raise certain fees such as TRICARE Prime premiums and pharmacy copays. NAUS applauds Reps Jones and Boren for trying to make sure that promises made to military retirees are kept. Readers are encouraged to use the NAUS CapWiz system and send your elected officials an email to ask for their support for this bill. An easy way to do this is to go to <http://capwiz.com/naus/issues/alert/?alertid=36338501> and send them the editable preformatted message shown. [Source: NAUS Weekly Update 7 Jan 2011 ++]. [Source: NAUS Weekly Update 18 Mar 2011 ++]

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Advance Medical Directives Update 01: Advance directives, which allow people to plan ahead for end-of-life care, can be too vague to cover many medical situations. Now, a growing number of states are promoting another program to help guide physicians with a patient's specific instructions. The programs are known as Physician Orders for Life-Sustaining Treatment, or Polst. They are meant to complement advance directives, sometimes known as living wills, in which people state in broad terms how much medical intervention they will want when their condition no longer allows them to communicate. A Polst, which is signed by both the patient and the doctor, spells out such choices as whether a patient wants to be on a mechanical breathing machine or feeding tube and receive antibiotics. Polst programs are currently in use in 14 states and regions, including California, Oregon and New York. Three states, Colorado, Idaho and Pennsylvania, adopted Polst programs recently, and another 16 states and six regions are developing programs. Besides providing documents that meet local regulations, the programs train health-care providers to discuss end-of-life treatment choices with patients with terminal illness or anyone wishing to define their care preferences. "More than 75% of people will be unable to make some or all of

their own medical decisions at the end of life, but we don't prepare patients and their families to deal with this situation, and it's frightening and difficult for them to know what to do," says Rebecca Sudore, a physician at the University of California, San Francisco and the city's VA Medical Center.

Planning ahead for end-of-life care is meant to allow patients to reduce the amount of medical intervention, if that's what they prefer. But patients also can make clear their wishes if they prefer maximum intervention. Advance directives allow patients to make their end-of-life wishes known in the event they are unable to communicate. Here are some typical advance directives. A Polst form is an official medical order, says Susan Tolle, director of the Center for Ethics in Health Care at Oregon Health & Science University, a developer of the Polst program. Unlike an advance directive, which can be misplaced or vaguely worded, a Polst spells out specific treatment instructions and remains part of a patient's medical record. In Oregon, for example, the documents also are stored in a state registry so emergency medical technicians as well as hospitals have access to them. States that have adopted the Polst program also have put in place general protections for medical personnel who follow the directives. Advance directives, which also allow people to designate a surrogate to make decisions about care, vary state by state. While some states' forms may be highly specific, they may be printed out and stored somewhere where they can't be found when needed. Many states also accept other documents such as a form called Five Wishes that allows people to spell out what kind of quality of life they want, and make requests such as having their bodies massaged with oils for comfort.

A study supported by the National Institutes of Health last year found that patients with Polst forms were more likely to have treatment preferences documented than patients who used traditional documents such as living wills and do-not-resuscitate orders. Making end-of-life decisions when a loved one's wishes are not known can be difficult for families. End-of-life directives are controversial. Anti-abortion group LifeTree Inc., for example, opposes the signing of living wills and says life sustaining treatment should always be administered. Elizabeth D. Wickham, the group's executive director, says Polst programs provide legal protection to medical personnel for hastening death, thus encouraging imposed death on patients. Studies show that many elderly patients prefer to limit medical interventions. In one study of hospice patients, 79% wanted comfort measures only, and 20% wanted only limited additional interventions such as intravenous fluids and antibiotics. In another study only 12% of residents of a long-term skilled nursing facility wanted intensive-care unit treatment that would put them on a breathing machine.

Physicians often don't have the time or training to coach patients through end-of-life-care conversations, says Bernard Hammes, chairman of a national task force that helps develop Polst programs. In a program he designed at the Gunderson Lutheran Health System in LaCrosse, Wis., nurses, social workers, chaplains and others are trained as advance care planning facilitators to help patients and families discuss and document end of life wishes. The program, Respecting Choices, has been used as a model by dozens of health systems in the U.S. and overseas. Dr. Hammes says studies at Gunderson Lutheran have shown patients with advanced illness who have documented their wishes are more likely to prefer that their care be focused on comfort and function. They are also less likely to want to have their final medical care in a hospital, or to have interventions like CPR attempted. Those patients also use about \$2,000 less in physician and hospital services in the last six months of life, a time when the highest medical expenses often occur, he says.

Insurer Aetna began using nurse-care managers to help manage both Medicare and commercially insured patients with terminal illness in 2004, using telephone consultations with patients, doctors and families to, among other things, ensure advance directives are in place and complied with. As a result of the program, a higher proportion of members elected hospice care compared to prior years, which was associated with a decrease in the use of acute care, intensive care and emergency services, particularly for Medicare Advantage beneficiaries. Precise cost reductions couldn't be determined for patients in Medicare because it paid the costs directly, Aetna said. But in the commercially insured population, the program led to a net medical cost decrease of 22% compared to a control group not using the care-management services. Aetna has extended its terminal-illness-care management to all eligible members. "No one is suggesting that anyone be pushed in any specific direction about the choices they make for end-of-life care," says Randall Krakauer, Aetna's head of Medicare medical management. But because such choices often aren't known at a time when patients can no longer express their wishes, "by default we end up using very aggressive curative therapy which in most cases is not only inappropriate, but would not be the patient's choice."

Regardless of whether people fill out Polst forms or advance directives, or both, a coalition of health-care groups says it is important for people to make some decisions about end of life wishes and to choose a surrogate who understands their wishes to step in if necessary. The group is promoting April 16 as National HealthCare Decisions Day via its website, NHDD.org. "There is so much fear about having these discussions, when for most people the problems are going to happen when they haven't had these discussions," says Amy Berman, a senior program officer for the John A. Hartford Foundation, which focuses on improving health care for older Americans. [Source: WSJ Laura Landro article 15 Mar 2011 ++]

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Vet Toxic Exposure ~ Ft. Detrick Update 05: Maryland's public health agency says it has found no statistically significant evidence of a cancer cluster near Fort Detrick in Frederick after expanding its investigation. Dr. Clifford Mitchell of the Department of Health and Mental Hygiene reported 13 MAR on the latest phase of an investigation prompted by public concerns about the experimental use of Agent Orange and the disposal of other toxins at the Army installation decades ago. Mitchell says investigators examined 17 years of Maryland Cancer Registry cases within two miles of Fort Detrick. In October, he reported no evidence of a cancer cluster within a mile of the post, based on seven years of data. [Source: Associated Press article 14 MAR 2011 ++]

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VA Benefits in Jail Update 02: VA Benefits are restricted if a veteran, surviving spouse, child, or dependent parent is convicted of a felony and imprisoned for more than 60 days as follows:

- 1 **Disability Compensation.** Veterans benefit is limited to the 10% disability rate. For a surviving spouse, child, dependent parent or veteran whose disability rating is 10%, the payment is at the 5% rate. Any amounts not paid may be apportioned to eligible dependents on the basis of individual need. In determining individual need, consideration shall be given to such factors as the claimant's income and living expenses, the amount of compensation available to be apportioned, the needs and living expenses of other claimants as well as any special needs, if any, of all claimants. Payments are not reduced for recipients participating in work release programs, residing in halfway houses, or under community control. Overpayments for failure to notify VA of a veteran's incarceration result in the loss of financial benefits until the overpayment is recovered.
- 2 **Pension.** The veteran may not receive any VA pension benefits. However, the veteran's dependents may receive a portion of such benefits.
- 3 **Burial Benefits.** Persons convicted of a federal or state crime and sentence to death or life imprisonment without parole are barred by law from burial or memorialization in a VA national cemetery or in Arlington National Cemetery, or from receiving a government furnished headstone or marker, burial flag, or Presidential Memorial Certificate.

