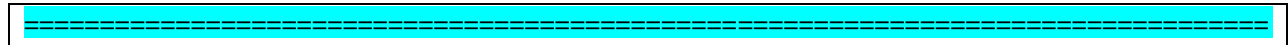


RAO BULLETIN

15 April 2011

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- == Veteran Legislation Status 12 APR 2011----- (Where we stand)
- == Have You Heard? ----- (\$50,000 Monkey)

Attachment - Veteran Legislation

Attachment - Massachusetts State Veteran's Benefits

Attachment - Operation Market Garden WWII

Attachment - VA Loan Foreclosure Avoidance

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Vet Bill of Rights Education: Ranking Democratic Member Bob Filner (D-CA) introduced H.R. 805, legislation that would require the Department of Veterans Affairs to display an Injured and Amputee Veterans Bill of Rights in all prosthetic and orthotic clinics of the VA. “All too often, we hear of veterans who are treated like second class citizens while seeking treatment at a VA medical facility. This greatly concerns me. I am also told that many veterans are not aware of the many benefits and services offered by VA to help them. That is why I have reintroduced H.R. 805 which would instruct the VA to inform veterans and educate employees at each VA prosthetics and orthotics clinic of the Inured and Amputee Veterans Bill of Rights. It also requires VA to conduct outreach to veterans. The legislation was referred 15 MAR to the House Subcommittee on Health and currently has 3 cosponsors. [Source: Holtville Tribune article 12 Feb 2011 ++]



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GI Bill Update 95: Legislation introduced in Congress in on 6 APR would ensure that students attending college under the new post-9/11 GI Bill will have their full tuition covered, even if the cost exceeds the \$17,500 cap put in place under recent changes to the program. The measures, overshadowed by the looming government shutdown, are sponsored by House Veterans Affairs Chairman Jeff Miller, R-Fla., and Sen. Charles Schumer, D-N.Y. In statements released Thursday, both said they hope to act on the legislation before the new changes go into effect, potentially costing some student veterans thousands of dollars. The bill, H.R.1383 Restoring GI Bill Fairness Act of 2011, would provide temporary relief limited to people who were enrolled in a private institution of higher learning before the Post-9/11 GI Bill Veterans Educational Assistance Act was signed into law on 4 JAN and created the new nationwide tuition limit. In December, Congress passed changes to the new GI Bill rules, including a flat rate of \$17,500 per year for tuition and fees for private and out-of-state public universities. That move will give most students thousands more in tuition funding, but for students whose current tuition costs exceed \$17,500, the move could leave them deep in debt.

Veterans groups have urged lawmakers to pass a quick fix to grandfather those students in at current tuition rates, making sure they can complete their college classes. Both Schumer’s and Miller’s bills would do that, promising all veterans currently enrolled in classes tuition assistance totaling either \$17,500 or the money they received for the fall 2010 semester, whichever is greater. In a statement, Schumer said the move will “ensure that our veterans receive the full benefits they were promised and rightly deserve.” Miller told Stars and Stripes that he’s optimistic his bill can be passed before the changes go into effect this August, saying the move will allow a student veterans affected to finish the education they started. Miller’s bill would pay for the grandfather clause by holding GI Bill housing stipends flat for two years, a move that could cost all student veterans several hundred dollars in coming months. Miller said that move was needed to make sure the fix did not add to the national deficit. Schumer’s measure does not include a cost offset. No hearings have been scheduled on either bill. If legislation is not passed, the new GI Bill tuition rates will go into effect for the fall 2011 semester. [Source: Stars and Stripes Leo Shane article 8 Apr 2011 ++]

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Agent Orange Okinawa: In addition to the following statements from three veterans interviewed for The Japan Times, records from the United States Department of Veteran Affairs (V.A.) contain hundreds of similar accounts of Agent Orange on Okinawa during the late 1960s and early '70s, a time when the island was under U.S. rule and served as a forward base for the American war in Vietnam. The testimonies reveal that the dioxin-laden

herbicide was not only stored in large quantities on Okinawa before being transported to the war zone, but also that it was routinely used to clear weeds on military installations and tested in the northern Yanbaru jungle.

- In the late 1960s, James Spencer was a United States Navy longshoreman on Okinawa's military docks. "During this time, we handled all kinds of cargo, including these barrels with orange stripes on them. When we unloaded them, they'd leak and the Agent Orange would get all over us. It was as if it were raining."
- Between 1965 and 1967, Lamar Threet was a medic at the island's Camp Kue. "Agent Orange was stored at Kadena (Air Force Base) and it was used on Okinawa for vegetation control. I personally observed the spray crews around the hospital grounds, and was present when they brought a guy into the ER that had his clothes soaked in herbicide."
- In 1970, Joe Sipala was stationed at the Awase Communication Site in central Okinawa. "The antennas were classified as 'mission critical,' so that meant no vegetation was allowed to grow around them. Every few weeks, a truck would come and refill our barrel of Agent Orange. It was my responsibility to mix it and spray the weeds around the perimeter fence."

This protracted, widespread use of Agent Orange on the island has left many of the service members who handled it seriously ill. Spencer, Threet and Sipala are today suffering from a litany of dioxin-related sicknesses including cancer, type 2 diabetes and ischemic heart disease. Moreover, Sipala's first child died in the womb — so misshapen that the doctor said he should be thankful the baby didn't see the light of day — and his two surviving children suffered from deformities consistent with Agent Orange-poisoning.

If these veterans' exposure had occurred in Vietnam, where the U.S. government assumes that all service members came into contact with harmful herbicides, they would be eligible for V.A. assistance with health care costs. However, because their exposure occurred on Okinawa, their claims for compensation have been repeatedly rejected due to Department of Defense denials that Agent Orange was ever on the island. The most recent assertion of this stance came in July 2004 when Gen. Richard Myers, chairman of the Joint Chiefs of Staff, declared that government "records contain no information linking use or storage of Agent Orange or other herbicides in Okinawa." Denials such as this make it almost impossible for U.S. veterans to win compensation from the V.A. Sipala's case highlights the challenges that veterans face. His military orders prove he was on Okinawa at the time, and his medical history is consistent with dioxin exposure — a photograph of him riding his motorbike past to a barrel of Agent Orange even convinced his veteran's representative that he had a "slam-dunk case." After 11 months of deliberations, though, the V.A. denied Sipala's claim, citing two grounds.

- First, it stated there was no proof of him having developed illnesses due to exposure in spite of the fact that he developed diabetes right after he returned from Okinawa.
- Second, the V.A. stated, "We were unable to find any evidence of spraying, testing, storage (or) usage of Agent Orange in Okinawa, Japan, by the personnel in your unit."

This phrase is common among denials issued by the V.A., and it baffles Sipala. "I don't understand how they can keep rejecting claims due to lack of data. Do they expect us to believe that the 1998 ruling was the one time anyone ever used the herbicide on Okinawa?" The V.A. decision to which Sipala is referring made world headlines when it was reported in 2007. Dated JAN 98 the case concerned an unnamed veteran who claimed he was exposed to Agent Orange between 1961 and 1962 while spraying it on the sides of Okinawa's roads and transporting it by truck. As a result, the serviceman developed prostate cancer. Deciding in the veteran's favor, the V.A. concluded, "Credible evidence sustains a reasonable probability that the veteran was exposed to dioxins while serving in Okinawa." The case raised hopes that this would finally pave the way for the U.S. military to admit using Agent Orange on the island. To date, however, the 1998 decision remains the sole successful claim by an Okinawa-stationed service member. In the ensuing years, the V.A. has rejected hundreds of similar claims on the basis that previous decisions do not set a precedent. In the words of one denial of a claim in 2010, "Each case will be decided on the individual facts."

Often, the evidence demanded by the V.A. includes written documents pertaining to the veteran's use of Agent Orange. Such papers, though, have proven impossible to track down. Exacerbating veterans' difficulties in obtaining information about Okinawa is the degree of secrecy under which the U.S. military operated at the time. Throughout the 1960s, for instance, Okinawan residents suspected that America was storing biochemical munitions on the island. But the authorities denied these claims — until a 1969 leak of nerve gas sickened 23 U.S. soldiers. Due to the international uproar that surrounded the accident, the military launched Operation Red Hat — an eight-month-long campaign to remove over 12,000 tons of poisonous munitions from Okinawa to Johnston Island in the middle of the Pacific Ocean. Many veterans believe that the military also shipped the majority of its Agent Orange supplies from Okinawa during Operation Red Hat. Their speculation was seemingly vindicated by a V.A. ruling in 2009 that stated, "The records pertaining to Operation Red Hat show herbicide agents were stored and later disposed in Okinawa from August 1969 to March 1972."

There is some cause for optimism. Until 2000, the U.S. government had asserted that military herbicides were solely used in Vietnam. But when evidence was uncovered of their usage along the Korean demilitarized zone between 1968 and 1971, veterans who had been stationed there were able to receive dioxin-related health care benefits. Likewise, following V.A. rulings in favor of veterans exposed to Agent Orange on Guam, President Barack Obama is under increasing pressure to add the Micronesian territory to its list of places military herbicides were deployed. Asked about the probability of adding Okinawa to this growing list, Jeff Davis, senior legislative advocate for the Veterans Association for Sailors of the Vietnam War, suggests former service members adopt a tripartite approach.

- "First, (it is necessary to collect) many sworn statements that the individual personally put on a backpack sprayer, loaded a truck or helped load and unload herbicide barrels from cargo ships on the way to or from Vietnam.
- Next, a survey of veterans who served on Okinawa showing a much higher incidence of the official listed Agent Orange related diseases.
- Finally, scientific evidence in the form of drinking water and ground samples that show the presence of dioxin."

This final point opens up a possible path for veterans hoping to prove herbicide-related sicknesses, but it also raises a more frightening prospect: that dioxin exposure might extend to the American service people and their families currently stationed on the island. The areas most commonly mentioned in veterans' accounts — Kadena Air Force Base and the Northern Training Area — continue to be controlled by the U.S. military. Ironically, this might have protected the majority of Okinawan civilians from dioxin-exposure by confining the dangers to American-controlled areas. In 2009, scientists discovered dioxin hot spots in Vietnam where the U.S. had stored Agent Orange during the war. If comparisons are accurate, Okinawa's current bases will still be as heavily tainted with military herbicides. [Source: The Japan Times Jon Mitchell article 12 Apr 2011 ++]



Carefree: Joe Sipala rides his motorcycle past a barrel of Agent Orange (the third one from the left) while serving in the military on Okinawa.

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POW/MIA Flag: Idaho Gov. Butch Otter has yet to pull out his veto pen on any piece of legislation this year, but he did decide to forgo a pen and not sign legislation allowing the black Prisoner of War/Missing in Action (POW/MIA) flag to be displayed on government buildings that also fly the United State flag. Legislation becomes law if the governor neither signs nor vetoes it. In a letter to the Senate, Otter said he appreciated the effort and goal of the plan, but that it doesn't cover enough places where the POW/MIA flag could be flown. "It fails to mention locations such as the Veterans Cemetery, Veterans Hospital, and other governmental buildings where the American flag is flown," Otter wrote in his letter. He said he'd bring legislation fixing those shortcomings next year.

The legislation comes after a 2007 executive order from the governor to fly the POW/MIA flag over all state buildings until all unaccounted for and missing members of the Armed Forces return. Sen. Michelle Stennett, D-Ketchum, sponsored the legislation, and said she understands the governor's concerns. Stennett said she cleared the plan with the state veterans division, which didn't bring up the concern about flying the flag at its facilities. Stennett backed the plan at the request of veterans groups in her district and in honor of SPC Bowe Bergdahl, who was captured by the in Afghanistan in 2009. Bergdahl is from Hailey, which is in Stennett's district. Stennett's legislation was slowed in the Senate after Sen. Mitch Toryanski, R-Boise, an Army veteran, voiced concern with a requirement that the POW/MIA flag fly above the Idaho state flag. That section of the plan was eliminated before the plan cleared the House and Senate. Stennett also encouraged people who fly the American flag at their homes to consider flying the POW/MIA flag.

The POW/MIA flag is an American flag designed as a symbol of citizen concern about United States military personnel taken as prisoners of war (POWs) or listed as missing in action (MIA). The POW/MIA flag was created by the National League of Families and officially recognized by the Congress in conjunction with the Vietnam War POW/MIA issue, "as the symbol of our Nation's concern and commitment to resolving as fully as possible the fates of Americans still prisoner, missing and unaccounted for in Southeast Asia, thus ending the uncertainty for their families and the Nation." On August 10, 1990, the 101st Congress passed U.S. Public Law 101-355, recognizing the

National League of Families POW/MIA Flag and designating it "as a symbol of our Nation's concern and commitment to resolving as fully as possible the fates of Americans still prisoner, missing and unaccounted for in Southeast Asia, thus ending the uncertainty for their families and the Nation." Beyond Southeast Asia, it has been a symbol for POW/MIAs from all U.S. wars. [Source: Idaho Reporter Brad Iverson-Long article 7 Apr 2011 ++]



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VA Fiduciary Program: The Fiduciary Program oversees VA benefits paid to beneficiaries who are incapable of managing their funds. Under the Veterans Benefits Administration supervision, payment of VA benefits are made to an individual or entity recognized as responsible for managing the beneficiary's affairs—the "fiduciary. The VBA must have reasonable assurance that VA-derived income and estates of incompetent beneficiaries are used solely for their care, support, welfare, and needs. Prior audit reports and investigations by the Office of Inspector General (OIG) have provided indications of the vulnerability of incompetent beneficiary estates to fraud. OIG's latest report on the program is titled "Audit of the Fiduciary Program's Effectiveness in Addressing Potential Misuse of Beneficiary Funds" 09-01999-120 dated 31 MAR 2010. It is available for review online at <http://www.va.gov/oig/52/reports/2010/VAOIG-09-01999-120.pdf> .

The Audit noted that the VBA's Fiduciary Program is not effectively protecting the VA-derived income and estates of incompetent beneficiaries. Specifically, the Program does not consistently pursue delinquent fiduciary accountings and follow up on potential misuse of beneficiary funds. VBA lacks elements of an effective management infrastructure to monitor program performance, effectively utilize staff, and oversee fiduciary activities. In particular, VBA's case management system (the Fiduciary-Beneficiary System) does not possess data that would allow the agency to provide effective management oversight of the program or to better target some of its efforts towards those beneficiary estates that are most vulnerable to misuse. As a result, VA Regional Offices are not consistently taking timely or effective actions to ensure VA-derived income and estates of incompetent beneficiaries are protected.

The VBA says it has appointed people to manage 111,407 accounts with a cumulative value of more than \$3.2 billion. They earn up to 4% commission on the money under their care. They noted that beneficiaries had access to due process before a final decision was reached about appointing a beneficiary, and that the financial managers were carefully vetted. Once appointed, they "may also be required to prepare annual accountings." In making the choice, the agency said, "priority is given to a family member if qualified and willing to serve." The OIG report stated that 315 fraud investigations from October 1998 to March 2010 had "resulted in 132 arrests and monetary recoveries of \$7.4 million in restitution, fines, penalties and administrative judgments." Thomas J. Pamperin, deputy under secretary for disability assistance at the department's Veterans Benefits Administration, declined to discuss

individual cases, except to say “there are always two sides to a story.” He said if family members felt an appointment was inappropriate, they could ask the department to review the decision, and the “the program office would consider that,” he said. He stressed that the number of court cases concerning such matters was small, and that while some family members might feel otherwise, “we are extremely cognizant of the need to look out for the veterans’ best interest, and not to be capricious and arbitrary in our actions.”

Families who had gained power of attorney from their veteran relatives before the VBA appointed a non-family member lose direct access to the veterans money and must coordinate with the appointed fiduciary. In many cases this generates friction when what they feel is needed for the veteran’s care is not approved or delayed by the fiduciary. When families have sued over disagreement of appointees, the government generally responds with briefs stating that the decision to appoint a fiduciary is solely within the jurisdiction of the Department of Veterans Affairs and not subject to judicial review. The government’s strategy in state cases is to say that only the federal court system established for veterans’ cases can review the claims — but the government has also told the United States Court of Appeals for Veterans Claims that those decisions “are entirely discretionary” under the veterans affairs secretary and so “the court has no jurisdiction” over appointment protests.

Many claim that what began as a broad effort to safeguard ailing veterans and their families from financial loss and abuse has turned into what lawyers and veterans’ advocates call a mismanaged and poorly regulated bureaucracy that not only fails to respond to veterans’ needs but in some cases creates new problems. Douglas J. Rosinski, a lawyer in Columbia, S.C., who represents four families with complaints about the system, disagreed. “There are many hundreds, if not thousands of potential cases” around the country, he said, and called abuses of the system “a hidden tragedy of the most defenseless of our veterans.” Jim Strickland, who runs the Web site VAwatchdogtoday.org , said that cases like those of Mr. Brown, Mr. Freeman and Mr. Keyser were happening all over the country. “The law says veterans have the right to due process,” he said, but “when the fiduciary process is initiated, that all goes out the window.” [Source: New York Times John Schwartz article 7 Apr 2011 ++]

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VA Dental Treatment Update 05: “[Ohio] lawmakers on 7 APR pressed Veterans Affairs Secretary Eric Shinseki to form a regional task force to investigate issues surrounding misconduct at the Dayton VA Medical Center as part of a statewide review of VA operations. “We must determine how, for more than 18 years, the VA allowed patient care to erode to the point where hundreds of patients at Dayton had to be tested for hepatitis B, hepatitis C and HIV because they were exposed to blood-borne pathogens as a result of their care” in the VA’s dental clinic, U.S. Sen. Sherrod Brown, (D-OH) , and U.S. Rep. Mike Turner (R-OH-03), wrote in a letter. Between January 1992 and July 2010, a dentist, Dwight M. Pemberton, failed to change gloves and failed to sterilize instruments between patients, potentially putting at least 535 patients at risk for hepatitis B, hepatitis C and HIV, VA officials said. Pemberton has since retired. “Those who enabled this to happen must be held accountable,” Brown and Turner’s letter stated. “We must also identify the source of this problem and ensure that a similar working environment has not taken root at any other VA medical facility.”

