

RAO BULLETIN

15 May 2011

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WW1 Vet Search Update 11: The last known combat veteran of World War I was defiant of the tolls of time, a centenarian who swam in the sea, twirled across dance floors, and published his first book at 108. He also refused to submit to his place in history, becoming a pacifist who wouldn't march in parades commemorating wars like the one that made him famous. Claude Stanley Choules, a man of contradictions, humble spirit and wry humor, died in a Western Australia nursing home on 5 MAY at the age of 110. And though his accomplishments were many -- including a a 41-year military career that spanned two world wars -- the man known as "Chuckles" to his comrades in the Australian Navy was happiest being known as a dedicated family man. "We all loved him," his 84-year-old daughter Daphne Edinger told The Associated Press. "It's going to be sad to think of him not being here any longer, but that's the way things go." He usually told the curious that the secret to a long life was simply to "keep breathing." Sometimes, he chalked up his longevity to cod liver oil. But his children say in his heart, he believed it was the love of his family that kept him going for so many years.

Choules was born 3 MAR 1901 in the small British town of Pershore, Worcestershire, one of seven children. As a child, he was told his mother had died -- a lie meant to cover a more painful truth: She left when he was 5 to pursue an acting career. The abandonment affected him profoundly, said his other daughter, Anne Pow, and he grew up determined to create a happy home for his own children. World War I was raging when Choules began training with the British Royal Navy, just one month after he turned 14. In 1917, he joined the battleship HMS Revenge, from which he watched the 1918 surrender of the German High Seas Fleet, the main battle fleet of the German Navy during the war. During World War II, he was the acting torpedo officer in Fremantle, Western Australia, and chief demolition officer for the western side of the Australian continent. Choules disposed of the first mine to wash ashore in Australia during the war. He later transferred to the Naval Dockyard Police and remained in the service until his

retirement in 1956. Choules and another Briton, Florence Green, became the war's last known surviving servicemembers after the death of American Frank Buckles in February, according to the Order of the First World War, a U.S.-based group that tracks veterans. Choules was the last known surviving combatant of the war. Green, who turned 110 in February, served as a waitress in the Women's Royal Air Force. [Source: Associated Press article 5 May 2011 ++]



Claude Stanley Choules

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NDA 2012: The House Armed Services Committee marked up and approved its version of the FY 2012 National Defense Authorization Act (NDA, H.R.1540) this week. The hearing lasted into the early hours of the following morning and involved debate on hundreds of amendments. The committee-approved legislation includes a modest TRICARE Prime fee increase for the coming year of \$30 a year for individuals and \$60 a year for families. In an effort to ensure future increases won't erode retired pay, TRICARE Prime fee increases after FY 2012 will be capped at no more than the increase provided by the annual cost-of-living-adjustment (COLA) received by military retirees. This is a significant change from provisions approved by the panel's Military Personnel Subcommittee to prohibit TRICARE fee increase for FY 2012. The bill also eliminates the co-pay for Home Delivery of generic prescription medications and increases pharmacy co-pays as follows:

- Generic: No co-pay for Home Delivery, and for retail pharmacy the co-pay increases from \$3 to \$5.
- Brand name: Current co-pay is \$9; the new co-pay will be \$12; and the Home Delivery co-pay will be \$9.
- Non-formulary: Current co-pay is \$22; the new co-pay will be \$25.

The Committee also approved language that reduces the so-called "widow's tax" imposed on survivors whose Survivor Benefit Plan (SBP) annuity is offset by the amount they receive in Dependency and Indemnity Compensation (DIC). The measure seeks to reduce the effects of this SBP/DIC offset by increasing the Special Survivor Indemnity Allowance (SSAI) to \$163 a month rather than the \$90 increase slated for FY 2012. If enacted, SSAI would climb to \$200 a month in 2013, \$215 in 2014, \$282 in 2015 and a final increase to \$314 in 2016. FRA supports the increases in SSAI, but is concerned that the benefit will be reduced to \$9 after FY 2016 - a plan characterized as a "place holder" for not-yet-funded future benefits. The Association supports elimination of the SBP/DIC offset and will work to ensure the SSAI benefit is not reduced in FY 2016.