The Department of Veterans Affairs (V.A.) will inform a veteran whose benefits are subject to reduction of the right of the veteran's dependents to an apportionment while the veteran is incarcerated, and the conditions under which payments to the veteran may be resumed upon release from incarceration. VA will also notify the dependents of their right to an apportionment if the VA is aware of their existence and can obtain their addresses. No apportionment may be made to or on behalf of any person who is incarcerated in a federal, state, or local penal institution for conviction of a felony. An apportionment of an incarcerated veteran's V.A. benefits is not granted automatically to the veteran's dependents. The dependent(s) must file a claim for an apportionment by filling out V.A. Form 21-0788, which can be found at <http://www.vba.va.gov/pubs/forms/VBA-21-0788-ARE.pdf> and submit it to the Regional Office that has jurisdiction over the veteran's claim. [Source: Washington times Sgt. Shaft article 15 Mar and Federal Benefits for Veterans & Dependents Handbook 2010 ++]

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Post-Incarceration Health Care

VA Benefits in Jail Update 03: The Department of Veterans Affairs (VA) will extend health care to eligible Veterans in halfway houses and other temporary, post-incarceration housing under a new program aimed at cutting back on repeat offenses. "There's hard evidence that lack of access to health care, including mental health care, for newly released inmates is a factor in people becoming homeless or returning to prison and jail," said Jim McGuire, director of VA's Veterans Justice Outreach Programs. "These are Veterans who otherwise qualify for VA health care." A long-standing rule has barred VA from providing health care to Veterans for whom another federal, state or local government has an obligation to provide health care. Frequently, that means inmates of prisons and jails. Under the changed rule, that prohibition would be amended and VA would be allowed to provide health care to Veterans in halfway houses and other temporary, post-incarceration housing. An Urban Institute study in 2008 found that good health care in the first months of community reentry played a key role in easing readjustment and reducing recidivism. About 29,000-56,000 Veterans are released annually from state and federal prisons, and at least 90,000 Veterans are released each year from city and county jails, according to Department of Justice's Bureau of Justice Statistics. [Source: VA Press Release 30 Mar 2011 ++]

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VA Suicide Prevention Update 10: So far, more than 379,000 people have called the hotline, and more than 200,000 of these callers have identified themselves as Veterans, family members or friends of Veterans. The hotline has led to more than 13,000 rescues of actively suicidal Veterans. "What we don't really know is the relationship between the people who are really going to kill themselves and the population who calls," said Dr. Dean Krahn, chief of the mental health service line at the U.S. Department of Veterans Affairs center in Madison, Wis. The Department of Defense and Veterans Affairs annual Suicide Prevention Conference was scheduled for the week of 13 MAR. Registration had to close, according to online notices, because of the number of people who signed up for the conference.

The lifeline was established in 2004, and the VA partnered with the lifeline in 2007 to provide those services for veterans. By dialing "1" after calling (800) 273-TALK (8255), veterans are routed to a lifeline that caters to their specific needs. The hotline also operates an online Veterans Chat program, which provides Veterans, their families and friends with the ability to communicate anonymously online in real-time with a trained VA mental health professional. Veterans Chat can be accessed through the National Suicide Prevention Lifeline's web page at <http://suicidepreventionlifeline.org/Veterans/Default.aspx>. While each veteran's story is unique, there is a unifying thread: Combat changes you. Some veterans can cope; others cannot. Some consider suicide, and others attempt it. One doctor who works with veterans' mental health issues at Hines VA Medical Hospital in suburban Chicago said the transition to civilian life is difficult. "One thing that our servicemen and women are not always good at is reaching out for help when they come back," said Thomas Nutter, assistant chief of mental health. Some veterans end up taking their own lives. The VA reported nearly 11,000 suicide attempts and about 700 deaths in 2009. Calls veterans make to the lifeline have been increasing by about 20,000 each year. "Part of it is the education and the efforts of the VA," Krahn said. "Part of it is probably a jump in suicide ideation, but I'm sure it's not a 100 percent jump."

Only half of veterans seek out VA services, which means that the numbers likely are higher, said Kristen McDonald, suicide prevention coordinator at the VA Healthcare Center in Palo Alto, Calif. For the other half not seeking care through the VA, finding reliable data is difficult. "What we're finding is that veterans getting care from (the VA) are less likely to attempt suicide," McDonald said. There is preliminary evidence suggesting that veterans ages 18 to 29 who use VA health care services, compared to veterans who don't, have decreased suicide rates, McDonald said. This decrease translates to about 250 lives per year. In the same vein of outreach, the VA created an awareness campaign for mass transit lines in 2008 to help veterans and their families learn about the toll-free crisis lifeline. In late 2010, Chicago became one of 11 cities in which the campaign was expanded. Advertisements for the lifeline could be found on CTA buses and elevated train platforms around the city.

The Army's Health Promotion Risk Reduction Suicide Prevention Report published in July details Army suicide prevention programs. A holistic approach to mental health, including resiliency training and understanding risk factors are cornerstones of the report. The four pillars of the prevention program are educating participants, reducing stigma, providing resources and involving families. The report also deals with the misconceptions associated with seeking help as a veteran or soldier. The typical non-active duty suicide is committed by a young, white male junior

enlisted soldier, the report shows. "Certainly going to war can be difficult for your mental health," said Krahn, at the VA in Madison. "Seventeen percent come back with post-traumatic stress disorder and others come back with (similar rates of) depression, and a chunk of both of those drink heavily." Gunshot wounds are the most frequent cause of death in these suicides, the report states. "For veterans, your weapon is your security. It keeps you safe," said Nutter, at Hines VA. "As a group, they are more likely to have weapons, and those with weapons in their homes are most likely to complete suicide."

Nearly 700 soldiers committed suicide while in Vietnam, according to a spokesman for the 50th anniversary of the Vietnam War Commemoration Commission. While no data is publicly available, estimates of suicides committed by Vietnam veterans, depending on the source, range from 2,000 to 300,000. "The hardest part for everybody to deal with is that lots of people care a lot about this group of people who have risked their lives for us," Krahn said. "So we all are sort of desperate for a single, simple answer, and it's very unlikely that it's a single, simple answer. And so I think one of the great risks is that instead of sticking with this project probably for months, years and decades, we'll get into fights with each other about: 'We invested in this why isn't it fixed?'" [Source: Medill News Service Bernard A. Lubell article 13 Mar 2011 ++]

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VA Caregiver Program Update 06: Veterans Affairs officials promised 11 MAR that traumatic brain injury victims will be covered under new caregiver benefits scheduled to start this summer, but veterans advocates remain skeptical. "It still seems like there are so many things they don't understand about what the care needs are for these veterans," said Sarah Wade, the wife of an Iraq War veteran who suffered TBI in a roadside bomb blast. In testimony before the House Veterans Affairs Committee, Veterans Health Administration Undersecretary Robert Petzel said that "large numbers of TBI patients will be eligible" when the final benefits rules go into effect later this year. He anticipates the program will launch by June, although he acknowledged the program is already well behind its original January 2011 start date.