Brown and Turner called for a task force after the Dayton Daily News reported two patients had tested newly positive for hepatitis B. Further testing is under way to determine if the source of those infections was the dental clinic, though that may never be known. In February, Brown, Turner and Sen. Rob Portman (R-OH), requested a review of all VA medical facility oversight policies and procedures. The new task force, as proposed, would review all VA facilities in Ohio. [Source: Dayton Daily News Ben Sutherly article 7 Apr 2011 ++]

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VA Medicare Subvention Update 03: Ranking Democratic Member Bob Filner (D-CA) reintroduced H.R.814 on 18 FEB, legislation to allow veterans to use their earned Medicare benefits to receive health care and services from the Veterans Health Administration at the Department of Veterans Affairs (VA). "There are veterans who have earned VA health care benefits with their service to our country," stated Bob Filner. "They have also earned Medicare benefits by contributing to the Medicare program during their working years. Because VA cannot bill Medicare, elderly veterans are unable to use their Medicare benefits, even if they may prefer to receive care at a VA facility among their fellow veterans. So for those veterans, they basically forgo the hard-earned dollars that they contributed towards Medicare benefits during their working years. This bill is important legislation that would allow elderly veterans to access both VA health care and their Medicare benefits."

Under current law, VA has the authority to bill enrolled veterans and their private health care insurers for the treatment of veterans' non-service-connected conditions. Current law, however, prohibits the billing of Medicare, barring elderly veterans from using their earned Medicare benefits at VA health care facilities. H.R.814, the Medicare Reimbursement Act of 2011, would require VA to develop a program that would allow VA to bill Medicare for services rendered to veterans enrolled in Medicare Part A or B. As of 9 APR this bill had only 3 cosponsors. [Source: HVAC Press Release 6 Apr 2011 ++]

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Stolen Valor Update 33: William G. Hillar, 66, admitted in a plea deal worked out with federal prosecutors in Baltimore that an email he sent to the University of Oregon to apply for work included fraudulent information about his military background and experience. He passed himself off to university employers as a former Green Beret and expert in international sex-trafficking and counterterrorism Hillar could get up to 20 years in prison when he's sentenced on 20 JUL. Under the terms of the plea agreement he will pay restitution of \$171,415 and perform at least 500 hours of community service at the Maryland State Veterans Cemeteries. Hillar was arrested at his Maryland home on 25 JAN. The Justice Department says that the former Coast Guard enlisted man pretended for about 12 years to be a retired Army colonel with a Special Forces background. Part of his faux biography included a claim that his daughter was kidnapped by human traffickers in Asia and that he spent six months in a futile effort to rescue her. Hillar's story reportedly was the basis of a 2008 movie, "Taken," starring Liam Neeson.

The amount of restitution equals the money that he earned from the teaching jobs and speaking engagements he made based on his fraudulent bio. One of the earliest victims of Hillar's fraud was the FBI's Salt Lake City, Utah, division, which paid him just over \$1,000 to speak in APR 98. He also took the bureau's Chicago division for about \$1,000 in 2002, and between 2000 and 2010 earned \$17,369 from the FBI Command College. Hillar also earned money lecturing and conducting workshops for the Army; the Drug Enforcement Agency; the Interior Department's Bureau of Indian Affairs; the National Law Enforcement Telecommunications System and various other state and federal agencies. But his biggest takes were from the University of Oregon, where he earned \$33,000 to teach his courses on international crime from 2002 to 2010, and the Monterey Institute of International Studies. MIIS paid him a total of \$32,500 from 2005 to 2010.

At Monterey, students who were veterans began questioning Hillar's credibility, according to Jeff "J.D." Hinton, a retired Special Forces master sergeant who began looking into Hillar's background well over a year ago. Hinton had pulled together information from his own Special Forces connections and through Freedom of Information Act requests showing Hillar to be a fraud. He began publicizing the holes in Hillar's resume his website, ProfessionalSoldiers.com, last October. Army Special Forces and the other elite units of the Navy, Marine Corps and Air Force constitute a small world within the military. People pretending to be a Green Beret, SEAL, Marine Recon or Air Force Special Operations Airman cannot sustain the fraud very long once someone begins asking questions, Hinton said. "I'm happy with the outcome" of the case against Hillar, Hinton said. "I'm very impressed

how quickly the FBI worked this case. I hope this serves as an example to all those that would employ stolen valor to deceive the public. We are watching and we will eventually find and expose you." [Source: Military.com Bryant Jordan article 30 Mar 2011 ++]



Lied for 12 Years About Special Forces and Terrorism Experience to Gain Teaching Employment

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Transition Assistance Management Program: For more than five years, thousands of wounded and injured military reservists and National Guard troops nationwide might have lost medical benefits because of a Pentagon mistake, according to an investigation by Sen. Ron Wyden (D-OR). In a letter sent on 6 APR to Secretary of Defense Robert Gates, the Wyden said that many wounded troops returning from Afghanistan and Iraq who ended up in Warrior Transition Units at military bases or in community-based programs near their homes lost up to six months of medical coverage that's provided to them under a 2005 law. The Transition Assistance Management Program, or TAMP, was supposed to help personnel returning from active duty get the medical care they needed before their civilian coverage kicked in. The problem was that the Pentagon began counting the 180 days of coverage the moment the troops returned to the United States, not once they left active duty. Those who needed extensive care in the Warrior Transition Units often exhausted their six months of benefits before they went home, according to Wyden. Pentagon paperwork leaked last year to the Tribune-Review showed that the typical reservist or Guard member will spend about a year in the special medical units, or longer if they're in a community-based program.

While many of those troops received federal medical insurance in retirement packages, others didn't. Neither Wyden nor the Pentagon can estimate exactly how many thousands lost out on the care they needed. Wyden called on Gates to immediately revise the regulations, which affect reserve personnel in all the military branches. "It is inexcusable that these servicemembers are being denied the benefits they have earned through their sacrifice," Wyden wrote. Marine Corps Col. David C. Lapan, the chief Pentagon spokesman, said staffers were unaware of Wyden's letter but were looking into the findings. Veterans service organizations, including the American Legion and Reserve Officers Association, expressed concern that troops might have been shortchanged. "It is disheartening that the Pentagon sanctions a policy that deprives National Guard and reserve men and women [of] health care benefits from a country for which ... they have served and fought," said retired Navy Capt. Marshall Hanson, director of legislative services for the Reserve Officers Association. "Legal technicalities are disrespecting our Guard and reserve heroes, and demonstrate, once again, there is not parity between the active and reserve serving member," he said. [Source: Pittsburgh Tribune-Review Carl Prine article 7 Apr 2011 ++]

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VA End of Life Care Update 01: The Hampton VA Medical Center inappropriately discharged a terminally ill veteran from its emergency room and failed to provide him hospice care requested by his wife, a federal investigation has found. Investigators from the U.S. Department of Veterans Affairs' Office of Inspector

General found that staff members at the Hampton center were unaware of a VA policy requiring that end-of-life care be provided when veterans and their families ask for it. The investigators' report, issued 6 APR, came in response to a confidential complaint about the treatment of the veteran, a man in his 50s, who came to the center in August ill with lung cancer that had spread to the brain. Over three successive visits to the emergency room, the man's condition steadily deteriorated.

By the third visit, he was weak, confused, incontinent and required help from VA staff to get out of his car. His wife told the staff she was having difficulty managing him and could no longer care for him at home. Nevertheless, the emergency room doctor discharged him, saying he did not meet the hospital's criteria for acute-care admission. When his wife asked about hospice care -- which focuses on allowing patients to die with dignity, pain-free -- she was told no hospice beds were available. She took him home but, even with the help of a family member, was unable to get him out of the car. She called 911 and paramedics took him to a local private hospital, where he was admitted. His doctor there contacted the VA and requested hospice care. The veteran was scheduled for admission to the VA's hospice unit five days later. Two days before the scheduled transfer date, he died.

The investigators found that the VA emergency room doctor did not do a complete evaluation of the veteran before discharging him, failing to document the significant decline in his condition the past three weeks. They also found that the VA staff missed numerous opportunities to initiate hospice care. The investigators were unable to substantiate allegations that the veteran and his wife were treated rudely by the staff or that four hospice beds were available on the day of the veteran's last visit to the emergency room. In response to the investigation, the Hampton center has provided training for its entire clinical staff in the VA's end-of-life care policies. "The Hampton VA Medical Center takes great pride in its state-of-the-art palliative care facility and dedicated staff," said Jennifer Askey, a spokeswoman. The facility's emphasis is on "honoring patient and family choice," she said. [Source: The Virginian-Pilot Bill Sizemore article 1 Apr 2011 ++]

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VA Priority Categories Update 02: The House Budget Committee, chaired by Rep. Paul Ryan (R-WI.), has told a veterans' group it is studying a plan to save \$6 billion annually in VA health care costs by cancelling enrollment of any veteran who doesn't have a service-related medical condition and is not poor. Committee Republicans, searching for ways to curb federal deficits and rein in galloping VA costs, are targeting 1.3 million veterans who claim priority group 7 or 8 status and have access to VA care. Priority group 8 veterans have no service-connected disabilities and annual incomes, or net worth, that exceed VA means-test thresholds and VA "geographic income" thresholds, which are set by family size. Priority Group 7 veterans also have no service-connected disabilities and their incomes are above the means-test thresholds. But their incomes or net worth fall below the geographic index. In other words, because of where they live, in high cost areas, they likely struggle financially.

Joseph Violante, national legislative director for Disabled American Veterans, said he first learned of the committee's interest in possibly narrowing access to VA clinics and hospitals from a DAV member from Wisconsin, chairman Ryan's home state. Violante and other DAV officials arranged their own meeting with a staff member for the committee. He confirmed growing interest in a cost-saving initiative to push priority 7 and 8 veterans out of VA health care. As this budget committee staffer reminded Violante, proponents for opening VA health care to all veterans had argued it would be cost neutral to VA. That's because VA would charge these vets modest co-payments for their care. Also VA would bill these veterans' private health insurance plans for the cost of their VA care. That argument from 1996 turned out to be wrong. Co-payments collected from low-priority veterans and private insurance plan billings today cover only 18% of the cost of care for group 7 and 8 veterans. By 2009, the annual net cost to VA to treat these veterans totaled \$4.4 billion or 11% of VA's annual medical appropriation.

The figures come from the Congressional Budget Office's annual report to Congress, "Reducing the Deficit: Spending and Revenue Options." Among options it presented this year to the new Congress for reducing VA spending is one to close enrollment in VA care for all veterans in groups 7 and 8 and to cancel the enrollment of veterans currently in two low priority groups. CBO said this would save VA \$62 billion in the first 10 years, from 2012 to 2021. But the net savings to the government over the same period, CBO said, would be about half that amount. That's because many of the veterans bumped from VA are old enough or poor enough to use Medicare or Medicaid, which would drive up the cost of those programs. Until the mid-1990s, VA had denied health care to priority 7 and 8 veterans. Congress changed that during the Clinton administration, enacting the Veterans' Health Care Eligibility Act of 1996. The law directed VA to build many more clinics across the country. To ensure enough patients to fill these clinics, the VA secretary was given authority to expand care eligibility. The ban on group 7 and 8 veterans was ended by 1999. Over the next three years their enrollment climbed to 30% of total enrollees. By 2003, then-VA Secretary Anthony Principi stopped allowing any more group 8 enrollments, saying their numbers strained the system for higher priority veterans, including wounded returning from Afghanistan and Iraq.

It's possible that, in sharing what the budget committee eyed to lower VA health costs, the professional staffer assumed DAV would embrace cancellation of 7 and 8 enrollments because few DAV members would be impacted. But Violante said DAV is concerned, for two reasons. One, some DAV members separated from service with disabilities rated at 0% do have access to VA health care as group 7 or 8 veterans. A bigger concern for his members, Violante said, is that tossing 1.3 million veterans from VA care would leave the system without the "critical mass" of patients needed to provide "a full continuum of care." DAV officials worried that an initiative to narrow VA enrollment would be included in the House Republican budget plan unveiled this week. Ryan titled it "Path to Prosperity" and the full committee endorsed it on a straight party line vote 6 APR. The budget package, however, doesn't mention any change to enrollment eligibility nor call for significant cuts to VA budgets. Violante said DAV wants to talk House committees out of taking any action to reduce VA enrollment.

CBO presented pros and cons for cancelling 7 and 8 enrollments. An advantage is VA could refocus services on "its traditional group of patients -- those with the greatest needs or fewest financial resources." It noted 90% of group 7 and 8 enrollees had other health care coverage, either Medicare or private insurance. So the "vast majority" cut loose would have ready access to other coverage. Those who don't could be eligible for health insurance exchanges to be set up in the future said CBO. One disadvantage is that many veterans who have come to rely on VA for at least part of their medical care would see that care interrupted. The Obama administration and Congress actually had been moving in the opposite direction, to expand VA enrollment, until Republicans won the House. As Obama took office in 2009, VA announced that up to 266,000 veterans with no service-connected health conditions would be allowed to enroll in VA health care. Rep. Chet Edwards (D-Texas) had fought successfully to add \$350 million to the 2009 VA budget so income thresholds controlling priority 8 enrollments could be raised 10%. Edwards lost his reelection bid last year. And new priority 8 enrollees haven't rushed to join the system as VA officials had expected.

Group 8 and 7 veterans using VA care pay \$15 per outpatient visit and a little more for specialty care. Inpatient fees also are modest. The most popular benefit for many enrollees is discounted prescription drugs. The co-pay usually is \$8 for a 30-day supply. Tim Tetz with American Legion said his organization and many veterans groups would strongly oppose tossing out group 7 and 8 veterans. He credits their enrollment since 1999 as helping to improve VA care. "If as great of a health care system as we have, shouldn't we let all of our veterans have access to it, in some manner," Tetz asked. While deficit hawks weigh this issue, VA still is enrolling new group 8 veterans who fall below its income thresholds. Those without dependents and living outside high-cost areas, for example, must have income below a means test threshold of \$32,342. More information on group 8 enrollment is online at or <http://www.va.gov/healtheligibility> call (877) 222-8387. To comment, e-mail milupdate@aol.com, write to Military

Update, P.O. Box 231111, Centreville, VA, 20120-1111 or visit: <http://www.militaryupdate.com>. [Source: <http://www.military.com/features/0,15240,229352,00.html> 8 Apr 2011 ++]

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Tricare User Fees Update 64: Rep. Michele Bachmann (R-MN) one of the leaders on the Tea Party movement, introduced H.R.1285 the “Military Health Care Affordability Act.” The bill would prohibit Tricare fee increases until FY2014. These Tricare programs include Tricare Prime, Tricare Pharmacy, Tricare Standard in patient rates, and Tricare Reserve Select. After introducing this bill she issued the following statement: “Tricare provides vital health care coverage for the brave men and women of our U.S. military. Since it was established in 1994 there has never been an increase in Tricare enrollment fees. This bill is meant to prevent the fee increases for our veterans that have been proposed by President Obama ... My legislation would freeze Tricare fees for at least three years, giving Congress and the Administration plenty of time to cut government spending in other areas, and not on the backs of our veterans.” This is extremely good news. The Tea Party members are strongly urging cuts throughout the federal government but one of their most influential leaders sees how unfair the proposed increase and yearly indexing is. When the bill was submitted on 31 MAR there were no co-sponsors. Also, remember that Representative Walter Jones (R-NC) introduced HR1092 to stop Tricare fee increases two weeks ago. It has six co-sponsors. TREA urges you to contact your House members and ask them to co-sponsor both of these bills. [Source: TREA Washington Update 8 Apr 2011++]

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Marine Corps Color Guard: Each year, the Marine Corps Color Guard supports approximately 300 events. The Color Guard is a four-person formation of Marines in military uniform that post and retire the flag and render to it the proper customs and courtesies. During ceremonies, the Color Guard presents the flags of the United States and that of the Marine Corps, the flags are flanked by two rifle-bearers. A salute is rendered by dipping the Marine Corps flag while holding the National Ensign high. Events supported by the Marine Corps Color Guard include but are not limited to sporting, military appreciation, and patriotic events. If you are interested in requesting the Marine Corps Color Guard, visit the Community Relations section of <http://www.marines.mil> and fill out a standard Department of Defense form 2536.