The measure also includes a 1.6-percent increase in active duty and Reserve pay, which is equal to the Employment Cost Index (ECI); reduces Navy end strength by 3,000 (from 328,700 to 325,700) and increases Navy Reserve end strength by 700; and strengthens child custody protections for deployed service members. The House bill now moves to the House floor for debate and approval. The Senate will begin its approval of its version of the NDAA next month. After both chambers approve their respective versions of the bill, a conference committee will be appointed to resolve differences and the conference report must be approved by both chambers and then signed or vetoed by the President. [Source: FRA NewsBytes 13 May 2011 ++]

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Vet Jobs Update 27: The 2011 Hiring Heroes Act, introduced 11 MAY, would expand job skills training for service members to prepare them for civilian employment and would streamline federal hiring procedures to ensure that veterans can enter government service quickly. Under the bill, military personnel would be able to begin the employment process before separating from military service, and federal agencies would be allowed to directly appoint servicemembers to civilian positions within 180 days following their discharge. The bill also would direct the Office of Personnel Management to create an employment assistance program to promote recruitment, hiring and training of retiring servicemembers and veterans. "For too long at the end of their careers, we pat our veterans on the back for their service and then we push them out into the job market alone," said Sen. Patty Murray (D-WA), the bill's sponsor. "It's time for us to make sure they have a job and the security [it] provides them when they come home."

The bill dovetails with the federal government's existing push to hire veterans by making it easier for them to find and apply for the jobs that match their skill sets, Murray said, noting there are many positions in the Homeland Security and Veterans Affairs departments appropriate for military personnel. President Obama in NOV 09 issued an executive order to increase interagency collaboration on the hiring of veterans, on matching them with job openings and helping them navigate the application process. According to OPM Director John Berry, agencies hired 2,000 additional veterans in 2010 compared with the previous year; 30 percent of all new hires across government were veterans. The legislation also would expand the reach of the Defense Department's Transition Assistance Program and make participation mandatory for separating service members; create a pilot program to provide civilian work experience for military personnel on terminal leave; ease the translation of military training and experience into civilian licensing requirements; and extend training and rehabilitation benefits for disabled veterans. The provisions would prepare service members for both government and private sector jobs, lawmakers said.

"We have a responsibility to empower them and get them the skills they need to transition," said Sen. Jon Tester, (D-MT) who co-sponsored the legislation. Veterans' groups praised the proposal, noting it is particularly important in the current economic environment. "A veteran's successful reintegration into society begins with employment," said Ray Kelley, legislative director of Veterans of Foreign Wars. The legislation "not only improves existing programs, it allows service members to quickly transition into civilian careers and ensures that veterans who continue to struggle to find employment are given greater access to the system that is in place to support them." According to Murray, the cost of the bill is not yet available. There is no companion legislation in the House. [Source: GOVExec.com Emily Long article 11 May 2011 ++]

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Credit Score Update 03: While marriage means sharing almost everything from the roof over your head to your evening meals, it doesn't mean sharing your credit score. Even after tying the knot, each partner's credit score remains separate. You're not marrying into debt – at least, as long as you make it clear that you won't be making any of the other spouse's payments. All you have to do to maintain your high credit score is to keep your

debts separate and keep your bills paid on time. Do that, and there's nothing your future spouse can do that will tarnish your high credit score. If you're worried about future obligations that you might enter into jointly, however, a pre-nup is one way to address those concerns. But keep in mind that as long as the debt in question was entirely your spouse's before you met, you shouldn't be affected by any judgments or garnishments that that spouse incurs. In short, if your name isn't on the loan application, you don't owe the money. Just don't take out any joint loans unless you're comfortable with making the payments yourself. Otherwise, your spouse's problems could become yours. Keep separate checking accounts and separate credit accounts. [Source: MoneyTalksNews Stacy Johnson article 10 May 2011 ++]

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Georgia Vet Cemeteries Update 02:

The dedication for the Phase II Expansion of the Georgia Veterans Memorial Cemetery at Milledgeville was held 9 MAY 2011. Phase II is primarily an expansion of the cemetery's overall interment capacity but it also includes a sod farm and enhancements to two of the existing buildings. The new development encompasses about 10 acres, including the road network. There are 973 pre-placed double depth crypts. There are spaces for 348 single vaults and 644 in-ground cremation spaces. This configuration will allow for a total casketed burial capacity of 2,294 people. There are no new columbaria in this phase as the existing columbaria have enough capacity for approximately 10 more years. With Phase II complete, Georgia Veterans Memorial Cemetery at Milledgeville should have enough burial capacity through 2021. Phase II development of the cemetery was started in SEP 2010 by Copper Construction Company at a cost of \$1.5 million. The Georgia Veterans Memorial Cemetery at Milledgeville was established on 142 acres the department received from the Georgia Forestry Commission and was dedicated in DEC 2001. State veterans cemeteries are part of the VA's national cemetery system. The burial of veterans and their spouses in state veteran cemeteries is governed by the same regulations as the national cemeteries. The Veterans Memorial Cemetery at Milledgeville is one of two VA Grant funded state cemeteries in Georgia. Contact information on each is:

- **Milledgeville:** 2617 Vinson Highway, Milledgeville, Georgia 31061, Russell Feagin, Cemetery Director, Phone: 478-445-3363, FAX: 478-445-3360.
- **Glennville:** 8819 U.S. Highway 301, Glennville, Georgia 30427, Richard Dunlap, Cemetery Director, Phone: 912-654-5398, FAX: 912-654-2963.