The caregiver program, passed by Congress last year, is designed to give financial support and training tools to at-home caregivers of wounded Iraq and Afghanistan veterans. Veterans groups hailed its passage last year as a way to help both the injured troops and their families, many of whom have left their jobs to care for their loved ones full time. But when draft regulations were released earlier this year, those same groups bristled at what they saw as narrow definitions of which troops and caregivers would be eligible. VA officials blamed the complexity of the new program on the conflict, and said he anticipates troops who suffered varying levels of traumatic brain injury to be eligible under the rules. "Without a doubt, our intention is that those individuals will be included," said Deborah Amdur, chief consultant for VHA's care management. "You will be eligible if you have an individual who needs supervision to remain at home." But officials from the Wounded Warrior Project noted that the regulations call for coverage of TBI victims with "clinical needs," and they still worry that the caregiver benefits will be made available only to the most severely injured troops. "TBI is not only the signature wound of this war, it's the signature wound of this law," said Ralph Ibson, national policy director for the Wounded Warrior Project. "This is not a difficult law to understand. The eligibility language is plain on its face."

Wade, whose husband Ted now lives at home with her after two years recovering at Walter Reed, had been a driving force behind the caregivers benefits legislation. The couple appeared alongside President Barack Obama when the measure was signed into law last year, and were repeatedly referenced as a model for the new benefits. But the Wades and Wounded Warrior Project officials say that under the regulations as currently written, they would not be eligible for the benefits because Ted's injuries are not severe enough to require 24-hour medical supervision. Tom Tarantino, legislative associate for the Iraq and Afghanistan Veterans of America, said officials there were disappointed and dismayed when they saw the draft regulations. His group estimated that about 3,000 caregivers would receive benefits under the original intent of the law. VA officials estimate that between 750 and 1,000 will be covered under the current rules. In early March, leaders of the Senate and House veterans affairs committees sent a letter to Obama criticizing the VA's narrow focus in the regulations, saying they "create undue hardship for veterans and family caregivers meant to be helped by the new program." Petzel said the final regulations will be released in May, but he is confident that a broad range of wounded veterans — including TBI patients — will be covered. [Source: Stars & Stripes Leo Shane article 11 Mar 2011 ++]

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VA Hospitals Update 07: Veterans, their family members and their healthcare providers can now go online to compare the performance of their local Department of Veterans Affairs (VA) hospital against other VA hospitals. This new service launched just last year. That is when the VA opened its Hospital Compare website to the public. This important step is consistent with the VA's declared intent to achieve total transparency in veteran's healthcare. Pathologists and clinical laboratory managers will want to check out this website to see how the quality performance of different VA hospitals is presented to patients and the public. In a Modern Healthcare article, Robert A. Petzel, M.D., the VA's Under Secretary for Health, said that his goal was to "create an atmosphere of trust," with Congress, with veterans, and with anyone whose interests lay with the VA's healthcare. "Being transparent about your performance data," said Petzel, "is one of the ways you build trust with those various groups."

Pathologists and clinical laboratory managers are well aware that transparency in healthcare is becoming a driving force in their industry. In the past year, several states have gone online with their own hospital comparison websites. Dark Daily recently covered the opening of Washington State's Quality Indicators Search Page in an article titled "Hospital Outcomes Transparency Gets New Tools in Washington State." The VA's opening of a similar hospital comparison website continues to fulfill the pledge made by Secretary of Veteran's Affairs General Eric K. Shinseki, U.S. Army (Ret.), in 2009, that the VA would be "open and accountable." The VA has come a long way since releasing its first Hospital Quality Report Card in 2008. That report delivered raw data in PDF format. Although this information was thorough and informative, it required extreme diligence to analyze. Patients needed to study it carefully to arrive at any meaningful conclusion. The new VA Hospital Compare website presents two data sets or "dashboards." They include:

- "LinKS (Linking Information Knowledge and Systems). This data set summarizes outcomes in areas such as acute care, safety, intensive care, and other health measures; and,
- "ASPIRE, which documents quality and safety goals for all VA hospitals, plus how well the hospitals are meeting those goals."

The VA enthusiastically describes the new Hospital Compare website, writing: "Just like an auto dashboard shows how your car is driving, the public website is the VA's 'quality dashboard' with goals and how well VA meets them." The VA's Hospital Compare tool is divided into areas of Outcomes and Process Measures plus Surgical Care Improvement Project (SCIP):

1. Outcomes and Process Measures: Similar to other hospital comparison sites, the VA compiles data on three types of medical conditions that the VA claims "give a good snapshot of the quality of care that hospitals give." Pathologists and clinical laboratory managers will recognize that some of these medical conditions require extensive use of medical laboratory tests to properly treat the patient and deliver an improved outcome. The VA's website includes data on Congestive Heart Failure, Heart Attack, and Pneumonia. The data is then broken out by three additional parameters: Process of Care Measures, Readmission Rates, and Mortality Rates. The user simply selects the state and medical condition to be researched and the Hospital Compare website displays the data for all VA hospitals in that state. Process Measures data is displayed as a percentage of patients who received specific treatments, and Readmission and Mortality rates are shown as check marks under three categories:

- Lower than National VA Rate
- Within National VA Rate
- Higher than National VA Rate

The VA "risk adjusts" the readmission and mortality rates to account for some hospitals treating sicker patients than others. It does this using so-called "complex math" to create a fair comparison between hospitals.

2. Surgical Care Improvement Project (SCIP). SCIP's focus is on reducing preventable surgical complications due to Infection, Blood clots, Cardiac, and Respiratory problems. Data is categorized as percentages of patients who received specific treatments. All of the data on the VA's Hospital Compare is calculated using the records of patients discharged from 2008 to 2009.

In its survey of this website, Dark Daily believes it could use some tweaking to make it more user friendly. However, as promised by the VA leaders, all the data is there. This data enables veterans and their families to make more informed healthcare decisions. That is the end goal of transparency. None of the government health programs have yet to create some type of informational database on clinical laboratories. But that day grows ever nearer. Alert pathologists will note that, once the VA put up its first hospital performance data in 2008, it took less than 24 months for the VA to create a more accessible website for patients. This could be considered an important sign that there is a commitment among the leaders of different federal health programs to be better and faster at making useful provider outcomes data available to patients via a website that is easy for consumers to navigate. [Source: DARK Dailey Michael McBride article 14 Mar 2011 ++]



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VA Hospitals Update 08: Hospitals serving U.S. military veterans are moving fast to improve care after the government opened a trove of performance data -- including surgical death rates -- to the public. The U.S. Department of Veterans Affairs in November started posting online at <http://www.hospitalcompare.va.gov> comparisons of the nation's 152 VA hospitals based on patient outcomes: essentially, how likely patients are to survive a visit without complications at one hospital compared with the rest. This unusually comprehensive sort of consumer information on medical outcomes remains largely hidden from the tens of millions of Americans outside the VA system, including many of those in the federal Medicare system. While many of the nation's nearly 23 million veterans have yet to catch on to the program, the quick response by some poor-performing VA hospitals underscores the potential impact of releasing such data. The information was released at the urging of VA Secretary Eric K. Shinseki. Among other things, it presents hospitals' rates of infection from the use of ventilators and intravenous lines, and of readmissions due to medical complications. The details have been adjusted to account for patients' ages and relative frailty.