Citizens and community organizations can request ceremonial support- such as a color guard, marching units, drill teams, casket teams, firing details, or salute batteries- from the Marine Corps for participation in events. The Color Guard is a four-person formation of Color Guard Marines in appropriate military uniform. They act as a Color Guard, posting and retiring the flag and rendering to it the proper customs and courtesies. This honored traditional detail adds dignity to any military-related activity while showing respect to our Nation and those who have served it. During ceremonies, the Color Guard presents the flags of the United States and that of the Marine Corps, and is flanked by two rifle-bearers. A salute is rendered by dipping the Marine Corps flag while holding the National Ensign high. The Public Affairs offices at Marine Corps installations provide the representatives of requesting organizations with liaison to numerous color guards across the country to coordinate support for their event. [Source: Marine Corps Connection Newsletter 1 Apr 2011 ++]



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Marine Corps Musical Units: Marine Corps musical units perform at ceremonies, parades, festivals, professional sporting events, concerts, and other public events. Marine Corps musicians sustain the Corps' rich military culture and present inspiring public programs that entertain audiences and instill a sense of national pride and patriotism. Twelve Marine Corps bands perform six types of ensembles:

- Concert Band - A group of 50 Marines, a full wind ensemble that performs all types of traditional music and transcriptions.
- Ceremonial Band - A group of 21-50 Marines which performs marches, patriotic music, and official ceremonial music at various military ceremonies.
- Jazz/Show Band - 15-20 Marines who perform Jazz, Swing, Rock and other various styles of popular music.
- Jazz Combo - A smaller version of the Jazz/Show Band. This ensemble, usually consisting of 3-6 Marines, is able to perform jazz music in a smaller, more intimate setting.
- Brass/Woodwind Quintet - A group of five Marines who perform traditional and ceremonial music in smaller venues.
- Bugler - A trumpet player who performs at funerals and memorial services

Scheduled events in which band units can be heard are :

- 4/15/2011 2011 Battle of the Flowers Parade - San Antonio, TX
- 4/16/2011 Down Home Days - Madison, FL
- 4/16/2011 2011 Fiesta Flambeau Parade - San Antonio, TX
- 4/17/2011 San Diego Yacht Club Opener - San Diego, CA
- 4/22/2011 63rd Annual Rose Parade - Thomasville, GA
- 4/25/2011 ANZAC Day Sunrise Commemoration [Band, Color Guard] - Honolulu, HI
- 4/27/2011 Marine South [Band, Color Guard] - Camp Lejeune, NC
- 4/27/2011 Marine South Expo [Band] - Camp Lejeune, NC
- 4/28/2011 Virginia International Tattoo [Band] - Norfolk, VA
- 4/30/2011 Marine Corps Scholarship Foundation Arizona Awards [Band] - Scottsdale, AZ
- 4/30/2011 MCAS Beaufort Air Show [Band] - Beaufort, SC
- 4/30/2011 American Spirit Parade [Band] - Lancaster, PA
- 5/06/2011 Chattanooga Armed Forces Day Parade [Band] - Chattanooga, TN
- 5/07/2011 East Coast Drill Instructors Association Annual Banquet [Band] - Parris Island, SC
- 5/07/2011 Heartland International Military Tattoo [Band] - Arlington Heights, IL
- 5/07/2011 Coronado Cays Yacht Club Opener [Band] - Coronado, CA

5/14/2011 Beaufort Music Festival [Band] - Beaufort, NC
 5/21/2011 Memorial Day Parade and concert [Band] - Eastchester, NY
 5/26/2011 Vietnam Veteran Memorial Dedication [Band] - Conyers, GA
 5/27/2011 Greater Greenville Scottish Games and Highland Festival [Band] - Greenville, SC
 5/28/2011 Annual Memorial Day Parade : City of Stamford [Band] - Stamford, CT
 5/28/2011 Annville Memorial Day Parade [Band, Color Guard] - Annville, PA
 5/30/2011 National Memorial Day Parade [Band] - Washington, DC
 6/10/2011 Great American Brass Band Festival [Band] - Danville, KY
 6/11/2011 Flag Day Concert [Band] - Troy, NY
 6/12/2011 Troy Flag Day Parade [Band] - Troy, NY
 6/17/2011 The Gettysburg Brass Band Festival [Band] - Gettysburg, PA
 7/4/2011 Hopelands Summer Concert Series [Band] - Aiken, SC
 8/6/2011 Pro Football Hall of Fame Enshrinement Festival [Ban - Canton, OH
 [Source: <http://www.marines.mil/community/Pages/band.aspx> Apr 2011 ++]

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Government Shutdown Update 02: With just over an hour left before the government would have shut down, congressional leaders and the White House announced an agreement to fund the government for the rest of the year and a deal to keep the government functioning beyond the 8 APR midnight deadline. The Senate passed a short-term continuing resolution [the seventh of its kind] to keep the government operating until 15 APR with spending cuts of \$3 billion. This measure will keep all government functions operating while legislation is drafted wrapping up all spending matters for the 2011 fiscal year. Congress' seemingly inability to get a handle on government spending and the national debt prevents this issue from going away. Below is what veteran associations and media were told by various sources would have occurred if the government had shutdown 8 APR. Thus, it could be used as a blueprint for future shutdowns. Veterans are encouraged to make contingency plans to deal with those areas that might affect them if a future shutdown occurs:

Department of Veterans Affairs:

- All VA medical centers and clinics will remain open. This is in large part due to advanced appropriations legislation that became law on Oct. 22, 2009.
- Service officers will be able to enter their offices inside VA facilities and have access to the VA computer system. VA fraud investigations, public outreach programs and services to answer veterans questions would be shut down.
- While there will be a reduction in benefits staffing, VA has taken measures to ensure, in the short-term, that Veterans currently receiving VA benefits will continue to receive those payments on a timely basis and without interruption. Disability compensation and pension, survivor and/or education benefits will be paid; however, new claims for disability compensation and pension, survivor and/or education benefits will be accepted but not processed. The VA could not say specifically what will happen to GI Bill benefits, and whether they are included in that group. They also would not speculate on how a long-term shutdown might cause delays to those payouts.
- Some VA services that may be suspended in the event of a partial government-wide shut down involve answering consumer inquiries by e-mail, telephone or mail, routine recruiting, hiring and training, and fraud investigations.
- Previously scheduled Appeals hearings will be held.
- The National Cemetery Administration will remain open for burials, but there may be some delays. Some cemeteries may operate on a modified schedule.

- The Department of Veterans Affairs issued a Field Guide www.va.gov/FieldGuide_Final_6261.pdf which listed specifically which of its services would continue and which would not during a shutdown. A check of this site on 9 APR indicated it was unavailable.

Department of Defense:

- Operations and activities that are essential to safety, protection of human life, and protection of our national security, are 'excepted' from shutting down. The DoD will continue to conduct activities in support of our national security, including operations in Iraq, Afghanistan, and Japan; Libya-related support operations; and other operations and activities essential to the security of our nation. The department must also continue to provide for the safety of human life and protection of property.
- Other excepted activities will include inpatient and essential outpatient care in DoD medical treatment facilities; emergency dental care; non-appropriated funds activities such as mess halls and child care activities; certain legal activities to support ongoing litigation and legal assistance for deployed DoD personnel; contracting and logistics operations that are in support of excepted activities; certain education and training activities to include the DoD education activity schools; and financial management activities necessary to ensure the control and accountability of funds.
- Military hospitals and clinics will remain open; however, some elective procedures could be postponed.
- Military, Civilian, and Retiree Pay: If the government shuts down due to the absence of funding, the DoD will have no funds to pay military members or civilian employees for the days during which the government is shut down. However, both military and civilian personnel will receive pay for the period worked prior to the shutdown. Military personnel, and civilians occupying excepted status positions and required to work, are entitled to be paid for work performed during the shutdown, and will be paid retroactively once the department receives additional funding. Congress would have to provide authority in order for the department to retroactively pay non-excepted employees for the furloughed period.
- Military retirees and annuitants are not paid from annually appropriated funds, and therefore their benefits should continue without interruption. However, new applications for retiree and survivor benefits will be accepted but not processed.
- Veterans Health Administration: The VHA is expected to stay open through a shutdown.
- Reserve component personnel won't perform inactive duty drill training unless it directly supports an "excepted activity."
- Accession, initial entry training and separation moves will continue.
- Any temporary duty travel scheduled to begin after the shutdown should be canceled, except that travel in direct support of operations in Afghanistan, Iraq, Japan and Libya and certain other reasons may be continued -- but only if expressly approved in writing by senior DoD or service officials
- No new contracts may be executed except to support excepted activities...and then only when delay in contracting would "endanger national security or create a risk to human life or property."

Other government services that would or could possibly cease during shut down:

- Federal Housing Associate's new home loan guarantees may cease.
- Small Business Association approval of applications for business loan guarantees and direct loans to small businesses would likely cease.
- Internal Revenue Service's processing of tax refunds for paper-filed returns (approximately 30 percent of total), and performance of tax audits, would be suspended. The April 18 deadline would remain in place,
- Operation of E-Verify activities by DHS would be suspended, which could slow down new hiring.
- Patent processing will be suspended.
- Non-emergency consular and passport operations may be suspended, though this is still under discussion with the State Department.
- All areas of the National Park Service and National Wildlife Refuge Systems will be closed.

- Smithsonian Institution and National Gallery of Art would close to the public (although Kennedy Center will remain open, due to significant private funding sources).
- District of Columbia: Trash collection would be suspended for first three days of funding lapse. Public libraries (except for security), and a variety of District offices that perform non-excepted functions, including the Department of Motor Vehicles, would suspend operations.

Other government services that would continue:

- Social Security and Medicare are viewed as essential services that would continue to make payments even as many other federal operations halt. And unlike typical federal programs, these mandatory entitlements have their own streams of revenue from payroll taxes, which require no congressional vote to authorize. However, a shutdown might force them to pare back on staffing levels. That could mean that some phones go unanswered, and that new enrollees face delays in getting benefits launched.
- Because Medicaid allotments are paid to states in advance on a quarterly basis, it is likely states will not see an immediate impact from a temporary government shutdown. That means physicians and other health-care providers should continue to be paid as usual as they serve the Medicaid and SCHIP.
- Unemployment insurance (UI) is distributed at the state level, but with money that comes from both state and federal payroll taxes. It has enough money to survive a short shutdown without interrupting benefits,
- Critical homeland security functions such as border security would continue.

Veterans are encouraged to monitor their local news for additional developments as they occur. In addition, should you wish to make your voice heard directly to Congress, go to <http://capwiz.com/vfw/dbq/officials/>. [Source: Various 12 Apr 2011 ++]

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VA Third Party Insurers Update 05: The Department of Veterans Affairs (VA) is implementing a new billing process for charging third party insurers for outpatient prescription medications provided to Veterans for conditions unrelated to their military service. This change will not affect Veterans’ co-payments for prescriptions. “This is a simple change that makes sense for delivering Veterans’ health care,” said Gary Baker, chief business officer of VA’s Veterans Health Administration. “VA should recoup from insurers the actual costs for prescriptions provided to Veterans rather than a flat fee that is the average of all medication costs.” Starting 18 MAR, VA began charging third party insurers of Veterans for the full costs of prescription medications plus an administrative fee of \$11.40, rather than the flat fee of \$51 that is currently billed. The rule change, published in the Federal Register on Oct. 6, 2010, will contribute to VA’s mission of providing exceptional health care that improves health and well-being. The new billing process will be similar to how the private sector bills for prescription medications. Veterans who receive prescriptions through VA for illnesses that are not related to their disabilities resulting from military service, currently pay a maximum of \$9 in co-pay per 30-day prescription, with many Veterans paying no co-pay at all. Veterans with questions about their health care benefits can call the VHA Health Resource Center at 1-877-222- 8387 or visit <http://www.va.gov/healtheligibility/>. [Source: Veterans Corner with Michael Isam 8 Apr 2011 ++]

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VA Sexual Trauma Program Update 03: About one in five women and one in a hundred men seen in VA medical facilities report that they experienced Military Sexual Trauma (MST); that is, sexual assault or repeated, threatening sexual harassment that occurred during military service. MST can affect veterans' physical and mental health many years afterwards. VA offers a variety of services designed to assist veterans who have experienced MST. For example, treatment for physical and mental health conditions related to MST is available at

every VA facility and is provided to veterans free of charge, regardless of service-connection status. Veterans may be able to receive this free MST-related care even if they are not eligible for other VA care. Every VA facility has an MST Coordinator who serves as a point of contact for veterans and staff. It's important to remember that every VA employee has the power to help veterans recover from MST by responding sensitively to inquiries about MST, remaining knowledgeable about VA's MST-related services, and ensuring that information about veterans' MST status is kept confidential. For more information, contact your facility's MST Coordinator or visit the MST Resource homepage at <http://www.mentalhealth.va.gov/msthome.asp>. To locate a facility near you refer to <http://www2.va.gov/directory/guide/home.asp?isFlash=1>. [Source: Veterans Corner with Michael Isam 8 Apr 2011 ++]

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Veterans' Court Update 09: When a Veteran returns home from war, they trade adrenaline-soaked firefights for mall shopping and combat patrols for classrooms. When life screeches to a relative halt, there tends to be a common question among Vets: Now what? The false sense that life will fall perfectly back in place, coupled with the idea of what is supposed to come next and the realization that the rush felt during deployment is gone forever can lead some Vets to go heavy on alcohol and drugs, ultimately catapulting them into a legal system that, until recently, was unable to adequately deal with the unique challenges faced by Vets. As Kurt Vonnegut wrote in *Slaughterhouse-Five*, in war, “absolutely everybody gets a little something.” For Iraq and Afghanistan Veterans, unfortunately, that can mean coming home with post-traumatic stress, an increased risk for homelessness, and—in a tiny minority of cases—a temper that can lead to problems. For these reasons, Veterans Treatment Courts became a phenomenon. The idea was brought to life in 2008 in western New York by Judge Robert Russell, who based the idea on making a hybrid court—one that took aspects of popular drug and mental health courts already established across the U.S. By early 2010, there were 24 operational Veterans courts—from Buffalo to Los Angeles with another 40 in development across the United States.

With the growing number of Veterans Treatment Courts, VA required justice-focused action at the medical center level, hence the Veterans Justice Outreach Initiative was created to educate the legal system, law enforcement, and jails on unique issues facing today's Veterans. Once Veterans enter the legal system, VJO specialists help them avoid unnecessary incarceration through integration into VA substance and mental health treatment programs. According to Chris Woods, a Veterans Justice Outreach Specialist with the Hunter Holmes McGuire VA Medical Center, most of the arrests he has seen among young Iraq and Afghanistan Vets are for driving under the influence, simple assaults, public intoxication, resisting arrest, and possession of drugs. Woods says the Veterans he works with do not typically have a history of violence or drug use. This makes it even more critical to get those eligible into VA treatment instead of behind bars. To be eligible for treatment services, Veterans need an honorable discharge and two or more years of active duty service. However, with the ongoing conflicts, the two-year requirement is often waived if the Veteran has been deployed. If a Vet has an other-than-honorable discharge, he or she can file an appeal. For those with a dishonorable discharge, Woods will refer them to a Wounded Warrior program which will work with a Veteran regardless of discharge status.

Sean Clark, the VA's National Coordinator of Veterans Justice Outreach in the Office of Mental Health Services, believes the success of the treatment courts is due to “connecting Vets with VA services at the earliest possible point.” And the first encounter for the Vet is usually with law enforcement. The law enforcement personnel who participate in the program are trained to deal with PTSD, crisis intervention, and how to interact with someone who has mental health issues. They also receive information about VA substance and mental health programs. Law enforcement has been trained to remain calm and simply ask if the person they're encountering is a Veteran. “Law enforcement is receptive to the training,” said Woods. “A lot of them are Veterans themselves.” Woods has introduced himself to a handful of courts and jails and personally links up with 40 – 50 courts and 21 jails in 43

counties and eight cities. He educates the courts on what VA services are available and how VA can be used to help the troubled Veteran. While VJO specialists identify appropriate VA services, the court ultimately decides if the program is suitable for the Veteran. “I have not had a judge or court turn down VA services or resources yet,” said Woods.

Once a Veteran has accepted VJO services the court can pair them with a mentor, usually a Veteran, who provides peer support. The Veteran must also identify and actively pursue personal goals, which include employment and educational opportunities. If a Veteran has landed in jail, VJO specialists still have an opportunity to reach them prior to their release. Veterans are identified by prison mental health staff and connected with a specialist. However, the biggest challenge Woods sees is that Veterans don’t actually know they are a Veteran and qualify for VA services. “They don’t see themselves as Veterans,” said Woods. “They automatically think of old people as being Vets. . .not young people.” Woods estimates he has helped between 50 – 100 Veterans during his year and a half on the job. His time on each case varies from simply writing up a court report to months of dedicated effort in order to help a Veteran succeed. But the reaction he receives is typically the same: positive and grateful. Veteran Treatment Courts continue to spread across the country, welcomed by communities for their efforts to help Vets in need. No one who deploys anticipates returning home to life in a jail cell. With the help of Veterans Justice Outreach Specialists and Veteran Treatment Courts, Vets are being given a second chance. “Someone in crisis doesn’t belong in jail but deserves some help,” said Clark. [Source: Vantage Point Kate Holt article 30 Mar 2011 ++]



Veterans Treatment Court

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Atomic Vets Update 06: The U.S. stopped testing nuclear weapons above ground in 1962, and many Veterans today—known as “Atomic Veterans”—still deal with lingering effects that come with exposure to radiation (like cancer and other adverse health effects). Atomic Veterans are troops who were stationed as ground troops or POWs near the detonation sites in Hiroshima and Nagasaki or participants in above ground nuclear tests conducted from 1945 to 1962 in the Pacific Ocean and southwest U.S. Some conditions (mostly cancers) are considered “presumptive conditions” for Atomic Veterans and just establishing that you participated in one of these situations make an “atomic Veteran” eligible for compensation. For non-presumptive conditions, the key to getting

compensation (and treatment, if not otherwise eligible for care) from VA lies in establishing the amount of radiation to which a Veteran was exposed. To that end, if you were involved, there are several resources you should know about.

- VA is encouraging all Atomic Veterans to check out the new website for the Veterans' Advisory Board on Dose Reconstruction (VBDR) at <http://www.vbdr.org>.
- VA offers an evaluation, known as the Ionizing Radiation Registry (IRR), free of charge to all eligible "Atomic Veterans". Veterans do not need to be enrolled in VA health care to be eligible.
- Information can be found on the Radiation page created by the Office of Public Health and environmental hazards at <http://www.publichealth.va.gov/exposures/radiation>.