Hospitals that fall into the bottom 10% of national results can expect the VA to intervene with actions ranging from urging medical improvements to dismissing doctors. "The VA secretary pays attention to this," says William E. Duncan, the agency's associate deputy undersecretary for health quality and safety. "Unless people in the VA system have an organizational death wish, they will pay attention to this, too." When VA hospitals in Virginia and Oklahoma learned an abnormally high number of their patients contracted pneumonia while on ventilators, they took steps to cut the rates. And a hospital in Kansas City, Mo., that recently ranked relatively poorly on surgical-death rates says it has improved by making staffing and other changes in radiology, cardiology and emergency medicine, including better avoiding hospital-borne infections. Still, after seeing that the Kansas City VA Medical Center's posted surgical-death rate was about 79% higher than expected for the severity of its patients' illnesses, a veteran might opt for the VA hospitals in St. Louis; Columbia, Mo.; or Wichita, Kan.; which posted relatively lower surgical-fatality rates. Former soldiers, sailors, airmen and women and Marines are free to choose among VA facilities. "Why would we not want our performance to be public? It's good for VA's leaders and managers, good for our work force, and most importantly, it is good for the veterans we serve," Mr. Shinseki said in an emailed statement.

The same sort of information is nearly impossible for most Americans outside of the VA system to get. Medicare, the nation's largest medical-insurance program, publishes risk-adjusted death rates only on patients suffering from congestive heart failure, heart attacks and pneumonia. Medicare directly serves nearly 50 million patients, and most other Americans get essentially the same care and information about their hospitals as do Medicare recipients. A November 2010 report from the Health and Human Services inspector general concluded that one in seven Medicare patients is harmed by medical care, nearly half of those avoidably. Medicare spends billions of dollars every year for

care of patients who have been rehospitalized or endure lengthy hospital stays after bleeding, infections and other post-surgery complications. Rehospitalization alone costs upwards of \$15 billion a year, according to estimates by Medicare and others. Medicare does publish extensive data about medical processes, such as whether a heart-attack victim was given an aspirin or a beta-blocker. "More is planned in the way of outcomes measures," said Michael T. Rapp, Medicare's director of quality measurement. He says the agency later this year will publish details such as post-surgery respiratory failures, accidental punctures and surgery deaths from certain complications.

One reason the VA can offer such detailed data is that it operates a closed, centrally managed system, whereas Medicare and the broader health-care system encompass a wide array of hospitals with disparate management and computer systems. The VA's November data release was the first version and will be made more user-friendly, Dr. Duncan says. The system's results aren't broken down by specific type of operation-say, how a patient might fare in liver or prostate surgery-but the VA's Dr. Duncan says that is being considered. Nor has the VA embraced another step advocated by some medical-quality experts: Checking to see, for instance, whether a patient is cancer-free a year after surgery, or whether a patient's reconstructed knee works right. At VA hospitals in Oklahoma City and Salem, Va., the rate of pneumonia acquired by patients on ventilators was shown last fall to be significantly higher than the national VA average. The Salem hospital says a relatively low number of patients on ventilators skewed its infection rate higher, but staff members at both facilities say the numbers prompted action. Seeing the data helped, says the Salem hospital's chief of surgery, Gary Collin, because "you can become kind of complacent." VA officials say the data push hospitals to constantly improve. "There's always a bottom 10%," says VA Deputy Undersecretary William C. Schoenhard. "When one hospital improves, somebody else goes in the barrel." Some information the VA publishes, by hospital is:

- Surgical death rate, over the past 12 months
- Acute-care death rate
- Intensive-care unit death rate
- Ventilator-acquired pneumonia rate
- Rate of intravenous-line infections
- Hospital readmission rate

[Source: Wall Street Journal Thomas M. Burton article 29 Mar 2011 ++]

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VA Home Loan Update 25: VA loan is also known as Veterans Administration loan or VA Home Loan. It is established for the veterans of the United States of America who provide services to the nation in military. This loan is designed by the United States Department of Veterans Affairs and handled by them. Besides providing various other facilities to the veterans of this country, this loan helps them and their families to have the ownership of a house. VA loan is a type of mortgage loan, however it is less complication and far better than other types of mortgage loans. To obtain this loan, a person does not have to contact the Department of VA because it does not grant loans directly. The person has to contact the lenders and banks that approve the VA loans. There are so many veterans who are unaware of this opportunity provided to them to own a house. Twenty-seven million veterans can apply for this loan. VA loan cannot be just used to purchase a house; it can also be used for various other reasons. For example; 100% refinancing option is available, this loan can be used to expand or improve an existing loan, it can be used to purchase other mortgages etc. In other words, a VA loan is not available only for the first time home buyers. However, people cannot buy investment properties through this loan and the amount of money that can be borrowed on this loan is up to \$417,000. In some states of America this amount may vary.

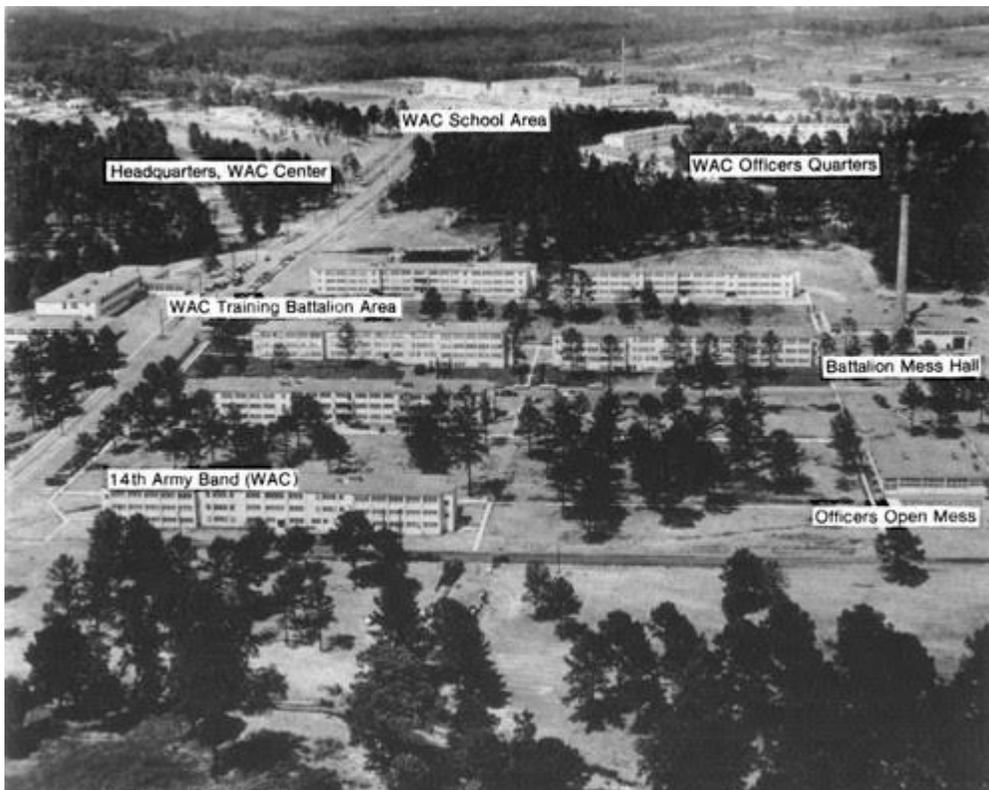
In the VA loan program the borrower does not make any down payment instead the VA department makes a deal with the lender that if the borrowers goes default then the department will cover quarter or half of the loan. The lenders then feel protected because they are convinced that rather than receiving heavy fees they have a guarantee from the government. Moreover, the interest charged on these loans is also very low as compare to the other mortgage loans leading to lower amounts of payment each month. This way the veteran can save thousands of dollars every year in their accounts. The duration of payment of this loan is between 15 to 30 months. Retired and discharged personnel of military can also apply for this loan. However, the discharged person must not have been released from service due to dishonesty and must have served the military for a minimum three months. To get more

information on the VA loans you must consult a VA loan specialist who will tell you whether you are eligible for this loan for not. [Source: <http://www.stockmarketsreview.com> article 13 Mar 2011 ++]

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Vet Toxic Exposure ~ Ft. McClellan: Many Veterans of the Vietnam War are now applying for benefits for presumption of service connected diseases related to their service being exposed to agent orange. This is due to the VA announcing on 3/9/2010 a aggressive initiative to solicit private sector input on a proposed fast track for Veterans claims for illnesses due to agent orange. At the time they expected 200,000 claims and a average of 90 days to process the claim. Presently there are complaints that it is taking longer. This is due to more claims being submitted than they had envisioned and their staff limitations. Veterans applying who in the past were refused acceptance into the VA dollars per month disability which is non-taxable. You can apply online at <http://www.va.gov> where there is also information of the diseases that are presumed service related. This list is growing as we veterans are aging. Many people do not realize that PCB is a principal component of agent orange. Or that Monsanto was the company manufacturing PCB and helping the Military make agent orange. It is due to this relationship that Anniston, Alabama is the site of one of the worst cases of chemical poisoning. They had Monsanto dumping tons of PCBs into the town and Fort McClellan nearby where the Army had their only stateside factory producing live agents of agent orange.

Fort McClellan was the army training fort for the WAC basic training. The population on the fort was 10,000 and many lived in Anniston where they were doubly exposed with PCBs. The Army Engineers stored their canisters of agent orange near the barracks of the WACs in basic training. There is a saying in applying for benefits that there is a 1 boot rule. Which means if you stepped even 1 foot into Viet Nam or Thailand you have agent orange poisoning. However, this rule does not seem to apply to the WAC's who lived there and their boots stepped all over the Fort in the footsteps of the engineers in the factory. As well as the smoke that was breathed from their factory.



Fort McClellan

Fort McClellan was officially closed in 1999 and is now operated by the Alabama National Guard. For much of its history, Fort McClellan was one of the principal chemical and biological training centers for the Defense Department. The Chemical Defense Training Facility at McClellan was the only facility in the country where live chemical agents were used in training. All military personnel who work with chemical weapons were required to train in the sealed chamber at this location, where they face live agents in full protective gear. Over 28,000 personnel have been through the facility. McClellan had other facilities and training programs for the disposal and detection of nuclear, biological, and chemical (NBC) weapons. The post was also a major military police training center. The Fort covers 45,680 acres, much of which is training range that is still in use, administered by the National Guard, and as a support facility for operations at Anniston Army Depot, a major chemical weapons storage site nearby. During the 2nd session of the 11th Congress H.R.6238, The Fort McClellan Health Registry Act was introduced which if passed would have directed the Secretary of Veterans Affairs to establish a registry of certain veterans who were stationed at Fort McClellan. Unfortunately, this bill dies with the close of the 11th Congress and has not been reintroduced. [Source: Veterans Today Rebecca H. Fass article 14 Mar 2011 ++]

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Saving Money: Many of us fool ourselves into thinking that we own a home. In reality, it's usually the other way around. Homes require a large dose of tender loving care, and ongoing maintenance is one of the realities that homeowners have to live with. But houses don't talk, and as homeowners, we often find ourselves playing doctor to a patient who won't tell us how bad his disease really is. When it comes to roof maintenance, there are times when we know something needs to be done – but we're not sure exactly what it is. Does the roof just need to be repaired? Or is a completely new roof the way to go? Roof damage is usually gradual but often inescapable. There are several factors that can contribute to it...

1. **Condensation:** A poorly ventilated attic can be a prime contributor to condensation caused by a large temperature difference between attic air and outside air.
2. **Wind:** Large gusts or periods of sustained high winds can lift the edges of roof shingles and cause water or other unwanted elements to seep in underneath. From there, it can work its way to the deck of the roof and cause rotting.
3. **Sun:** Sustained exposure can cause gradual deterioration of roofing materials. A roof with a southern exposure is especially vulnerable.
4. **Rain:** When shingles are missing or damaged, water can get in and cause damage to ceilings, walls, insulation, and electrical systems.
5. **Snow and ice:** Ice dams often form when melting snow re-freezes at a roof's overhang. When this happens, drainage into the gutter becomes blocked, causing water to sometimes back up under the shingles and seep into the interior of the house.
6. **Trees and leaves:** Tree branches blown by the wind can often become lodged under shingles or puncture them. Leaves on a roof surface can retain moisture and sometimes cause rotting or block gutter drainage.

There are several factors to consider when trying to decide how extensive of a roof repair job you need to make. If you find yourself constantly wearing an umbrella while walking in your house, the decision is usually an easy one. But in most cases, your house prefers to tease you with subtle clues rather than making things blatantly obvious. Here are some things to look for:

1. **Moisture:** Look at your interior walls. Are there moisture marks or brown stains? Is the paint peeling? These can all be signs of roof leakage. If the leak is relatively small, then a short-term repair may be all you need for now. But if there is extensive moisture damage to the roofing layer, you should consider a full roof replacement.
2. **Missing or damaged shingles:** There are many factors that could cause shingles to be curled, split, torn, or completely missing. If the damage is localized, then a simple repair may suffice. But if more than 30 percent of the entire roof is damaged, then a new roof may be a better answer.
3. **Recent catastrophe:** Did the damage occur as a result of something like a recent tornado or hurricane? If so, then you should definitely consider replacing the entire roof. Very often, there's a level of damage beyond what you are easily able to see. Bigger problems can be lurking around the corner and it's much better to be safe than sorry.
4. **Age:** How old is your roof? Is it past its expected lifespan? Do you even know what its expected lifespan is? It can vary greatly depending on what type of roofing material you have. To give you an idea, here are the expected shelf lives of some common types of roofing materials:

- Asphalt shingles: These are the most commonly used roofing materials and they can typically be counted on to last between 15 and 20 years. Some of the newer variants are higher in quality and can be good for up to 40 years.
- Wood shingles: Typically made from cedar, southern pine, or redwood, this type of shingle can last at least 15 years and, depending on the quality and type of wood, for several decades.
- Slate shingles: Although expensive, slate is considerably durable and highly resistant to the elements. Slate roofs can often be expected to last for up to 100 years.
- Clay or concrete tile: Another extremely durable, although heavy, roofing material is clay or concrete tile. Commonly found in the Southwest, clay roofs are nearly immune to damage and have a shelf life of 200 years or more.
- Metal and aluminum: A common fixture in commercial buildings but now becoming increasingly popular in residential applications as well, metal roofs are extremely sturdy and fare extraordinarily well in the face of storms, hurricanes, wind, rain, and, fire. They are capable of lasting for centuries.