[Source: Vantage Point Jim Benson article 7 Apr 2011 ++]

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Vet Heart Failure Death Rates: Elderly U.S. veterans are far less likely to die after hospitalization for heart failure than they were in the late 1990s, a new study indicates. Researchers examined data on more than 21,000 veterans aged 80 and older who were hospitalized at least once for heart failure between 1999 and 2008. They found that death rates within 30 days of initial hospitalization fell from 14 percent to 7 percent during that time, and death rates within a year of hospitalization decreased from 48.8 percent to 27.2 percent. While patients aged 90 and older were most likely to die within a year of initial hospital admission, the 30-day and one-year death rates improved the most in this age group, 11 percent and 26 percent, respectively, according to the report. The overall decline in death rates among patients 80 and older may be due to increasing emphasis on measures that promote evidence-based treatment of heart failure, said the researchers, from Stanford University School of Medicine.

But while death rates declined during the study period, readmission of patients for any reason within 30 days of initial heart failure hospitalization remained unchanged between 1999 and 2008 at about 17.3 percent, the study authors found. Among the ways to reduce these patients' risk of 30-day hospital readmission, the researchers suggested improved patient education, blood testing or other physician follow-up shortly after hospital discharge. The study is published in the 5 APR online edition of the journal *Circulation: Heart Failure*. "There was a lot of room for improvement since so many patients in the oldest age groups were not getting evidence-based heart failure therapies, historically," study author Dr. Rashmee Shah, a postdoctoral fellow in the health research and policy department at Stanford, said in a journal news release. The U.S. National Heart, Lung, and Blood Institute has more about senior heart failure at <http://nihseniorhealth.gov/heartfailure/toc.html>. [Source: HealthDay News 5 Apr 2011 ++]

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DoD/VA VLER Update 05: Two years after they joined President Barack Obama in announcing plans to create a Joint Virtual Lifetime Electronic Record, Defense Secretary Robert M. Gates and Veterans Affairs Secretary Eric K. Shinseki have agreed to create a joint common platform for their departments' electronic medical records. Gates and Shinseki agreed in concept to create the joint common platform during a 17 MAR session, giving their staffs an early May deadline to come up with an implementation plan, VA Deputy Secretary W. Scott Gould told American Forces Press Service. "They slapped the table and said, 'Okay, in concept we agree,'" Gould said during an interview while attending the 25th National Disabled Veterans Winter Sports Clinic in Snowmass Village, Colo. Now DOD and VA are at work to determine if a joint e-platform will support their separate processes. DOD currently uses the Armed Forces Health Longitudinal Technology Application, or AHLTA system, and is transitioning to the more comprehensive, real-time Electronic Health Record Way Ahead system. VA uses the 20-plus-year-old Veterans Health Information Systems and Technology Architecture, or VistA.

Gould expressed confidence that a joint system will work for both the Defense Department and VA. “And the reasoning is pretty sound,” he said. “Ninety percent of the medicine in DoD and VA is the same. So why shouldn’t we have one system, and only have the taxpayer pay to build it once?” The 2010 Defense-VA Interagency Program Office report to Congress noted that the two departments share nine of the 13 core functional capabilities for an electronic health record, Gould said. “This shows the kind of leadership that both Secretary Shinseki and Secretary Gates bring to the table,” he said. “They are committed. They want to make a difference. And they are challenging both their deputies and their entire organizations to cut through the red tape and get it done. And [Deputy Defense Secretary] Bill Lynn and I are hard at work to make that happen.” Shinseki told a Senate Appropriations Committee subcommittee 31 MAR the deal followed about two years of discussions. He said DOD is “looking for new direction” for its own electronics record system, while noting the need to update VA’s own aging system. “We have a terrific electronic health record, but again, it’s about 20 years in being,” Shinseki said of VA’s VistA system. “So, we’re going to have to adjust also to ensure the sustainability of that system. It’s a great opportunity for both of us to put our heads together.”

Undersecretary of Defense for Personnel and Readiness Clifford L. Stanley called the initiative an example of closer inter-departmental cooperation that’s improving efficiencies and providing better patient care. “We are working even ever more closely with our colleagues in the Department of Veterans’ Affairs to ensure our activities are better coordinated to include the disability evaluation process, the sharing of personnel and health information, and collaboration on our future electronic health record,” Stanley told the House Armed Service Committee’s Military Personnel Subcommittee March 15. During the same hearing Army Lt. Gen. Eric Schoomaker, Army surgeon general, said that creating a single electronic health record will increase information-sharing between the two departments and provide a better way to transfer patient data. “No two health organizations in the nation share more non-billable health information than the DOD and the VA,” Schoomaker noted. “The departments continue to standardize this sharing activity under delivering information technology solutions that will significantly improve the sharing of appropriate electronic health information.”

The agreement to pursue a joint common platform for their electronic medical records follows the two departments’ decision in APR 09 to create a Joint Virtual Lifetime Electronic Record (VLER) to smooth the flow of medical records between the Defense and Veterans Affairs departments. Five pilot programs are up and running to test out the initiative before it goes nationwide, Gould said. Obama, in announcing the joint initiative, described the advantages of a common joint lifetime record. “When a member of the armed forces separates from the military, he or she will no longer have to walk paperwork from a [Defense Department] duty station to a local VA health center,” the president said. “Their electronic records will transition along with them and remain with them forever.” Obama explained that the new system will include both administrative and medical information from the day recruits enter military service, throughout their military careers, and after they retire or leave the military. “This would represent a huge step toward modernizing the way health care is delivered and benefits are administered for our nation’s veterans,” Obama added. “It would cut through red tape and reduce the number of administrative mistakes.” [Source: Donna Miles article 5 Apr 2011 ++]

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VA Vet Care Travel Policy: Sen. Lisa Murkowski has moved to expand access to local health services for Alaska veterans. It remains to be seen whether federal officials will change their ways, but her efforts raised public consciousness of an issue that drastically affects the lives of some Alaska veterans. Many local vets have to travel to Seattle or elsewhere for medical treatments, despite the availability of those treatments within the state at private facilities. This is due to current Veteran’s Administration practices that route patients to a VA medical center. Proximity is the key problem for Alaska’s vets. The agency does not subscribe to the “shop local”

angle, even if that sends someone traversing the length of Canada when a cab ride across town would get that patient to similar care. The senator got a promise the VA would look closely at why they would send an Alaska vet 2,000 miles south for a treatment or specialty medical consultation if the same services could be purchased at a civilian hospital. The promise alone is progress, and she had good luck with a similar promise last year.

This isn't Murkowski's first scrap with the VA, which until last year sent chemotherapy patients to Seattle despite the availability of radiation therapy within Alaska. Chemo is hard enough without added stress. The duration of the treatments and physical hardship is rough even within one's community and around a support network of family and friends. Imagine you are a vet with no family, living in Anchorage a bus ride away from a modern chemotherapy center, and you're told that the nearest provider is in Washington state. That inhumane policy has changed, but others remain. If a vet needs a certain specialist in orthopedic surgery, for example, current policy tells vets to get on a plane. After achieving the change in chemotherapy policy, Murkowski this year elicited a pledge from Secretary of Veterans Affairs Eric Shinseki and his deputy that they'd examine the \$4 billion a year budget used now to buy civilian health care for covered vets, and raise that sum for fiscal year 2012-2013. The secretary said the VA has the ability to buy care in places like Alaska where the VA doesn't have existing facilities. They say they're going to work on the details.

Health care is part of the contract America has made with its veterans. Slogging to the airport, flying to Seattle and staying there long enough to recover from medical treatment is an outrageous burden for someone who needs a goiter removed. Military veterans deserve the best care they can get and the VA's efforts over the past three decades to improve hospitals and open new facilities, like the clinic in Juneau are applauded. It is fair and reasonable for them to expect medical services, especially the kind needed by vets who are part of our aging population, delivered to them in all 50 states if the facilities exist even if they aren't in a VA hospital. VA's Coordinated Care Policy for Traveling Veterans directive is at http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1562. [Source: Juneau Empire article 5 Apr 2011 ++]

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VA Fraud Waste & Abuse Update 33:

- **Columbus GA** - Joy Farmer, 41, was indicted 6 APR on federal bank fraud charges after she was accused of embezzling more than \$600,000 from bank accounts set up for veterans benefits. She was employed as an administrative assistant for an attorney in Tuskegee AL according to the indictment. The attorney had been appointed as a trust holder for several individuals receiving benefits from the Fiduciary Program of the United States Department of Veterans Affairs (VA). That program oversees benefits paid to veterans who are incapable of handling their own funds either because they are minors or because of injury, disease or old age. For each beneficiary, the attorney established a bank account to receive the VA benefits and pay appropriate expenses. The indictment alleges that between JAN 99 and May 04, Farmer embezzled approximately \$626,101.67 from 25 different Beneficiary Accounts by writing 327 checks to herself from the accounts, forging the attorney's signature on the checks, then depositing the money into her own account. She would then use the money to pay for personal expenses. To conceal her conduct the Farmer would deposit checks from one Beneficiary Account into another, then move that to another essentially jumping money across several Beneficiary Accounts. The indictment charges Farmer with eight counts of bank fraud. Each count carries a statutory maximum sentence of 30 years of imprisonment, a fine of up to \$1 million and an order of restitution. At her arraignment, Farmer pleaded not guilty and was released on a \$25,000 bond. Her trial is set for 22 AUG2011 in Opelika Alabama. [Source: Tuskegee WSFA-12 JoBeth Davis article 6 Apr 2011 ++]
- **Rockford IL** - Jeannine E. Snider, 66, pleaded guilty 6 APR to federal charges of making false statements on a U.S. Department of Veterans Affairs pension form. She admitted that she received more than \$43,000

in fraudulent VA benefits from SEP 00 through MAR 07. Snider made false statements saying she was married to an Army veteran who had died in May 2000. On her benefits application, she said they got married in 1986 in Mexico, when in fact the two never were legally married. Snider also admitted that she made multiple false statements about her employment history, saying she was unemployed for various periods when she actually was working. She faces a possible sentence of up to five years in prison and a fine up to \$250,000. Sentencing is set for 7 JUL. [Source: Rockford Register Star article 7 Apr 2011]

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Will Update 03: If you do not have a will you should if you are concerned at all about your accumulated wealth is disposed of after you demise. Start by getting organized: outline your objectives, determine the value of your property, inventory your major assets, estimate outstanding debts, and prepare a list of family members and other beneficiaries to whom you want or do not want to pass your assets to. You'll want to ask yourself these two questions:

- How do I want to divide my assets among my family members, other loved ones and favorite causes?
- Do I need to make special provisions for any of my heirs?

Bear in mind that your will does not control the below assets which you should review as to who you initially named as beneficiaries. In today's world changes in family structures over time can result in them going to someone you no longer want to receive them.

- IRAs, 401(k)s and other retirement plan assets. With each account, you will need to name a beneficiary to receive the benefits of your plan.
- Life insurance policies. You will need to name the beneficiaries of your life insurance policies to receive the death benefits after your lifetime.
- Any assets you own jointly with rights of survivorship. If you are the first of the two joint owners to die, your part will automatically pass to the surviving joint owner. Note, however, that your share of assets held as tenants in common will flow through your will to your beneficiaries.

In your will make sure you should name an Executor. Your executor undertakes many important responsibilities, including: Notifying all interested parties and agencies of your death; paying creditors and outstanding taxes; and distributing your assets according to your will. If you don't have a will, or if your will doesn't name an executor, the courts will appoint one. Contact your estate planning attorney to learn more about making your plans the best they can be. If you do not have one some common resources to help you identify estate planning attorneys in your area are:

- References from friends, relatives and co-workers
- The American Bar Association's Internet lawyer referral service, www.abanet.org (Search for attorneys in your area and research firms or individual attorneys to identify which ones specialize in trusts and estates or wills and probate.)
- Recommendations from charities you trust, especially if you're considering making a gift to charity through your will or trust
- Referrals from a local bar association or estate planning council

[Source: <http://www.plan.gs/Article.do?articleId=272&orgId=971> Apr 2011 ++]

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Homeowner Aid Fund: (Note: Military Times Copyrighted material - Not authorized for reproduction on any public domain website or website accessed newsletter . Forwarding via email in personal

communications is authorized.) Funding for the expanded Homeowners Assistance Program is about to run out before everyone who is eligible has received their benefits. “I am concerned about those airmen and all service members who are eligible for the program, but there’s no money remaining,” said Chief Master Sergeant of the Air Force James Roy, shortly after telling lawmakers 30 MAR that some airmen are still having a hard time selling their homes as they move on permanent change of-station orders. As of 23 MAR, HAP had paid out \$763.8 million to 5,093 homeowners. A total of 9,627 have been deemed eligible for the program — and new applications are still coming in at a rate of about 300 a month. Although the Pentagon has restricted the benefit for the PCS category to those who moved on orders dated between Feb. 1, 2006, and Sept. 30, 2010, there is no deadline to apply. “We’re going to find the money somehow to pay the benefit for those who meet the current eligibility requirements,” said Don Chapman, assistant HAP manager for the Army Corps of Engineers, which administers the program for all the services.

Congress provided \$855 million to expand HAP to help certain homeowners who are moving for military-related reasons and having trouble selling their homes. Chapman estimates that if nothing changes, funding will last through June. On average, HAP is paying about \$57 million a month. Another \$273 million — recycled from the sale of service members’ homes — is replenishing the program, but the total still falls short by about \$310 million, according to Military Times calculations, because more than 4,500 eligible homeowners are yet to receive benefits. The average benefit is about \$149,975 — an estimated \$674.8 million for those 4,500 homeowners. Most applications are from people who moved under PCS. Service members must have bought their houses before 1 JUL 06 to be eligible. Depending on the situation, the program might reimburse PCS sellers for 90% of what they paid for their houses. For those owing more than their home is worth, the program can pay either 75% of the purchase price or pay off the mortgage, whichever is greater. [Source: ArmyTimes Karen Jowers article 11 Apr 2011 ++]

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Pentagon: Headquarters of the Department of Defense, the Pentagon is one of the world's largest office buildings. It is twice the size of the Merchandise Mart in Chicago, and has three times the floor space of the Empire State Building in New York. The National Capitol could fit into any one of the five wedge-shaped sections. There are very few people throughout the United States who do not have some knowledge of the Pentagon. Many have followed news stories emanating from the defense establishment housed in this building. However, relatively few people have had the opportunity to visit. The Pentagon is virtually a city in itself. Approximately 23,000 employees, both military and civilian, contribute to the planning and execution of the defense of our country. These people arrive daily from Washington, D.C. and its suburbs over approximately 30 miles of access highways, including express bus lanes and one of the newest subway systems in our country. They ride past 200 acres of lawn to park approximately 8,770 cars in 16 parking lots; climb 131 stairways or ride 19 escalators to reach offices that occupy 3,705,793 square feet. While in the building, they tell time by 4,200 clocks, drink from 691 water fountains, utilize 284 rest rooms, consume 4,500 cups of coffee, 1,700 pints of milk and 6,800 soft drinks prepared or served by a restaurant staff of 230 persons and dispensed in 1 dining room, 2 cafeterias, 6 snack bars, and an outdoor snack bar. The restaurant service is a privately run civilian operation under contract to the Pentagon.

Over 200,000 telephone calls are made daily through phones connected by 100,000 miles of telephone cable. The Defense Post Office handles about 1,200,000 pieces of mail monthly. Various libraries support its personnel in research and completion of their work. The Army Library alone provides 300,000 publications and 1,700 periodicals in various languages. Stripped of its occupants, furniture and various decorations, the building alone is an extraordinary structure. Built during the early years of World War II, it is still thought of as one of the most efficient office buildings in the world. Despite 17.5 miles of corridors it takes only seven minutes to walk between any two points in the building. The original site was nothing more than wasteland, swamps and dumps. 5.5 million cubic yards of earth, and 41,492 concrete piles contributed to the foundation of the building. Additionally, 680,000 tons of

sand and gravel, dredged from the nearby Potomac River, were processed into 435,000 cubic yards of concrete and molded into the Pentagon form. The building was constructed in the remarkably short time of 16 months and completed on January 15, 1943 at an approximate cost of \$83 million. It consolidated 17 buildings of the War Department and returned its investment within seven years.

The Pentagon Tours program, under the purview of the Assistant Secretary of Defense for Public Affairs, hosts more than 100,000 visitors annually. The tour lasts for approximately 60 minutes and follows a route that is approximately one and one half miles in length. Each tour includes the mission of the Department of Defense and each of its branches of service, and visits numerous displays that highlight and depict significant moments in military history. To take a guided tour of the Pentagon, you must make a reservation in advance. Note that tour schedules can fill up quickly, so it is advisable to book your tour well in advance of your visit. Reservations may be booked from 8 to 90 days in advance. Reservations will not be accepted for tour dates within 7 days or more than 90 days away. Visitors should review Tour Guidelines at <http://pentagon.afis.osd.mil/tour-guidelines.html> and Security Information at <http://pentagon.afis.osd.mil/security.html> before requesting a tour. All guided tours of the Pentagon are free and available by reservation only. Tours are conducted Monday through Friday from 9 a.m. to 3 p.m. Tours are not conducted on weekends or federal holidays. U.S. Residents can reserve a tour online at <http://pentagon.afis.osd.mil/tour-selection.html> or by contacting their Congressional and Senate Representative. Contact information for state representatives can be found at either <http://www.house.gov> or <http://www.senate.gov>. Foreign nationals/non-U.S. citizens must contact their embassy in Washington, D.C. to reserve a tour. [Source: <http://pentagon.afis.osd.mil/index.html> Apr 2011 ++]



Pentagon Hall of Heroes & City Mall

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VA Antibiotic Use: Researchers examining antibiotic use at Veterans Health Administration hospitals and care facilities have found strong evidence of a sharp rise in the prescribing of carbapenems, powerful antibiotics. The large study raises concerns that overuse of carbapenems could lead to a rise in bacteria with resistance to these antibiotics. Carbapenems are often considered the treatment of last resort for severe infections with multi-drug resistant pathogens. The study looked at antibiotics administered in 110 VA facilities between 2005 and 2009. The researchers observed a gradual increase in overall antibiotic use, but a sharp rise -- 102% -- in the use of carbapenems. "Use of these antibiotics helps the patient receiving the treatment, but has future consequences for innocent bystanders," said Makoto Jones, one of the researchers involved in the study. "The more these drugs are used, the more resistance we see." "Antibiotic use studies in the U.S. are critical to understanding the basic science of how and why resistance is on the rise," said Steven Gordon, president of the Society for Healthcare Epidemiology of America. "Dr. Jones' study is a clarion call for a need for better diagnostic tools to identify pathogens and

resistance...". For a video explaining how certain bacteria develop resistance to antibiotics refer to <http://www.jsonline.com/blogs/news/119189574.html>. [Source: Milwaukee Journal Sentinel Mark Johnson article 4 Apr 2011 ++]

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VA Operation New Dawn Benefits: Rep. Bob Filner (D-CA) has reintroduced a bill that will guarantee military members who serve in Operation New Dawn in Iraq will be entitled to the same health-related benefits as those who were part of Operation Iraqi Freedom. If passed, the bill would amend title 38, United States Code, to clarify the eligibility of certain veterans who serve in support of Operation New Dawn for hospital care, medical services, and nursing home care provided by the Department of Veterans Affairs. In a statement released by the lawmaker's office, Filner says H.R. 804 is identical to the bill he introduced in September during the last Congress. It would provide New Dawn veterans with the same veterans' hospital care, home nursing access and medical services through the Department of Veterans Affairs as veterans of Operation Iraqi Freedom. Filner's concern is that language of the law currently providing benefits to Operation Iraqi Freedom veterans may inadvertently deny the benefits to those who serve in the current operation. [Source: NGAUS Washington Report 5 Apr 2011 ++]

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Reserve Retirement Age Update 24: Rep. Tom Latham, R-Iowa, authored H.R.1283, the Reserve Retirement Deployment Credit Correction Act, to counter a previous law's interpretation by the Defense Department. The National Defense Authorization Act, which took effect in January 2008, allows reserve-component retirees to receive retirement pay three months prior to age 60 for every 90-day period they were on active duty. However, the Defense Department is interpreting the law to require all 90 days fall within one fiscal year, which is Oct. 1 to Sept. 30. The bill, if passed, would amend title 10, United States Code, to eliminate the per-fiscal year calculation of days of certain active duty or active service used to reduce the minimum age at which a member of a reserve component of the uniformed services may retire for non-regular service. Thus, Latham's bill would honor any 90 days of deployment without regard to the fiscal year. The law honors only deployments that took place since the bill was enacted in January 2008. [Source: NGAUS Washington Report 5 Apr 2011 ++]

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Flag Desecration Update 01: Rep. Jo Ann Emerson (R-MO-08) has introduced H.J. Res. 13 an amendment to the Constitution allowing Congress to pass legislation to prohibit desecration of the flag of the United States. Many brave men and women who serve and have served in the Armed Services feel deeply about the honor and dignity of "Old Glory," and the physical desecration of this symbol of democracy and freedom is an affront to them and the memory of those who died in the service of this Nation. Readers who would like to support this amendment sare encouraged to contact their legislators and request they support this resolution. One way to do this is to use the FRA action center at <http://www.capwiz.com/fra/issues/alert/?alertid=22343541> to ask your US representative to co-sponsor this constitutional amendment that would grant Congress the power to prohibit the physical desecration of the U.S. flag. [Source: FRA Action alert 5 Apr 2011 ++]

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Vet Federal Employment Update 07: The Department of Veterans' Affairs (VA) recently reached a major milestone on the number of veterans who make up its workforce. The VA now has more than

100,000 veterans in its workforce, which represents 32 percent of its 312,000 employees. Leading the effort to increase the number of veterans in the VA's workforce is the Veterans Employment Coordination Service (VECS), located in the Office of Human Resources Management. VECS, and its' team of 13 regional veteran employment coordinators located throughout the country, work collaboratively with HR offices, managers and supervisors nationally to link qualified veterans to VA career opportunities. To learn more about VECS, visit the the VA's VECS webpage <http://www.va.gov/vecs>. [Source: Mil.com | Benefits article 4 Apr 2011 ++]

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Stolen Valor Update 32: Army veteran George McEntyre figured out something that eluded Congress when lawmakers drafted and passed the Stolen Valor Act: how to make such a law stick. He's been the driving force behind a Texas Senate bill that would make it a crime to lie about serving in the military in order to make a material gain. It's not that the lying phenomenon is rampant. Most of us have enough integrity not to stoop to such lengths for the sake of a special license plate or a discount on a meal or oil change. But those who don't threaten to ruin for the rest of us the experience of helping service members or veterans, as McEntyre says local Army veteran Brian Culp nearly did for him. Culp pleaded guilty in DEC 08 to three misdemeanor charges of falsely claiming to be the recipient of a Purple Heart and a Bronze Star and creating a fake identification card that gave him access to area military bases. He also falsely claimed he was wounded while part of the 1993 Army Ranger rescue mission in Somalia made famous by the book and movie "Black Hawk Down." Last year, a federal judge in San Antonio sentenced Culp to nine months in jail for violating probation. Culp was prosecuted under the federal Stolen Valor Act that last year was declared unconstitutional, with judges ruling that the law making it illegal to lie about being a military hero violates free speech.

The ruling was affirmed last week by the 9th U.S. Circuit Court of Appeals, with judges noting that lying of that sort would no more be a crime than a dentist professing to a patient, "This won't hurt a bit." Culp's lawyer declined comment 1 APR about how the appeals court ruling might affect his client's case. McEntyre years ago had a brief brush with Culp on an annual, free hunting trip for service members that McEntyre organizes with the Central Texas-based Good Ol' Boys Hunting Club. McEntyre, a noncombat veteran who served in the Army from 1984-91, said he remembered some of Culp's boasts, so the case has held his attention. Adding to McEntyre's interest was the court ruling invalidating the Stolen Valor Act. The developments compelled McEntyre to work to close the loopholes that crippled the federal law. "There's nothing out there preventing braggarts from embellishing their service records or otherwise lying about military duty." McEntyre said. "There's not even a threat." He drafted a proposal that Houston-area Republican state Sen. Mike Jackson shaped into Senate Bill 431.

The legislation makes it a crime to use a fictitious or fraudulent military record to gain priority in services or other material benefit. The bill, which passed the full Senate in late APR, makes the offense a Class C misdemeanor. "It's easy to fool the general populace," says McEntyre. "They're not going to question you." And that's why McEntyre doesn't want to let the issue rest. Neither should lawmakers. The proposal next goes before the House Defense and Veterans Affairs Committee. "With the right amount of public awareness, it might make people (who are lying about a service record) think and realize that what (they're) doing is wrong. "People think this is a victimless crime," McEntyre said. "But (the liars) are victimizing all of us in our good nature, our willingness to help other service members." [Source: San Antonio Express-News Veronica Flores article 2 Apr 2011 ++]

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VA Mileage Reimbursement Update 09: If one of Montana's 108,000 veterans travels to a Veterans Affairs health care clinic, they are reimbursed at 41.5 cents per mile. If they travel to one of the state's four Vet Centers that focus on mental health care and readjustment counseling, they receive no reimbursement. "Bullet

wounds are often glamorized,” said Edward E. Saunders, a retired U.S. Army Lt. Col. “But if a veteran has emotional issues to contend with, he’s basically told to cowboy up. Battle wounds are more than what we see behind a bandage.” Saunders said he was embarrassed to learn of the biased treatment toward those with mental health issues. That puts him in company with U.S. Sen. Jon Tester (D-MT) a member of the Veterans’ Affairs Committee. He said he, too, assumed veterans were reimbursed equally. Tester has introduced legislation to equalize the travel reimbursement for veterans. Tester said in a telephone interview that the issue wasn’t even on his radar. Vets “on the ground” in Montana were the impetus behind the legislation. “Vets are a pretty straightforward bunch,” Tester said. “They tell you what they think, and they don’t sugarcoat it.”

The proposed bill S.696 would alter the VA’s definition of “Authorized Health Care Facilities” to include that state’s Vet Centers in Billings, Missoula, Kalispell and Great Falls. The mileage reimbursement becomes especially critical when traveling the vast distances in rural Montana. With gas prices hovering at \$3.45 a gallon, many forego the trip — and the help they need, Saunders said. “This would not only fulfill the promise this country made to its veterans, but it would also help them as they integrate back into society,” Tester said. Norman Paulson, past commander of the Disabled American Veterans, Chapter 10, of Billings said Tester’s legislation is the “correct thing to do.” “Someone paid the price for us to be free, so let’s take care of them,” Paulson said. “It is our obligation.” Dr. Robert Petzel, Under Secretary for Health in the Department of Veterans Affairs, agreed that the law must be fixed and said he would be “delighted” to work with Tester on the proposed legislation. [Source: Billings Gazette Cindy Uken 2 Apr 2011 ++]

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Tricare Well-Child Benefit: April is the Military Health System’s Month of the Military Child, which makes it a good time to focus on Tricare’s well-child benefit. Tricare provides well-child care for eligible children from birth to age six, regardless of program option. The well-child benefit includes but is not limited to:
Routine newborn care

- Newborn circumcision
- Comprehensive health-promotion and disease-prevention
- Vision and hearing screenings
- Routine immunizations, according to Centers for Disease Control and Prevention guidelines
- Developmental assessments, according to American Academy of Pediatrics (AAP) guidelines

You are not responsible for copayments or cost-shares for services covered under Tricare’s well-child benefit. Your child can receive preventive care well-child visits as frequently as the AAP recommends, but no more than nine visits in two years. To learn more about this benefit, visit <http://www.tricare.mil>. [Source: Tricare Health Matters Issue 2 | 2011 ++]

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Weeds: Pulling weeds by hand is not always easy or practical, they’re pesky and determined to pop back up and spread in no time. If you’re looking for more natural ways to control weeds that don’t include harsh chemicals and are safer for children and pets. Here is a list of homemade weed killer recipes and solutions:

- **Vinegar:** Kill weeds dead with a good shot of vinegar. For best results, don’t dilute with water and choose a time to spray weeds when there’s no sign of rain. Household vinegar is around 5% acetic acid concentration which will do the trick for baby weeds. If you can find a stronger vinegar (like pickling which is about 9%), that will give better results for more mature (and stubborn) weeds.

- **Salt:** This is an effective weed killer, but keep in mind that significant amounts will cause damage to surrounding soil as well. Salt should only be used in places where you want no plant growth (like driveways, sidewalk cracks, underneath decks and patio blocks, around the foundation of the house, etc.). To use, a ratio of 1 part salt to 2 parts water should do it. You can also drizzle salt directly over weeds.
- **Salt & Vinegar Recipe:** Combine 1 1/4 cups of table salt with 1 gallon of household vinegar. Spray where needed.
- **Vinegar & Dish Detergent:** Fill a spray bottle with pickling vinegar and add a squirt or two of liquid dish detergent. Spray on weeds during the hottest part of the day.
- **Liquid Dish Detergent:** Make a soap solution of 1 part liquid dish detergent to 10 parts water. Soak weeds with this mix.
- **Boiling Water:** Plug in the kettle, bring it to a boil then pour the hot water over weeds (you're basically cooking the weed to death).
- **Lemon Juice:** Either use straight lemon juice or try 1/2 cup lemon juice mixed with 1 quart household vinegar. This works much the same way as straight vinegar, but lemon juice is more expensive.
- **Common Weed Killer Recipe:** 1 quart household vinegar, 1/4 cup salt, 2 teaspoons liquid dish detergent (only use a detergent that contains no bleach). Mix together and spray on weeds.
- **Corn Gluten Meal** (this is different than corn meal): This is an all natural weed and feed product that deters weeds spreading by seed. Effective on crabgrass, dandelions, curly dock, knotweed, lambs quarters, pigweed, plantain and other weeds. Can be used on lawns, flowerbeds, bulb beds and vegetable gardens. Make sure to use CGM that is labeled as "pre-emergent herbicide", stuff from the feedstore doesn't have enough protein to work. Keep in mind that using CGM affects seed growth for all plants, not just weeds.

Tips For Weed Control

- Many natural remedies and weed killer products will not only kill weeds dead, but they may also kill surrounding grass, plants and flowers. When using a recipe, make sure to apply to the weed only (keep in mind that liquids will saturate and seep into the ground where roots from favored plants may be able to reach).
- Use weed killers when there's no sign of rain for at least a day or two, hot sunny weather will give you best results.
- For weed control in gardens and flower beds, consider laying newspapers and mulch in and around your plants—the weeds will have a difficult time rooting and spreading .
- Weed growth is greatly reduced when using the "No Dig" method of gardening. The idea is to make a foundation of compost/mulch then only use soil where you plant (make a hole in the mulch, stick a handful or two of dirt inside then plant the seedling).

Many weeds are used in home remedies for all sorts of things and some are even edible and tasty! For example, dandelions can be used to make a delicious syrup, wine or jelly, while plantains can be crushed and used to reduce itching from mosquito bites or relieve pain from bee stings. [Source: <http://tipnut.com/weed-killers> Apr 2011 ++]

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Paralympics Vet Allowance: Some Veterans in training for the Paralympics will be able to qualify for a monthly subsistence allowance from the Department of Veterans Affairs (VA), under a new program to help disabled Veterans more easily take part in competitive sports. "Our disabled Veterans are models of courage, resilience and determination," said Secretary of Veterans Affairs Eric K. Shinseki. "This new allowance will enable our disabled athletes to further their recovery by taking part in world-class adaptive sports." VA officials caution that not all disabled Veterans will qualify for the subsistence allowance, which will actually be administered by the U.S. Paralympics. The allowance will be pegged to VA's subsistence allowance for participants in a full-time

institutional program under chapter 31 of title 38 of the U.S. Code. Those rates start at \$554 per month for Veterans without dependents. The current rate table is available at <http://www.vba.va.gov/bln/vre/sa.htm>.

Under the new rule, VA will pay the allowance to a Veteran with a service-connected or non-service-connected disability if the Veteran is invited by the U.S. Paralympics to compete for a slot on the U.S. Paralympic team or is residing at a U.S. Paralympic training center for training or competition. "While in uniform, our service men and women are continually challenged to push themselves beyond expectations, both physically and mentally," said Christopher J. Nowak, director of VA's paralympic program. "Their motivation and desire to succeed doesn't end with injury. Paralympic sports allow them to harness their competitive nature and push themselves beyond any perceived limitations." Applications for the allowance must be submitted through the U.S. Paralympics. The VA Paralympics Program Office will work closely with U.S. Paralympic Committee to ensure that Veterans who are eligible for retroactive payments are processed in a timely manner. [Source: VA News Release 1 Apr 2011 ++]

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Pets for Patriots: Pets for Patriots is an organization that helps a veteran or active, reserve, retired service member to adopt a mature dog or cat from one of many high-risk shelters around the country. The organization provides the veteran with a gift card for the purchase of food, supplies, toys and other basics for the new pet plus discounts on veterinary fees. In order to receive their assistance you must first apply and receive a confirmation of membership from them. They will determine eligibility upon receiving both your proof of service and the application available at <http://www.petsforpatriots.org/ForPatriots/BecomeamemberPatriot.aspx>. For more information, visit the Pets for Patriots website <http://www.petsforpatriots.org>. [Source: NAUS Weekly Update 1 Apr 2011 ++]

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Tricare Young Adult Program Update 03: Qualified Tricare dependents up to age 26 can soon purchase Tricare coverage on a month-to-month basis. To qualify to purchase Tricare Young Adult (TYA) coverage, dependents must be under 26, unmarried and not eligible for their own employer-sponsor health coverage. TYA will initially offer a premium-based Tricare Standard benefit with a premium-based Tricare Prime benefit phased in later this year. Eligible family members who receive health care services between Jan. 1, 2011 and when the program is implemented can purchase TYA coverage retroactively to Jan. 1, 2011. Beneficiaries should save their receipts. Premium costs will be announced prior to start of enrollment later this spring. Once premiums are determined, TYA-eligible beneficiaries should explore all of their health care coverage options to choose a plan that makes sense for them. For more information about TYA visit <http://www.tricare.mil/tya>. To stay up to date about all TYA news, go to <http://www.tricare.mil/subscriptions> to sign up for TYA e-mail alerts and other updates from Tricare. [Source: Tricare News Release No. 11-19 30 Mar 2011 ++]

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VA VistA Update 05: The Department of Veterans Affairs released a draft Request for Proposal (RFP) on 1 APR aimed at forming an Open Source community around its ground-breaking VistA (Veterans Integrated System Technology Architecture) electronic health record (EHR) system. When award is made under a planned RFP for a custodial agent, VA will commit to deploy the Open Source version of VistA to all of its facilities, and will contribute all non-security essential modifications to the product it makes or pays for directly to the Open Source custodian. VA will also commit to participate in Open Source VistA with other public and private sector participants. VA expects to begin conversion to an Open Source version of VistA by this summer. A key step in this

process will be the selection of a custodial agent to perform all aspects of operating the Open Source community. On 18 FEB, VA released a Request for Information(RFI) asking for information from stakeholders and potential offerors for a custodial agent. Concurrent to this announcement VA issued a draft RFP for custodial services.