If you are not sure what kind of treatment your roof needs, enlist the help of an experienced roofer. After a thorough inspection, he may recommend an overlay, where only the upper layer of shingles is replaced. On the other hand, he could determine that a completely new roof is needed. The short-term cost may look high, but in the long term you might be saving yourself not only a lot of future grief but also a lot of future money. Whatever you do, don't wait for your house to start shouting at you. Treat the problem early by making your roof a priority. [Source: <http://www.roofery.com> & Money Talks News Herbert Norton article 25 Mar 2011 ++]

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Notes of Interest:

- **COLA Watch.** Inflation stayed tame in February, albeit with a pair of caveats to which millions of Americans can immediately relate. Gasoline prices jumped another 4.7 percent, even more than in January, while food costs increased 0.6 percent, the most in two and a half years, the Labor Department announced this morning. As a result, the Consumer Price Index rose 0.5 percent in February, the largest increase since June 2009. But excluding food and energy costs, core prices rose 0.2 percent, the same as in January.
- **Saving Money (Gasoline).** The 15 MAR edition of the Bulletin under Saving money stated, "Driving with the windows down creates drag which means that your engine has to work harder to keep your car at the current speed; this burns more gas than if you just ran your air conditioner. A subsequent report by AARP states there is no significant difference in fuel efficiency, according to tests.
- **Visa Personal Payments.** Visa says it will soon allow its cardholders to pay each other instead of going through merchants. "No cash on hand to pay the babysitter? Owe your mom \$10? Soon you'll be able to send payments directly to their Visa card," MSNBC reports. The service should roll out nationwide this summer.
- **Personal Wealth.** CNN Money reports, "The average American family's household net worth declined 23 percent between 2007 and 2009, families that owned stock saw their portfolios drop by more than a third to \$12,000 from \$18,500, on average, and the value of primary real estate holdings decreased by an average of \$18,700."
- **Rewards Programs .** Wells Fargo stopped its debit rewards program for new customers 27 MAR, while SunTrust will do the same on 15 APR and Chase has set a 19 JUL deadline. These rewards programs are the newest target in the heated battle between banks and the Federal Reserve over a proposed rule that would limit swipe fees – or the amount retailers must pay the bank every time customers use their debit cards.

[Source: Various 16-31 Mar 2011 ++]

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Medicare Fraud Update 64:

- **Detroit MI** - The FBI says two sisters wanted for health care fraud in the Detroit area are back in the United States after they were captured in Colombia. Caridad Guilarte (Gill-AHR'-tee) and Clara Guilarte were indicted in 2009 in an alleged scheme to reap millions from the Medicare program through bogus billings. FBI spokeswoman Sandra Berchtold says the sisters were flown to Miami on 13 MAR, a day after they were arrested while trying to board a plane in Colombia. The Guilartes eventually will be transported to Detroit. Defense attorneys haven't been assigned yet. The Guilartes are accused of collecting more than \$4 million from Medicare for procedures that were unnecessary or not performed. They were on a list of top 10 medical-fraud fugitives.
- **Baton Rouge LA** - Federal prosecutors say three Baton Rouge have been sentenced for swindling more than \$1 million from Medicare. All had pleaded guilty. On 16 MAR, U.S. District Judge Brian A. Jackson sentenced former lawyer and businessman Alton Bates to 34 months in prison and ordered him to pay restitution of \$1,063,000. Bates said his frauds began after he relapsed into alcoholism. But Assistant U.S. Attorney Rene I. Salomon told Jackson that Bates' primary focus had been on "making money" by billing Medicare for nonexistent psychotherapy services. The Advocate reports Robert Ivory Levy was sentenced to 15 months and ordered to pay restitution of \$120,000. Juanita A. Hilton was sentenced to three years of probation, with the first six months to be served at a local halfway center.
- **Miami FL** - Dr. Fred Dweck, a retired chief of surgery at two Broward County hospitals, was sentenced 25 MAR to two years in prison for Medicare fraud. The Judge also ruled that the 75-year-old doctor must serve an additional two years of home confinement after he completes his prison sentence. The judge cited Dweck's "extraordinary health issues" and advancing age. Dweck, former chief of surgery at Hollywood Medical Center and Pembroke Pines Memorial Hospital, was facing between six and seven years in prison under sentencing guidelines for his multimillion-dollar crime against the federal Medicare program for the elderly and disabled. He pleaded guilty last year to playing a central role in a fraud conspiracy by referring 858 Medicare patients to Miami-Dade home healthcare agencies for unnecessary diabetic and other medical services. He admitted signing prescriptions and other paperwork to make it look like the patients needed nurses to visit their homes for insulin injections and other therapy that they didn't actually need, at the federal government's expense. Dweck worked at Courtesy Medical Group and other Miami-Dade clinics that referred the Medicare patients to a host of home-care agencies, generating \$37 million in fraudulent claims and \$22 million in payments between 2006 and 2009. His payoff from the part-time job: In 2009 alone, prosecutors say he received \$200,000. Dweck is among more than 30 defendants -- doctors, nurses, patient recruiters and patients -- who have been charged and convicted in the government's widening Medicare fraud probe that originally focused on two Miami-Dade agencies. ABC Home Health Care and Florida Home Health Providers, billed Medicare for \$22 million and were paid \$15 million between 2006 and 2009. Only one defendant, Dr. Jorge Dieppa, was acquitted at trial.

[Source: Fraud News Daily 16-31 Mar 2011 ++]

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Medicaid Fraud Update 35:

- **New York City NY** - Tiny storefront medical clinics are ringing up multimillion-dollar tabs for Medicaid-funded ambulette rides -- with annual payouts topping those received even by the city's largest hospitals and nursing homes. The doctor who requested the most patient ambulette rides in the state is Dr. Abraham Demoz, an internist who runs Sunshine Medical Center, a house-turned-clinic in Canarsie with two satellite storefront offices. Demoz authorized 110,894 one-way trips in 2009, the latest year available, for a total Medicaid-paid cost of \$3.4 million. By comparison, Beth Israel Medical Center, the No. 2 authorizer of ambulette services, ordered just 76,159 trips, which cost Medicaid \$2.5 million. Reimbursements from the ambulette rides -- ranging from \$25 to \$35 per one-way trip -- go to the van owners, not the doctors. Demoz said he works with five other doctors at Sunshine Medical Center and that as a primary-care physician, he's the one who writes the authorizations for his and their disabled patients so they can visit

dentists, specialists, pharmacies and the like."The government gives [patients] the right to go anywhere authorized," Demoz said. "If they, say, go to the supermarket, guess what? I don't know. I'm a doctor. . . . I'm just doing my job, and my job is to take care of patients." Demoz said he met with Medicaid investigators last year. Sources said he remains under scrutiny by the attorney general.