The VistA system is widely viewed as the most extensively used electronic health record system in the Nation. It is currently used in 153 major VA hospitals and more than 800 community based outpatient clinics across the U.S. It forms the basis of the Resource and Patient Management System (RPMS), the EHR system used by the Indian Health System, as well as the basis of installations in more than 50 hospitals globally. A vibrant community outside VA already uses VistA. "Over the past year, we have followed a deliberative process to examine the implications of Open Source for VistA, and we are convinced that this is the best approach for VA, Veterans, and taxpayers," said Roger Baker, VA assistant secretary for information and technology. "Our primary goal is to re-ignite the innovative processes that made VistA such a great EHR system. We also want to ensure that vendors of proprietary products can easily and confidently integrate their products with VistA to make them available for VA to purchase and use in our facilities." VA expects that other organizations may commit to VistA Open Source, and welcomes their participation in the development, use and governance of VistA.

VA Chief Technology Officer Peter Levin, who helped lead the Open Source initiative, said, "This is a terrific example of what the Administration means by Open Government: transparent, collaborative and truly participatory. This is a historic moment for health care informatics. By moving towards standards-based systems that incorporate health records and the best that industry and government can offer, VA will remain at the vanguard of electronic health care delivery." Hundreds of companies, organizations, government agencies, universities, Congressional stakeholders, and individuals advised VA's path towards Open Source via published studies, RFI responses, meetings or individual comments. In the best traditions of Open Source, the combined wisdom of this community has ensured establishment of a much better path than any single institutional stakeholder could possibly have achieved on its own. [Source: VA News Release 1 Apr 2011 ++]

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Legislative Process Update 01: The House of Representatives approved a number of new rules at the start of the new Congress that could significantly affect the process of considering defense and other legislation.

- New rules bar commemorative legislation from being considered in the House. Nearly one-third of all bills passed by the previous Congress involved resolutions declaring National Deep Vein Thrombosis Awareness Month, honoring sports accomplishments, or commemorating other noteworthy people or events. At a press conference announcing the new rules earlier this year, Rep. Greg Walden (R-OR) said, "If Americans knew we spent this week...saluting golf legend Chi-Chi Rodriguez and commending the city of Jacksonville, Arkansas, while their taxes are about to go up and our national debt is exploding, they'd send us all packing."
- House leaders have dramatically changed the way they deal with legislation that comes before the House for action. Previously in both Republican- and Democratic-controlled Houses, the party in power kept a tight rein on the amendment process, using the Rules Committee to limit floor amendments to issues the leaders were willing to consider. This year, the new rules will operate much more like the Senate's, with individual members able to offer a variety of amendments for open debate. Among other things, this change could have serious impacts on the annual defense authorization bill. Historically, the House quickly approved its version of the defense bill with few amendments, while the Senate often had to consume a week or more, scheduling debate time on an agenda that included hundreds of proposed amendments. This year, that could be the scene in both chambers, which could be good or bad news. On one hand, it gives

veteran's legislative champions (i.e. military fraternal organizations and congressman) greater opportunities to have their amendments considered. On the other, it opens the process to a potential budget-cutting free-for-all, with the possibility of disadvantageous amendments being offered on relatively short notice with limited time for rebuttal before a vote is taken. The only predictable thing about that change is that it's sure to drag out the legislative process and increase the potential for unintended consequences.

- The House has instituted new rules intended to block pork spending (earmarks). Accordingly, new House Armed Services Committee Chairman Howard 'Buck' McKeon (R-CA) has issued guidelines that no provision can be inserted in Committee action on the defense bill that designates money to be spent in a specific district or locality. Any alternate spending initiatives will have to be subject to open debate and vote, and any proposal to increase spending will have to be offset by an equivalent spending reduction.

[Source: MOAA Leg Up 1 Apr 2011 ++]

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VA Funding 2011 Update 01: South Dakota has voted to cut its state spending for veterans services and shift the burden to its counties, which they may or may not pick it up. House Bill 1245 passed during the 2011 South Dakota legislative session has been signed by the governor. In its original form, this bill proposed to reduce state expenditures by eliminating both (1) the states' authority to pay the expenses of the annual training school for County Veterans Service Officers and (2) the CVSO salary reimbursement program. HB 1245 was amended during the session and the final version eliminates the states' reimbursement of travel and per diem expenses to the Department's annual training school in the Fall. The statutes providing for the salary reimbursement program (SDCL 33-16-28.2 through 33-16-28.5) were left in law - but no funding was appropriated for implementation of this program in the upcoming fiscal year. With the passage of this legislation, each county will now be responsible for their personnel's cost of attending the annual Veterans Benefits school. This year's school will again be held in Pierre on 29-31 AUG. Additionally, according to a letter of clarification sent out by the South Dakota Director of Veteran Affairs, for those counties that do participate in the state's salary reimbursement program, there will be no funds available to reimburse counties for the year 2011 salary paid to their County Veteran Service Officers (CVSO).

South Dakota State Law directs that the Board of County Commissioners of each county in the state shall employ a CVSO. Indian Tribes may appoint Veterans Service Officers who shall serve under the same terms and conditions as County Veterans Service Officers. They are known as Tribal Service Officers or TVSO. In most cases the Service Officer is located in the county courthouse or at the tribal headquarters. The County or Tribal Service Officer provides information, assistance, counseling and referrals on a wide range of subjects, benefits, and veteran programs. The people who are served by Service Officers come from a wide range of society, including the veteran, widows of veterans, dependent children of veterans as well as dependent parents who lost a son or daughter in military service. In addition the Service Officer must work closely with people in charge of cemeteries or mortuaries; with loaning agencies; realtors and of course officials of County and State Government and all veteran organizations.

Each CVSO or TVSO is supposed to receive training from the staff of the Division of Veterans Affairs to enable them furnish information or assistance on a wide range of topics. The topics are not limited to the following but these do indicate the variety of issues in which they might become involved in any given week. This list includes GI loans, compensation, pensions, education (On-The-Job Training and Apprenticeship Training), rehabilitation, medical and dental treatment, hospitalization or outpatient treatment or nursing home care, residency at the State Veterans' Home, other state benefits, Social Security, alcoholism and drug dependency treatment, employment and unemployment, small business loans, corrections of military records, review of discharges, burial in a national

cemetery, expense reimbursement, headstone or burial allowance, obtaining flags, as well as the protection of veterans' and widows' preferences. Many of the issues are complex and if a Service Officer does not know all the answers due to complexity or the ever-changing federal laws they know where to obtain the information and how to help those they serve cut government red tape. This is why one of the most important people for a veteran, widow or dependent resident of south Dakota to know is his or her County or Tribal Veterans Service Officer. [Source: SD DVA Weekly Newsletter 31 Mar & http://mva.sd.gov/county_tribal_officer.html Apr 2011 ++]

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VA Home Loan Update 26: The US Department of Veterans Affairs urges all veterans who are encountering problems making their mortgage payments to speak with their servicers as soon as possible to explore options to avoid foreclosure. Contrary to popular opinion, servicers really do not want to foreclose because foreclosure costs a lot of money. Depending on a veteran's specific situation, servicers may offer any of the following options to avoid foreclosure:

- Repayment Plan – The borrower makes regular installment each month plus part of the missed installments.
- Special Forbearance – The servicer agrees not to initiate foreclosure to allow time for borrowers to repay the missed installments. An example of when this would be likely is when a borrower is waiting for a tax refund.
- Loan Modification - Provides the borrower a fresh start by adding the delinquency to the loan balance and establishing a new payment schedule.
- Additional time to arrange a private sale – The servicer agrees to delay foreclosure to allow a sale to close if the loan will be paid off.
- Short Sale – When the servicer agrees to allow a borrower to sell his/her home for a lesser amount than what is currently required to payoff the loan.
- Deed-in-Lieu of Foreclosure - The borrower voluntarily agrees to deed the property to the servicer instead of going through a lengthy foreclosure process.

Refer to this Bulletin's "**VA Loan Foreclosure Avoidance**" for additional information on this subject. You can also access <http://www.benefits.va.gov/homeloans/veteran.asp> for additional information on VA loans and to watch videos of veterans who have completed the workout options listed above. [Source: Veteran Borrowers in Delinquency Quick Reference Sheet Apr 2011 ++]

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World War I Memorial Update 02: It all started when Edwin Fountain jogged past a small but oddly moving structure hidden by trees on the south side of the Mall, not far from the Tidal Basin. The Arlington lawyer discovered that the domed marble temple was a memorial honoring the 499 D.C. residents killed in World War I. Edwin thinks the memorial, dedicated in 1931, should honor more than just those 499 people. He is the founding director of the World War I Memorial Foundation, which has as its aim rededicating the monument as a national World War I memorial. No less a figure than Frank Buckles, the last surviving U.S. World War I veteran, lent his name to the effort. Joe Grano, president of the Rhodes Tavern-D.C. Heritage Society says he has a better idea. Make a national World War I memorial out of Pershing Park at 15th and Pennsylvania NW. After all, Gen. John J. Pershing was the head of U.S. expeditionary forces in Europe. Add a doughboy statue (modeled, perhaps, on Buckles), maybe a Navy sailor statue and some signage, and you'd have a dandy World War I monument. "He makes some interesting arguments that I am not unsympathetic to," Edwin said. "The odd position we find ourselves in is there is no perfect solution to this. Every proposal has its pros and cons."

Chief among Edwin’s cons for Pershing Park is the location. He thinks the streets around it are too busy and difficult to cross. Besides, everyone wants to be on the Mall. Only there would it be near memorials to our other major 20th-century conflicts: World War II, Korea, Vietnam. Said Edwin: “When you put World War I someplace else — whether in Kansas City or Pershing Park — you are diminishing it somehow, saying it was not as profound an event.” Grano thinks there’s nothing shabby about being a block from the White House. But here’s what’s really going on: Just as Edwin wants the D.C. World War I memorial to symbolize more than the District, Grano wants it symbolize more than World War I. The monument has become a rallying place for some supporters of D.C. voting rights. As Grano wrote in a letter to the foundation: The “D.C. memorial now represents to District of Columbia citizens not only what we have given to our beloved country, but also what our country has not given to us.” Edwin’s response? “I think they’re reaching to use that memorial for that purpose in the first place,” he said. Even so, he wants the National Park Service to include wording that the memorial is also a local one. And he’s all for D.C. voting rights advocates lobbying to get something on there about their issue, too.

Edwin predicts that if this bill goes through, there is zero chance the renamed memorial will include anything about the District’s lack of representation. One of the main proponents of the bill in the House has been Rep. Ted Poe (R-TX). Edwin called for his opinion on D.C. voting rights. A spokeswoman e-mailed back: “Rep. Poe is not going to comment on this issue at this time.” In 2007 he voted against a bill to give the District a vote in Congress. In 2009, the D.C. Council issued a resolution in favor of the name change. There were no public hearings. Both Jack Evans and Eleanor Holmes Norton are honorary trustees of the foundation. I guess in the grand scheme of things, re-carving some marble isn’t a big deal. But it grates, just as it grates that a petulant Congress won’t let the District have statues in the U.S. Capitol. As Grano put it: “You deny us any equality with the 50 states, and you just come in and take over our war memorial?” Edwin is adamant the memorial won’t be “federalized.” He said the new name would be the District of Columbia and National World War I Memorial. To me that “and” makes it sound as if the District is something separate, something not quite national, not quite American. [Source: The Washington Post’s John Kelly article 31 Mar 2011 ++]



The D.C. World War I Memorial is hidden by trees on the south side of the Mall, not far from the Tidal Basin.

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VA Diabetes Mellitus Care Update 07: Rates of foot and leg amputations in people with diabetes may have decreased in recent years, according to a new study of patients at Veterans Affairs (VA) clinics. Total rates of amputation, taking into account the age and gender of patients, were about 7 for every 1,000 patients in 2000 and between 4 and 5 for every 1,000 in 2004. The findings could mean "that we are getting better at screening patients ... and getting them the proper levels of care," Dr. James Wrobel, the head of the Center for Lower Extremity Ambulatory Research in North Chicago, Illinois, who was not involved in the study, told Reuters Health. Close to 26 million Americans have diabetes, according to the American Diabetes Association. The National Institutes of Health reports that more than 65,000 people with diabetes had leg foot amputations in 2006, the most recent year with available data.

Amputation is a risk with diabetes because nerve damage causes many patients to lose feeling in their feet, so they may not notice a cut or ulcer on their foot until it's infected. These cuts also take longer to heal because people with diabetes often have hardening of blood vessels, which causes less blood to flow to the feet and legs. Previous studies have suggested that the rate of amputations in diabetics may be decreasing, but lead investigator Dr. Chin-Lin Tseng from New Jersey's Department of Veteran Affairs and colleagues were concerned that might be due to higher numbers of people being diagnosed with early diabetes who generally don't have serious leg problems. While diabetes has been on the rise, the number of amputations wouldn't necessarily have increased yet. "Usually you don't see amputations in the first 10 years of somebody having diabetes," explained Wrobel.

In their analysis, published in *Diabetes Care*, the authors consulted records of all patients with diabetes that were seen at VA clinics and also tracked amputations in these patients paid for by Medicare. The study included between 400,000 and 800,000 patients with diabetes each year, most of whom were white and male. When the researchers compared two similar populations and accounted for trends in earlier diabetes diagnoses, they calculated that amputation rates still decreased by about 20 percent during the study period. Rates of minor and major amputations decreased at similar rates - in both 2000 and 2004, minor amputations were roughly twice as common as major amputations. However, the biggest decrease in amputation rates was in above-the-knee procedures - the most serious type of amputation the researchers examined.

Wrobel, who also works part-time at the VA, said it's hard to know if the findings are representative to the entire country, or if they are limited to VA clinics. He said that the VA has made improvements in screening patients with diabetes for foot problems and following their progress closely, and "the sum of all these things together could be explaining this," he said. But some of those improvements in prevention and care are also probably happening in non-VA hospitals, Wrobel said. When foot problems in patients with diabetes are caught early, treatments such as therapeutic shoes can cut down on their risk of later needing an amputation, Wrobel said. "People with diabetes receive more aggressive treatment for their condition and its risk factors than previously, due to increased awareness of diabetes and targeted interventions," Dr. Eszter Vamos, who has studied amputation rates in diabetes patients at the Imperial College of London, told Reuters Health in an email. Vamos, who was not involved in the current research, said that continued efforts are still needed to reduce the risk of amputation in patients with diabetes. [Source: New York (Reuters Health) Geneva Pittman article 31 Mar 2011 ++]

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GI Bill Update 94: The Veterans Affairs Department generally does a good job informing service members of their education benefits, but could improve its outreach to disabled vets, according to a new report from the Government Accountability Office. Awareness of the tuition benefits available to the military, particularly those under the Post-9/11 GI Bill, is high among service members and veterans in the general population, GAO found through interviews. But the watchdog recommended VA develop performance measures to better track the actual

efficacy of its outreach. The program that handles education and the one for vocational rehabilitation and employment for disabled vets need to coordinate their efforts to inform disabled vets of their assistance options, GAO recommended. "Education program officials told us that they do not conduct targeted outreach to individuals with disabilities because eligibility for VA education benefits is based on length of military service, rather than disability status," the report said. The department conducts outreach on education assistance through marketing and ad campaigns, information on its website and social media, a call center and briefings offered to service members at the time of their separation from the military.

VA currently has four active education benefit programs for service members and veterans -- the Post-9/11 GI Bill, the Montgomery GI Bill-Active Duty, the Montgomery GI Bill-Selected Reserve and the Reserve Educational Assistance Program. Individuals might be eligible for more than one of these programs, and disabled vets also are eligible to receive education and job counseling benefits through the department's Vocational Rehabilitation and Employment Program. But if disabled vets choose to obtain assistance through the Post-9/11 GI Bill, they are ineligible for benefits under the vocational program. The education program and the vocational rehabilitation and employment program typically conduct separate outreach, but VA is working to improve coordination between the two, GAO said. The agency reported that 84% of the school certifying officials it interviewed -- those who certify veteran enrollment status -- had not received training on working with service members and veterans with disabilities, and VA told the watchdog that the education program had not developed guidance or training for those officials on how to better serve that constituency.

VA began providing benefits under the Post-9/11 GI Bill in AUG 09; in fiscal 2010, it doled out \$9 billion in education benefits, mostly under that program, to more than 700,000 service members. Because of the spike in applications and the increased complexity of the new process, the department initially had a tough time processing claims quickly. The benefits under the Post-9/11 GI Bill are highly individualized and based on factors such as length of service and the location of the schools enrollees attend. School officials and state agencies told GAO that they'd like more guidance from VA on carrying out the mandates of the new GI bill, in particular certifying enrollment and providing accurate information for processing claims. In addition, they said some vets might have difficulty determining which benefits are right for them, how to calculate their benefit amount and the effect of the Post-9/11 GI bill on other forms of assistance. GAO also recommended VA improve its oversight of schools and state agencies involved in providing education benefits to service members and vets. The department generally agreed with GAO's recommendations and is in the process of implementing them, according to the report. [Source: GOVExec.com Kellie Lunney article 31 Mar 2011 ++]

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IRS Emails: Internal Revenue Service employees are not protecting sensitive information when they communicate with taxpayers through email, federal investigators reported 30 MAR. According to a 2010 audit, unauthorized employees often exchanged messages with taxpayers and the IRS failed to ensure emails were indecipherable to intruders. "We believe that many of these employees knowingly disregarded the [email policies] and do not fully understand the risk of unnecessarily exposing the release of taxpayer data," wrote Michael R. Phillips, deputy inspector general for audit at the Treasury Inspector General for Tax Administration in a 4 FEB report, published 31 MAR. In 2007, the IRS partially lifted a long-standing ban on emailing taxpayers sensitive data, such as their tax and financial information, as well as personal information that can identify them by name. Emailing was prohibited because identity thieves frequently impersonate IRS officials in emails to elicit victims' Social Security numbers, bank account information and other financial data. Like clockwork, every tax season the IRS reminds filers that it does not initiate communications via email. In 2007, however, the IRS began allowing taxpayers to exchange emails with the IRS, if they opt-in to a special program that requires using a compatible email system with encryption features and sign a memorandum of understanding on security.

In the 4 FEB findings, internal watchdogs reported that about 36% of IRS staff that are authorized to email taxpayers received 128 unencrypted, or unsecured, emails from filers. In addition, eight, or 21%, of the people who sent the unencrypted messages were not the actual taxpayer; they were a taxpayer's representative such as a public accountant, or an individual with power of attorney for the taxpayer. "[Those] taxpayers are most likely unaware their sensitive data were transmitted insecurely," Phillips wrote. Many of the unencrypted messages were sent by people who should not have been emailing sensitive data to the IRS at all. Of 38 taxpayers who were not exchanging secure emails, 14 were unauthorized because they had not signed an MOU. Officials at the tax agency told the inspector general "the IRS is not responsible for reporting or stopping taxpayers from sending unencrypted [sensitive but unclassified] data in emails," Phillips wrote. The investigators disagreed with the IRS that the government is off the hook when a taxpayer violates the agreement. "If taxpayers' sensitive data are lost or stolen as a result of the [email initiative], we believe the brunt of the criticism and negative publicity would be directed at the IRS," Phillips stated.

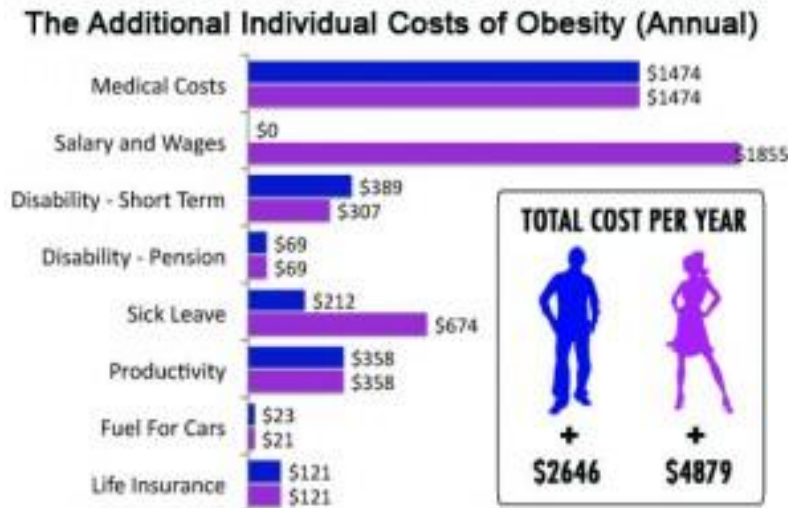
IRS employees, too, were sending unprotected emails. Staff who were not authorized to email taxpayers sent 21 unencrypted emails to 14 taxpayers. More than one-third of a sample of 70 unauthorized employees also received unencrypted emails from 64 taxpayers. Nine percent of the employees authorized to email taxpayers sent 20 unencrypted messages to nine taxpayers. A technology system that can monitor for insecure emails could prevent these types of violations. But the IRS will not be able to install such a tool until July 2012. Until then, "the IRS cannot stop these types of emails from occurring other than by relying on employee compliance," Phillips wrote. "The credibility and purpose of the program are undermined when nonparticipating employees send and receive unencrypted emails from taxpayers."

The inspector general recommended, among other things, that the IRS cut off agreements with taxpayers if they repeatedly fail to code sensitive emails. In responding to a draft of the findings, IRS officials said they would amend the MOU to inform participants of the security risks they are taking when they do not encrypt messages, but would not terminate agreements if participants fail to comply. Investigators also advised that the IRS develop procedures for reporting email violations. IRS Chief Technology Officer Terrance V. Milholland wrote in response to a draft report that the agency agreed with most of the IG's recommendations. "The IRS's modernization information technology services organization is committed to continuously improving the security of our information technology process; your report recommendations will further improve our secure email with taxpayer program," he wrote. [Source: http://www.nextgov.com/nextgov/ng_20110331_2151.php?oref=topnews Alyia Sternstein article 31 Mar 2011 ++]

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Saving Money: Everyone knows that being overweight or obese can take a toll on your lifespan, but what about its toll on your bank account? Until recently, no study had ever calculated the specific annual costs to each individual. But in September 2010, the School of Public Health and Health Services at George Washington University released a study <http://www.gwumc.edu/sphhs/departments/healthpolicy/pdf/HeavyBurdenReport.pdf> and the results are staggering: Each year, obese women take on \$4,879 in additional costs while obese men spend an additional \$2,646! To determine how this might apply personally you need to see where you fit in the rating. The classifications used by the Center for Disease Control to classify people by body mass index (BMI), a measure similar to body fat percentage, are Normal: 18.5-24.9; Overweight: 25-29.9; and Obese: 30-plus. To calculate your own BMI, use the CDC's calculator at http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html. According to the GWU study, an overweight woman spends \$524 more per year than her normal-BMI counterparts,

while overweight men spend an additional \$432. For a complete breakdown for the individual costs of obesity, take a look at the below graph. As you can see, the major driving force behind the cost of obesity is lost wages.



The second-greatest cause of increased expense is health care. Type II diabetes, cardiovascular issues, high cholesterol, stomach ulcers, gallbladder disease, muscle and bone difficulties, and certain forms of cancer are all potential complications for overweight individuals. Especially for those without insurance, caring for any of these conditions can add considerable expense to an annual health budget. In addition to direct costs of doctor visits or hospital stays, the cost of prescription medicine is generally higher for obese individuals. Many other areas of daily living are impacted as well. The cost of life insurance goes up dramatically for individuals who are above recommended weight levels for their age and build. The more overweight you are, the higher the risk for the insurance company, which is reflected in higher rates for health, disability, and life insurance. The GWU study shows that obese individuals have at least a 5-year reduction in life expectancy.

Other household expenses increase as well for overweight people. Due to added weight, spending for gasoline increases by an average of \$21 – \$23 per year, and recent news stories have highlighted cases of obese travelers being charged double because they couldn't fit in one seat. Extra-large clothing generally costs more than regular sized clothes. Although this article focuses on the financial ramifications of unhealthy habits, the cost on your lifestyle is perhaps even greater. Excess weight can affect your motivation or ability to do things you enjoy such as playing with children, participating in sports, or maintaining high energy levels throughout the day. Don't forget that the real benefit of getting in shape is priceless. Don't just do it for your wallet, do it for yourself! [Source: Money Talks News article 5 Apr 2011 ++]

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Notes of Interest:

- **Inflation.** CNN Money reports in February, the average retail price per pound for beef was \$3.87, up 12.4 percent versus a year ago. The average retail price for a pound of chicken was up 3.9 percent in February.
- **Birthday.** The Navy rate of chief petty officer was established on April 1, 1893, and the Coast Guard followed suit on May 18, 1920. Chiefs from both services are recognized as the hands-on leaders among enlisted personnel.



- **MCC.** The Marine Corps Connection (MCC) is a weekly e-newsletter to keep readers current on the latest headlines and events involving the entire Marine Corps family. To sign-up, go to <http://marines.mil/community/Pages/MarineCorpsConnectionNewsletter.aspx>.
- **Enlistment.** After months of great recruiting success, the Army has lowered the age limit for active duty and Reserve enlistment to age 34.

[Source: Various 1-15 Apr 2011 ++]

Medicare Fraud Update 64:

- **Houston TX** - Crime Stoppers is seeking public help in tracking down a wanted fugitive, possibly traveling with her infant son. Vivian Adiza Yusuf, also known as Vivan Adiza Amenaghawon, was charged with Conspiracy to Commit Health Care Fraud, Health Care Fraud and Aggravated Identity Theft on 2 MAR. Yusuf is accused of profiting around \$1.6 million from more than \$3.4 million in false and fraudulent claims to Medicare, according to a Houston Crime Stoppers statement. As part of the fraud scheme, she marketed power wheelchairs, accessories, and ortho kits, which primarily consisted of a bag of orthotic braces, wraps, supports, and a heat lamp or heat pad. Along with co-conspirators, Yusuf illegally obtained protected health information from elderly. That info included names, dates of birth, and Medicare numbers. The group of suspects submitted claims to Medicare for around 790 beneficiaries located in Texas and Louisiana, according to the statement. In some instances, physicians' signatures were forged and claims were submitted in the names of deceased Medicare beneficiaries. Yusuf is described as a 40-year-old black female of Nigerian descent. She has black hair, brown eyes, weighs around 200 pounds and is about 5'06". She is known to wear loose, baggy clothing. Her infant son is reportedly under 24 months of age. Yusuf's last known address is near the 13000 block of Rosewood Street in west Houston. A reward of up to \$5,000 is being offered for any information that could lead law enforcement officials to her current whereabouts. Tipsters should call 713-222-8477. You will remain anonymous.



- **Raleigh NC** - A whistleblower lawsuit sparked a federal investigation into the billing practices of Rex Hospital that has resulted in the Raleigh, North Carolina, hospital paying the federal government \$1.9 million to settle Medicare fraud charges. The "qui tam" lawsuit alleged a number of hospitals were keeping Medicare patients overnight unnecessarily following a back procedure known as "kyphoplasty" as a way to boost Medicare revenues when the procedure often can be done safely – and at a much lower cost -- on an outpatient basis. The settlement with the government, announced 4 APR, also covers federal charges that Rex Hospital billed Medicare for medically unnecessary overnight stays involving other medical procedures. Rex Hospital is the second North Carolina hospital to settle charges involving billing Medicare for unnecessary inpatient stays for kyphoplasty procedures. Presbyterian Orthopaedic Hospital in Charlotte paid the federal government \$637,872 last December to settle Medicare fraud charges. Kyphoplasty is a procedure that generally can be done safely on an outpatient basis. It generally takes about one hour to complete, and patients generally recover and are able to walk around within a few hours. It is used to treat certain spinal compression fractures, such as those due to osteoporosis. The minimally invasive procedure involves pumping up the compressed vertebra to create a cavity, then injecting bone cement into it. The government has settled charges based on the whistleblower lawsuit with 26 hospitals, including Rex Hospital, and Medtronic Spine LLC, the company that sold the equipment and materials used to perform kyphoplasty and advised hospitals on billing practices for the procedure.
- **Boise ID** - Scam artists out to steal taxpayer dollars from the federal health care system are targeting Medicare beneficiaries by telephone and offering free back or leg braces. The Idaho Department of Insurance reminds consumers that conversations about devices of this kind should be instigated by a primary care physician, not a telephone solicitor. The call could go something like this: “Do you have back pain? If so, you may be eligible for a free Medicare-approved back brace. And while you are getting the back brace, we will also send you a free leg brace.” Scam artists offer a number of free devices or services in exchange for the consumer’s Medicare number.
- **Miami FL** - The manager of a Miami community mental health center has pleaded guilty to a Medicare fraud scam resulting in more than \$100 million in bogus claims. As part of Margarita Acevedo’s 7 APR plea she admitted bribing patients to attend American Therapeutic Corporation so the company could bill Medicare for sleep studies and intensive mental illness treatments that patients didn’t need. Federal authorities indicted the company in October, alleging ATC paid the owners of assisted living facilities and halfway houses to force patients to attend programs at their seven mental health centers. Authorities say some patients also cashed in on the scheme by providing their Medicare numbers — others were not coherent enough to demand kickbacks. An employee contacted authorities prompting the investigation.
- **Baton Rouge LA** - Bradis D. Hicks, 46, was sentenced 7 APR to two years of probation for her role in a fraudulent scheme that netted \$450,634 from Medicare. She had pleaded guilty to one count of wrongful disclosure of individually identifiable health information. Her plea agreement required her cooperation in return for prosecutors' pledge not to pursue more charges. Baton Rouge residents Thompson W. Chinwoh, 57; Samuel B. Johnson, 48; and Stephanie Dangerfield, 50, also have pleaded guilty. Chinwoh is scheduled to be sentenced June 16. Sentencing dates for Johnson and Dangerfield have not yet been announced by U.S. District Judge James J. Brady. All four defendants were alleged to have defrauded Medicare by using Chinwoh's and Johnson's company — Medical Supplies of Baton Rouge Inc. — to file bogus bills for equipment that was either unnecessary for patients or not provided to them.

[Source: Fraud News Daily 1-15Apr 2011 ++]

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Medicaid Fraud Update 36: New legislation introduced in Albany New York would require nearly 5 million people on Medicaid to have their palms scanned, with biometric information imbedded on cards, in order

to see a doctor or get prescriptions filled. The measure, introduced 4 APR by Sen. Mike Ranzenhofer, R-Amherst, could reduce Medicaid fraud by billions of dollars, its supporters say, by making it harder for people — recipients and providers alike — to bilk the system. The Senate bill, the same as legislation introduced two weeks ago by Bronx Democratic Assemblywoman Naomi Rivera, is expected to set off a big brother debate between officials looking to limit Medicaid fraud and civil libertarians concerned about the government maintaining too much information about its citizens. The New York Civil Liberties Union said it wants to study the new bill before commenting. According to Rivera’s office, the measure will cost about \$20 million to install the software and hardware in health facilities across the state. Supporters say it could save \$5 billion in a system that costs more than \$50 billion annually.

Until 2009, the state required finger imaging for Medicaid recipients, but dropped the mandate as a way to help eligible children and adults obtain and keep Medicaid coverage. Critics have long argued that the finger imaging demonizes low-income people. Under the legislation, the veins of a Medicaid recipients’ palms would be scanned and that unique biometric information imbedded in Medicaid cards that are presented when recipients seek medical care or prescription drugs. Ranzenhofer said the current card system invites abuse because it is too easily accessible to those not eligible for benefits and those who are eligible can obtain drug and other benefits beyond what is supposed to be covered. The cards would be able to store information about how many patient visits are permitted per month or the number of prescriptions that can be filled in a certain time period. “With new technology, this is the type of fraud prevention that the public has come to accept. This is not an unreasonable intrusion into someone’s privacy,” the senator said. Ranzenhofer said the upgraded card would be no more intrusive than the Thruway’s EZ-Pass system. He also added the cards would not store information in a central registry and that private information, such as Social Security numbers, would not be imbedded. “The savings are going to be extraordinary,” he said. Ranzenhofer added that subject to future negotiations is who — the state or providers — would pay for the software and hardware that would be required at health facilities throughout the state. [Source: Albany Capitol Connection Tom Precious article 6 Apr 2011 ++]

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Medicaid Fraud Update 37:

- **Dallas TX** - The owner of a Kennedale-based medical supply company was sentenced to three years in federal prison on Wednesday and ordered to pay more than \$620,000 in restitution after pleading guilty in January to defrauding the government. Kaye Anne White, 45, was ordered to report to prison on May 4 after a conviction on one count of making false statements regarding health care matters. White, who lives in Virginia but has a residence in Arlington, Texas, owned and operated Electra Enterprises and Electra Med, LLC, a company that supplied electrical stimulation units, pain management devices, and related supplies to injured workers receiving benefits under the Texas Workers Compensation Act and the Federal Employees' Compensation Act. The fraud consisted of two practices that White admitted occurred after Electra either sold or rented these pain management devices to patients, according to government attorneys. Electra under-represented the number of adhesive removal and skin barrier wipes it supplied to patients on a monthly basis and was paid more than \$409,000 during a six-year period for wipes that it did not provide, according to court documents. During that same six-year period, Electra claimed that patients who did not meet with doctors actually met with physicians, and was paid more than \$211,000 for those face-to-face services that were not rendered. White operated at least 19 additional medical supply entities for physicians who referred their patients to Electra, but operated as a single business.
- **Alexandria VA** - In summer 2009, a Woodbridge health care agency billed Virginia Medicaid administrators more than \$1,000 for care it said it provided to a patient, saying it cared for him for 76 hours between 15 JUNE and 12 JULY. The problem, according to federal prosecutors, is that the patient died on 31 MAY. Now, two employees at First Call Home Health are facing accusations that they bilked taxpayers out

of more than \$1 million by filing false claims, like those in Burton H.'s case. Owner and registered nurse Godwin Ikwuakam and office manager Yannick Pierre have been charged with health care fraud in federal court. First Call provided personal care, respite care and in-home nursing services. A criminal complaint says that Ikwuakam and Pierre submitted hundreds of fraudulent claims, totaling \$1,049,237, between JAN 08 and JUN 2010. In one case, the complaint says, First Call billed the state's Medicaid administrators for \$1,269 in respite care services over 86 hours in April 2009 for patient Veronica P., but actually provided no patient care. In another case, the health care provider billed for 496 hours of care for a patient named Kathleen C. by a registered nurse, when care had been provided for just 197 hours. First Call also sought reimbursement for care provided by a registered nurse, rather than a licensed practical nurse, in order to get more money, even when a licensed practical nurse cared for the patient, the complaint alleges. The investigation into the practice began after a department audit in JAN 2010 found that billing records didn't match receipts, signatures of caregivers and nurses were often missing on documents and other problems. Prince William County authorities have also investigated the pair for Medicaid fraud. In a May 2010 interview, Pierre told an FBI agent that "billing was never done the way it was supposed to be done". Other staff members told investigators that they were told to clean up charts by creating supporting evidence for bills First Call had filed.