[Source: Fraud News Daily 16-31 Mar 2011 ++]

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State Veteran's Benefits: The state of Maryland provides several benefits to veterans as indicated below. To obtain information on these refer to the “**Veteran State Benefits MD**” 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
- Health Care
- Other State Veteran Benefits

[Source: <http://www.military.com/benefits/veteran-benefits/maryland-state-veterans-benefits> Mar 2011++]

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Military History: The raid at Los Baños in the Philippines, early Friday morning on February 23, 1945, was executed by a combined U.S. Army Airborne and Filipino guerrilla task force, resulting in the liberation of 2,147 Allied civilian and military internees from an agricultural school campus turned Japanese internment camp. It has been celebrated as one of the most successful rescue operations in modern military history. It was the second precisely-executed raid by combined U.S.-Filipino forces within a month, following on the heels of the Raid at Cabanatuan at Luzon on 30 January, in which 512 Allied military POWs had been rescued. As a result of the raid Frank Buckles -- the last surviving World War I veteran until his recent death -- was released from captivity. The outstanding success of the Los Baños raid incorporated many facets that revolutionized generations of future special military operations. Thorough planning, reliable intelligence, stealth, speed and surprise, superior firepower, cooperation by friendly forces, and support of the populace gave the planners and forces implementing the raid an advantage that resulted in few casualties. To read more about this refer to this Bulletin’s “**Los Baños Raid**” **attachment**. [Source: http://en.wikipedia.org/wiki/Raid_at_Los_Ba%C3%B1os Mar 2011 ++]

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Military History Anniversaries: Significant April events in U.S. Military History are:

- Apr 01 1865 - Civil War: Battle of Five Forks - In Siege of Petersburg, Confederate General Robert E. Lee begins his final offensive.
- Apr 01 1945 - WWII: Operation Iceberg - United States troops land on Okinawa in the last campaign of the war.
- Apr 01 1948 - Cold War: Berlin Airlift - Military forces, under direction of the Soviet-controlled government in East Germany, set-up a land blockade of West Berlin.
- Apr 01 1954 - President Dwight D. Eisenhower authorizes the creation of the United States Air Force Academy in Colorado.
- Apr 02 1865 - Civil War: The Siege of Petersburg is broken - Union troops capture the trenches around Petersburg, Virginia, forcing Confederate General Robert E. Lee to retreat.
- Apr 02 1917 - WW I: U.S. President Woodrow Wilson asks the U.S. Congress for a declaration of war on Germany.
- Apr 02 1972 - Vietnam: The Easter Offensive begins - North Vietnamese soldiers of the 304th Division take the northern half of Quang Tri Province.

- Apr 03 1865 - Civil War: Union forces occupy the Confederate capital of Richmond, Virginia.
- Apr 03 1942 - WWII: The Japanese begin their all-out assault on the U.S. and Filipino troops at Bataan.
- Apr 03 1945 - WWII: US 1st army conquers Hofgeismar, Germany
- Apr 04 1917 - WWI: The U.S. Senate votes 90-6 to enter World War I on Allied side.
- Apr 04 1918 - WWI: The Battle of the Somme ends.
- Apr 05 1968 - Vietnam: Operation Pegasus was launched by the 1st Air Cavalry Division to relieve the marines at Khe Sanh.
- Apr 06 1862 - Civil War: The Battle of Shiloh begins - in Tennessee, forces under Union General Ulysses S. Grant meet Confederate troops led by General Albert Sidney Johnston.
- Apr 06 1865 - Civil War: The Battle of Sayler's Creek - Confederate General Robert E. Lee's Army of Northern Virginia fights its last major battle while in retreat from Richmond, Virginia.
- Apr 06 1917 - WWI: The United States declares war on Germany (see President Woodrow Wilson's address to Congress).
- Apr 06 1972 - Vietnam: Easter Offensive - American forces begin sustained air strikes and naval bombardments.
- Apr 07 1862 - Civil War: Battle of Shiloh ends - the Union Army under General Ulysses S. Grant defeats the Confederates near Shiloh, Tennessee.
- Apr 07 1943 - Holocaust: In Terebovlia, Ukraine, Germans order 1,100 Jews to undress to their underwear and march through the city of Terebovlia to the nearby village of Plebanivka. There they are shot dead
- Apr 07 1945 - WWII: The Japanese battleship Yamato, the largest battleship ever constructed, is sunk 200 miles north of Okinawa while en-route to a suicide mission in Operation Ten-Go.
- Apr 07 2003 - Gulf War: U.S. troops capture Baghdad; Saddam Hussein's regime falls two days later.
- Apr 09 1865 - Civil War: Robert E. Lee surrenders the Army of Northern Virginia (26,765 troops) to Ulysses S. Grant at Appomattox Courthouse, Virginia, effectively ending the war.
- Apr 09 1916 - WWI: The Battle of Verdun - German forces launch their third offensive of the battle.
- Apr 09 1917 - WW I: The Battle of Arras - the battle begins with Canadian forces executing a massive assault on Vimy Ridge.
- Apr 09 1937 - The Kamikaze arrives at Croydon Airport in London - it is the first Japanese-built aircraft to fly to Europe.
- Apr 09 1942 - WWII: The Battle of Bataan/Bataan Death March - United States forces surrender on the Bataan Peninsula
- Apr 09 2003 - Invasion of Iraq: Baghdad falls to American forces.
- Apr 10 1972 - Vietnam: For the first time since NOV 67, American B-52 bombers reportedly begin bombing North Vietnam.
- Apr 11 1951 - Korea: President Truman fires General Douglas MacArthur as head of United Nations forces in Korea.
- Apr 12 1966 - Vietnam: 1st B-52 bombing on North Vietnam
- Apr 13 1861 - Civil War: Fort Sumter surrenders to Confederate forces.
- Apr 14 1918 - WWI: Douglas Campbell is 1st US ace pilot (shooting down 5th German plane)
- Apr 14 1945 - WWII: US 7th Army & allies forces captured Nuremberg & Stuttgart in Germany
- Apr 09 2003- Invasion of Iraq: Baghdad falls to American forces.

[Source: Various Mar 2011 ++]

Military Trivia 25:

1. The rationing program was supervised by the Office of Price Administration (OPA). It was originally set up to control prices in August 1941 by Presidential Executive Order with the intent to control inflation. After the war

stated in December 1941, its powers were extended to include the rationing of key items, such as tires, automobiles, shoes, nylon, sugar, gasoline, fuel oil, coffee, meats and processed foods. 90% of retail food prices were frozen.

2. The main reason for rationing gas was save rubber. The Allies controlled about 80% of the world's oil production. The Japanese controlled most rubber production. In order to save rubber, gas was rationed. The tire re-cap business boomed.