- **Brooklyn Park MN** - A Brooklyn Park couple is to appear in Hennepin County court 19 APR on charges the husband and wife bilked the state for \$864,878.35 in false Medicaid claims. Anita and Stephen Soledolu, the owners of a Brooklyn Park home health care service, submitted claims which had no documentation. The six-count felony indictment also alleges that the Soledolus submitted claims for home care of Medicaid recipients when investigators found the clients weren't home. If convicted on all six counts, the Soledolus each face maximum penalties of \$300,000 and up to 60 years in prison.

[Source: Fraud News Daily 1-15Apr 2011 ++]

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State Veteran's Benefits: The state of Massachusetts provides several benefits to veterans as indicated below. To obtain information on these refer to the “**Veteran State Benefits MA**” 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
- Education Benefits
- Recently-Returned Combat Veterans
- Other State Veteran Benefits

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

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Military History: Operation Market Garden (17–25 September 1944) was an Allied military operation, fought in the Netherlands and Germany in the Second World War. It was the largest airborne operation up to that time. The operation plan's strategic context required the seizure of bridges across the Maas (Meuse River) and two arms of the Rhine (the Waal and the Lower Rhine) as well as several smaller canals and tributaries. Crossing the Lower Rhine would allow the Allies to outflank the Siegfried Line and encircle the Ruhr, Germany's industrial heartland. It made large-scale use of airborne forces, whose tactical objectives were to secure a series of bridges over the main rivers of the German-occupied Netherlands and allow a rapid advance by armored units into Northern Germany. Initially, the operation was marginally successful and several bridges between Eindhoven and Nijmegen were captured. However, Gen. Horrocks XXX Corps ground force's advance was delayed by the demolition of a

bridge over the Wilhelmina Canal, as well as an extremely overstretched supply line, at Son, delaying the capture of the main road bridge over the Meuse until 20 September. At Arnhem, the British 1st Airborne Division encountered far stronger resistance than anticipated. In the ensuing battle, only a small force managed to hold one end of the Arnhem road bridge and after the ground forces failed to relieve them, they were overrun on 21 September. The rest of the division, trapped in a small pocket west of the bridge, had to be evacuated on 25 September. The Allies had failed to cross the Rhine in sufficient force and the river remained a barrier to their advance until the offensives at Remagen, Oppenheim, Rees and Wesel in March 1945. The failure of Market Garden ended Allied expectations of finishing the war in 1944. To read more about this operation refer to this Bulletin's **"Operation Market Garden"** **attachment**. [Source: http://en.wikipedia.org/wiki/Operation_Garden#Garden Apr 2011 ++]

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Military History Anniversaries: Significant 16-30 April events in U.S. Military History are:

- Apr 16 1945 - WWII: American troops enter Nuremberg Germany
- Apr 16 1953 – Korean War: Battle of Pork Chop Hill (Hill 255) began .
- Apr 17 1961 - Bay of Pigs Invasion: A group of CIA financed and trained Cuban refugees lands at the Bay of Pigs in Cuba with the aim of ousting Fidel Castro.
- Apr 18 1775 - American revolutionaries Paul Revere and William Dawes ride through the towns of Massachusetts warning that "the British are coming."
- Apr 18 1942 - WWII: James H. Doolittle bombs Tokyo and other Japanese cities.
- Apr 18 1943 - WWII: The mastermind of the Japanese attack on Pearl Harbor (Admiral Isoroku Yamamoto) is shot down by American P-38 fighters while traveling in a bomber.
- Apr 19 1775 - American Revolution: Conflict begins as fighting breaks out at Lexington Massachusetts.
- Apr 20 1861 - Civil War: Robert E. Lee resigns his commission in the United States Army in order to command the forces of the state of Virginia.
- Apr 20 1945 - World War II: US troops capture Leipzig, Germany, only to later cede the city to the Soviet Union.
- Apr 21 1836 - General Sam Houston defeats Santa Anna at the Battle of San Jacinto. Texas wins independence from Mexico
- Apr 21 1918 - WWI: German fighter ace Manfred von Richthofen, known as "The Red Baron", is shot down and killed over Vaux sur Somme in France.
- Apr 22 1898 - Spanish-American War: The United States Navy begins a blockade of Cuban ports and the USS Nashville captures a Spanish merchant ship.
- Apr 22 1915 - WWI: The use of poison gas in World War I escalates when chlorine gas is released as a chemical weapon in the Second Battle of Ypres.
- Apr 22 1945 - WW II: Fuehrerbunker - After learning that Soviet forces have taken Eberswalde without a fight, Adolf Hitler admits defeat in his underground bunker and states that suicide is his only recourse.
- Apr 22 1951 - Ticker-tape parade for General MacArthur in NYC
- Apr 24 1805 - U.S. Marines attack and capture the town of Derna in Tripoli from the Barbary pirates.
- Apr 24 1918 - WWI: First tank-to-tank combat, at Villers-Bretonneux, France, when three British Mark IVs met three German A7Vs.
- Apr 24 1944 – WWII: 1st Boeing B-29 arrives in China "over the Hump"
- Apr 24 1948 - Cold War: The Berlin airlift begins to relieve surrounded city.
- Apr 24 1967 - Vietnam: American General William Westmoreland says that the enemy had gained support in the U.S. States that gives him hope that he can win politically that which he cannot win militarily.
- Apr 24 1980 - A rescue attempt of the U.S. hostages held in Iran fails when a plane collides with a helicopter in the Iranian desert.

- Apr 25 1915 – WWI: 78,000 ANZAC troops land at Gallipoli
- Apr 25 1951 - Korean War: After a three day fight against Chinese Communist Forces, the Gloucestershire Regiment is annihilated on Gloucester Hill in the Battle of the Imjin River.
- Apr 26 1945 - WWII: Battle of Bautzen - last successful German tank-offensive of the war and last noteworthy victory of the Wehrmacht.
- Apr 27 1813 - War of 1812: United States troops capture the capital of Upper Canada York (present day Toronto, Canada).
- Apr 27 1975 - Vietnam: Saigon is encircled by North Vietnamese troops.
- Apr 28 1942 – WWII: As result of a Gallup Poll the war is titled WWII
- Apr 28 1965 - Latin America Interventions: The U.S. Army and Marines invade the Dominican Republic.
- Apr 28 1965 - U.S. Marines invade Dominican Republic, stay until October 1966
- Apr 29 1945 - WWII: The German Army in Italy surrenders unconditionally to the Allies.
- Apr 28 1970 - Vietnam: U.S. President Richard M. Nixon formally authorizes American combat troops to fight communist sanctuaries in Cambodia.
- Apr 29 1975 - Vietnam War: Operation Frequent Wind: The U.S. begins to evacuate US citizens from Saigon prior to an expected North Vietnamese takeover. U.S. involvement in the war comes to an end.
- Apr 29 1990 - Cold War: Wrecking cranes began tearing down Berlin Wall at Brandenburg Gate
- Apr 30 1943 - World War II: Operation Mincemeat - The submarine HMS Seraph surfaces in the Mediterranean Sea off the coast of Spain to deposit a dead man planted with false invasion plans and dressed as a British military intelligence officer.
- Apr 30 1945 WWII: Adolf Hitler commits suicide in his bunker. Karl Donitz becomes his successor.
- Apr 30 1972 - Vietnam: The North Vietnamese launch an invasion of the South.
- Apr 30 1975 - Vietnam: North Vietnamese troops enter the Independence Palace of South Vietnam in Saigon ending the Vietnam War.

[Source: Various Apr 2011 ++]

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Military Trivia 26:

- (1) When the Continental Navy was formed the Gadsen Flag was adopted as its official flag. It was a yellow flag with a black snake above the words ‘Don't tread on me’. The purpose of the Navy at this time was to harass British shipping and capture its cargo. The fleet consisted of former merchant vessels converted into warships.
- (2) the first person to hold the title of Admiral of the United States Navy was David Farragut. The United States Navy did not have any Admirals until 1862 when Congress approved nine Rear Admirals. Two years later Farragut, one of the Rear Admirals, was appointed Vice Admiral and in 1866 he was appointed by the President of the United States to the rank of Admiral. John Paul Jones had argued for more senior officer rankings above Captain but Congress would not listen.
- (3) The first three ships of the Continental Navy were Hannah, Hancock, and Franklin. The Continental Congress urged the colonies to arm and equip ships for the revolution but Rhode Island asked for a single Continental Navy. General George Washington had already bought one ship, "The Hannah", and shortly after that the "Hancock" and "Franklin" set sail under Congressional orders. The Hannah first set sail in September of 1775 and the other two in October. There were about fifty ships used during the revolution.
- (4) After the American Revolution, under the Articles of Confederation, the United States could not afford to maintain a single warship economically, so the fleet was disbanded in 1785. It was reestablished in 1793 under the Constitution and called the United States Navy.

- (5) In the period between 1798 and 1800, the United States was involved in an undeclared war with France, called the Quasi War. After Napoleon seized control in France, the new French Government viewed Jay's treaty as a violation of earlier treaties between the United States and France. As a result the French began sending warships to attack American merchant vessels doing business with the British and broke off diplomatic relations with the United States. This war led to the "XYZ Affair" but was quickly resolved in 1800.
- (6) The first three ships commissioned into the United States Navy were the United States, Constitution, and Constellation. Congress officially ordered six frigates be built in 1794. The first to come out of production was the "United States", then came the "Constellation" and finally the "Constitution". The other three that were built were the "Chesapeake", "President", and "America".
- (7) The United States frigate Philadelphia ran aground off the shore of Tripoli in 1803 and was taken captive by the Barbary Pirates. Her officers were made prisoners of war and her crew sold into slavery. The pirates could have repaired her and put her back to sea. Stephen Decatur then made a daring raid and burned the ship.
- (8) The H.M.S. Confiance and U.S.S. Saratoga faced each other and took the brunt of the fighting in the Battle of Lake Champlain. The Confiance was a 37 gun fifth rate 1200 ton frigate with a crew of 325. The Saratoga was a 26 gun 734 ton corvette with a crew of 212. The Confiance struck the first blow taking out the starboard battery of the Saratoga. The Saratoga then positioned herself with the port battery facing the Confiance and beat her. After the Confiance struck her colors most of the British ships surrendered, others ran off.



- (9) David Bushnell, of the Revolutionary War, was noted for designing the first combat submarine. Her name was the Turtle and she piloted by Ezra Lee. She was ineffective. She was pedal powered and had a drill to make holes into the enemy ships. Lee never penetrated the hull of HMS Eagle.
- (10) On December 22, 1775 Continental Congress appointed Esek Hopkins to act as Commander In Chief of the Continental Navy.. John Paul Jones was the eighteenth Captain of the Navy appointed on October 22nd, 1775.

[Source: <http://www.funtrivia.com/submitquiz.cfm?quiz=162655> Apr 2011 ++]

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Tax Burden for Alabama 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% (prescription drugs exempt); The rate can go as high as 12.0% depending on city and county taxes. The state administers over 200 different city and county sales taxes; however, it does not administer all county or city sales taxes. View municipal sales taxes at <http://216.226.178.107/salestax/Sales/index.cfm>.

Gasoline Tax: 20.9 cents/gallon (Local option taxes on fuel may add up to 3 cents.)

Diesel Fuel Tax: 21.9 cents/gallon (Local option taxes on fuel may add up to 3 cents.)

Gasohol Tax: 20.9 cents/gallon (Local option taxes on fuel may add up to 3 cents.)

Cigarette Tax: 42.5 cents/pack of 20

Personal Income Taxes

Tax Rate Range: Low - 2.0%; High - 5.0%

Income Brackets: Three. Lowest - \$500; Highest - \$3,000. For joint returns, the taxes are twice the tax imposed on half the income.

Personal Exemptions: Single - \$1,500; Married - \$3,000; Dependents - \$300

Standard Deduction: Single - \$2,000; Married filing joint return - \$4,000

Medical/Dental Deduction: Limited to excess of 4% of adjusted gross income

Federal Income Tax Deduction: Full

Retirement Income Taxes: Social Security, military, civil service, state/local government and qualified private pensions are exempt. All out-of-state government pensions are tax-exempt if they are defined

Retired Military Pay: Pay and survivor benefits not taxed.

Military Disability Retired Pay: Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

VA Disability Dependency and Indemnity Compensation: VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.

Military SBP/SSBP/RCSBP/RSFPP: Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

Property Taxes

The state does not collect taxes on personal property such as boats and computers. Its ad valorem (property tax) is 6.5 mills (<http://216.226.178.107/Taxincentives/proptaxincentives.html>). Each city and county may levy has its own millage rate. For information on all ad valorem tax exemptions, click here. Homeowners 65 and older are exempt from all state property taxes. Some cities also assess separate property taxes. A homestead exemption up to \$5,000 of assessed value is granted by the state on real property taxes. A larger exemption is available to persons over 65. Visit state's property tax division web site. To view the state's homestead summary chart, click here.

Inheritance and Estate Taxes

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

For further information, visit the Alabama Department of Revenue site <http://www.ador.state.al.us> or call 334-242-1170. If you are thinking about retiring to Alabama, check out <http://www.ador.state.al.us/taxpayerassist/retire.pdf>. [Source: www.retirementliving.com Apr 2011 ++]

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Veteran Legislation Status 12 APR 2011: Congress will be in recess from April 15th thru May 2nd. 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?

A fellow walked into a pet store and was looking at the animals on display.

While he was there, a CWO from the local Air Force base walked in and said to the shopkeeper, "I'd like a line-service monkey, please."

The clerk nodded, went to a cage at the side of the store, and took out a monkey. He put a collar and leash on the animal and handed it to the chief, "That'll be \$1,000," he said. The chief paid and left with the monkey.

A surprised customer went to the shopkeeper and said, "That was a very expensive monkey. Most of them are only a few hundred dollars. Why did that one cost so much?"

The shopkeeper answered, "Ah ... that was a line-service monkey. He can park, fuel, and service all Air Force aircraft, conduct all required ground ops testing, rig aircraft flight controls, and all with no mistakes. He's well worth the money."

With his interest peaked, the fellow looked around and spotted a monkey in another cage with a \$10,000 price tag. "That one's even more expensive! What can it do?" he inquired.

"Oh, that one is a 'Maintenance Supervisor' monkey. He can instruct at all levels of aircraft maintenance, supervise all corrective and preventive maintenance programs, supervise a crew of maintainers, and even do most of the paperwork. A very useful monkey indeed," replied the shopkeeper.

The guy looked around a little longer and found a third monkey in a cage. The price tag read: "\$50,000." "Holy Molly! What does this one do?" he asked.

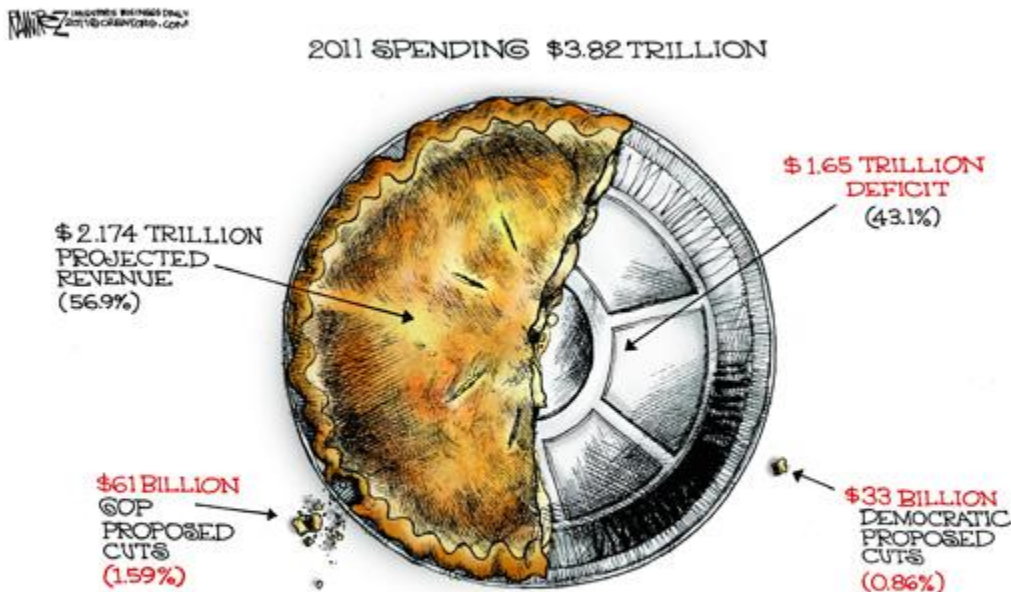
"Well," the shopkeeper said, "I've never actually seen him do anything but drink beer, fool around with the girl monkeys, and gratify himself, but his papers say he's a pilot."

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"A man who views the world the same at fifty as he did at twenty has wasted thirty years of his life."

--- **Muhammad Ali** [former American boxer and three-time World Heavyweight Champion]

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THE BUDGET PIE ILLUSTRATED.

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Lt. James "EMO" Tichacek, USN (Ret)
Associate Director, Retiree Assistance Office, U.S. Embassy Warden & IRS VITA Baguio City RP
PSC 517 Box RCB, FPO AP 96517
Tel: (951) 238-1246 in U.S. or Cell: 0915-361-3503 in the Philippines.
Email: raoemo@sbcglobal.net Web: http://post_119_gulfport_ms.tripod.com/rao1.html
AL/AMVETS/DAV/FRA/NAUS/NCOA/MOAA/USDR/VFW/VVA/CG33/DD890/AD37 member