3. The most restrictive gas ration card was known as the 'A' card. It allowed the holder to purchase four gallons in a week. Persons who had 'A' cards were considered as non-essential users. By 1945 more than half the cars on the road had 'A' stickers. 'B' cards allowed eight gallons but you had to be classified as an essential worker, such as working in an war plant. 'C' cards were issued to physicians, ministers, mail carriers and railroad workers, and were pretty much unrestricted. 'T' cards were for truckers and were unrestricted. 'X' cards were also unrestricted and were for VIPs, such as members of Congress. The system led to the growth of the black market and counterfeiting. 'C' cards were the most counterfeited. In addition, the government decreed a "victory speed [limit]" of 40 mph but some open roads were posted at thirty five.

4. Most of the rationing started in 1942. Sugar stayed on the ration list the longest. Most rationed items came off in 1945 but sugar continued to be rationed until 1947. As with rubber, the resources for sugar was not controlled by the Allies. Production of sugar from beets was below expectation. Even after the war, it took some time to restore sugar production to pre-war levels.

5. Another item that was rationed was clothing. Restrictions included hems on dresses not to exceed two inches, eliminating cuffs on sleeves, and belts could only be two inches wide. America seemed to adjust to these restrictions although the role of government in fashion design was questioned. Exemptions were made for bridal gowns, maternity dresses, and religious vestments.

6. For food rationing, ration books were issued in accordance with family size. For example the number of books issued to a family of four consisting of two adults and two children would be four books. There was a ration book for each member of the family. The family could use any books for purchases. No distinction was made between adults and children.

7. Ration books contained ration coupons valued at five each. If the item purchased was valued at less than an increment of five the grocer would refund the difference in cardboard tokens. Red and blue chips or tokens, generally in denominations of one, were issued to keep the point system working. Ration books had a built-in slot to save the point tokens.

8. Typically, each ration book had 48 points per month. Fruit was generally more costly in terms of ration points than vegetables. The pineapple was 24 points, the peas 16, the green beans 11, and the soup 6.

9. Perishables such as eggs, milk, and fresh vegetables were not on the lengthy ration list. There seemed to be an adequate supply of milk and eggs although cheese was rationed. Nearly all products containing significant amounts of metal were rationed and could only be obtained by special application.

10. Rationing caused Americans to be creative with necessary but rationed items. Positive benefits of the era of rationing included development of synthetic rubber, development of artificial sweetener, and providing groundwork for re-cycling programs. The inability for consumers to obtain everything they wanted resulted in many seeking alternative means of obtaining rationed items. The black market was in full swing. People made counterfeit ration books, bought products at high costs without coupons, people lied about the number of members in their families. The black market dealt in clothing, liquor, meat, sugar, and gasoline. If you were willing to pay the price, many rationed items could be gotten, even with constant publicly on evils of the black market and appeals to patriotism. The black market was just one example of war time profiteering.

[Source: <http://www.funtrivia.com/trivia-quiz/History/US-World-War-II-Rationing-334867.html> Mar 2011 ++]

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Tax Burden for Wyoming 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 Wyoming:

Sales Taxes

State Sales Tax: 4% (prescriptions and food for home consumption exempt); counties have the option of adding up to 1% in additional taxes. There is a county lodging tax that varies from 2% to 4% and is added to the other sales taxes.

Gasoline Tax: 14 cents/gallon

Diesel Fuel Tax: 14 cents/gallon

Gasohol Tax: 14 cents/gallon

Cigarette Tax: 60 cents/pack of 20

Personal Income Taxes

No state personal income tax

Retirement Income Taxes: Not taxed, including that received from other states.

Property Taxes

Tax rates are set by the various political entities with the legal power to levy taxes. These governmental entities include counties; school districts; cities and towns; and special taxing districts, such as water and sewer districts and cemetery districts. Once the taxing entities have adopted their budgets and tax rates, the tax rates cannot be appealed. However, obvious factual errors may still be corrected by the county. Your tax notice indicates the amount you pay to each taxing entity.

Wyoming is a "fractional assessment" state. This means their property tax applies to only a fraction of the full market value of property. This fraction is the property's assessed value. For most property, only 9.5% of market value is subject to tax. Consequently, a home worth \$100,000 on the market is only taxed on \$9,500 in assessed value. The real effect of fractional assessments is to exempt \$90,500 of the home's value from taxation. Citizens are legally protected from counties and municipalities increasing property tax rates. For county revenue, the rate is limited to 8 mills (.8%). With very few exceptions, state law limits the property tax rate for all governmental purposes. All Wyoming citizens benefit from property tax exemptions. Personal property held for personal use is tax exempt. Inventory, pollution control equipment, cash, accounts receivable, stocks, and bonds are also exempt. The state has several property tax relief/credit/deferral programs. If the value of certain assets (bank accounts, investments, real estate other than house, and motor vehicles in excess of one per household member) exceed \$21,120, a resident cannot qualify.

To be eligible for the main property tax relief program one must have a house hold income less than the greater of half the state or county median household income, and have other assets totaling less than \$21,120 (see above). By meeting the eligibility rules, the tax relief is up to one-half of the median residential property tax or one-half of the property tax bill, whichever is less. For more information, refer to <http://www.retirementliving.com/RLstate3.html#WYOMING>.

There is a Veteran's Property Tax Exemption for those who qualify. A person must be honorably discharged as a veteran of WWI, WWII, Korea, or Viet Nam. Surviving spouses of qualifying veterans and certain disabled veterans may be eligible for the exemption. The amount of relief is \$3,000 of assessed value against real personal property. The exemption is limited to \$800 in total tax benefits. A surviving spouse may continue to collect benefits until he or she remarries. For more information, go to <http://revenue.state.wy.us/PortalVBVS/uploads/Veterans%20Exemption%20Claim%20Form02-09.pdf>.

The state has a Tax Rebate to Elderly and Disabled Program that is available to those age 65 and older who meet certain income requirements. They can receive a refund from the Wyoming Department of Health on property tax, utilities, and sales/use tax up to \$700 (single) and \$800 (married). For details on property tax relief programs, refer

to <http://revenue.state.wy.us/PortalVBVS/uploads/propertytaxexemptionsandrelief.pdf> . Call 307-777-5235 for details. For general information on property tax and relief programs, [click here](#).

Inheritance and Estate Taxes

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

For more information, visit the Wyoming Department of Revenue site <http://revenue.state.wy.us> or call 307-777-5287. [Source: www.retirementliving.com Mar 2011 ++]

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Veteran Legislation Status 29 MAR 2011: For a listing of Congressional bills of interest to the veteran community introduced in the 112th 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 for dates that you can access your legislators on their home turf.

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Have You Heard? Underway

A young ensign had nearly completed his first overseas tour of sea duty when he was given an opportunity to display his ability at getting the ship under way. With a stream of crisp commands, he had the decks buzzing with men and soon, the ship had left port and was streaming out of the channel.

The ensign's efficiency has been remarkable. In fact, the deck was abuzz with talk that he had set a new record for getting a destroyer under way. The ensign glowed at his accomplishment and was not all surprised when another seaman approached him with a message from the captain.

He was, however, a bit surprised to find that it was a radio message, and he was even more surprised when he read, *"My personal congratulations upon completing your underway preparation exercise according to the book and with amazing speed. In your haste, however, you have overlooked one of the unwritten rules -- make sure the captain is aboard before getting under way."*

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"When you get to the end of your rope, tie a knot and hang on."

--- **Franklin D. Roosevelt** (January 30, 1882 – April 12, 1945),

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