The Veterans Administration has two National Cemeteries in Georgia, the Marietta National Cemetery and the Georgia National Cemetery. The National Parks System maintains a smaller National Cemetery at Andersonville. Contact info for the historical memorial is Andersonville NHS, 496 Cemetery Road, Andersonville, GA 31711 Phone (229) 924-0343 Fax (229) 924-1086/



Andersonville National Historic Site

Marietta National Cemetery is closed to new interments. The only interments that are being accepted are subsequent interments for veterans or eligible family members in an existing gravesite. Periodically however, burial space may become available due to a canceled reservation or when a disinterment has been completed. When either of these two scenarios occurs, the gravesite is made available to another eligible veteran on a first-come, first-served basis. Since there is no way to know in advance when a gravesite may become available, please contact the cemetery at the time of need to inquire whether space is available. Contact info is Marietta National Cemetery, 500 Washington Avenue, Marietta, GA 30060 Phone: (866) 236-8159 FAX: (770) 479-9311.

Georgia National Cemetery is located near the site of the Etowah burial mounds, created by American Indians of the Mississippian culture between AD 1000-1550. This site is one of the largest American Indian burial mounds in North America. Archaeological investigations have been conducted on Etowah mounds for over one hundred years. The cemetery opened for burials in 2006, and was formally dedicated on 4 JUN of that year. . It has space available to accommodate casketed and cremated remains and it is anticipated it will serve veterans for the next 50 years. Contact info is Georgia National Cemetery, 1080 Veterans Cemetery Road, Canton, GA 30114 Phone: (866) 236-8159 or (770) 479-9300 Fax: (770) 479-9311; Mailing Address:2025 Mount Carmel Church Lane, Canton, GA 30114

To schedule a burial in a national cemetery Fax all discharge documentation to the National Cemetery Scheduling Office at 1-866-900-6417 and follow-up with a phone call to 1-800-535-1117. Burial arrangements will be made after death, as with all national cemeteries. VA does not reserve grave space. Veterans or spouses wishing to be buried in national cemeteries should have the veteran's military separation papers available to establish eligibility. Dependent children may also be buried. Eligibility requires an other-than-dishonorable discharge. [Source: Union Recorder staff article 9 May 2011 ++]

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VA Lawsuit ~ Lack of Care Update 12: The 9th US Circuit Court of Appeals said that it usually takes four years for the department to fully provide mental health benefits to veterans, and several weeks for a suicidal vet to get a first appointment. Accusing the Department of Veterans Affairs of unchecked incompetence, the San Francisco court ordered the U.S. Department of Veterans Affairs Tuesday to overhaul the way it provides mental health care and disability benefits. Noting that 18 veterans commit suicide every day, Judge Stephen Reinhardt wrote, "There comes a time when the political branches have so completely and chronically failed to respect the People's constitutional rights that the courts must be willing to enforce them. No more veterans should be compelled to agonize or perish while the government fails to perform its obligations," Judge Reinhardt said on behalf of the three-judge panel, which ruled 2-1 against the VA.

In 2007, two veterans' groups sued the VA in federal court, accusing the government of failing to provide proper care for hundreds of thousands of Iraq and Afghanistan war veterans suffering from post-traumatic stress disorder. "This is a huge victory," said Paul Sullivan, executive director of Veterans for Common Sense, which brought the case. "All we can do at this point is urge President Barack Obama and VA Secretary Eric Shinseki to work closely with Congress.. so that no veteran is delayed or denied. There are too many suicides," Sullivan said. A VA spokesperson reached for comment refused to comment for this story and said all media inquiries are being referred to the Justice Department, which tried the case. The Justice Department did not immediately return calls and e-mails seeking comment. The ruling by the 9th Circuit Court of Appeals will not provide immediate relief. It orders the trial court judge, Samuel Conti, to work with the VA and veterans groups to develop a system that provides veterans with better and faster access to mental health care and disability benefits and ensures that suicidal vets are seen immediately. [Source: The Bay Citizen Aaron Glantz article 10 May 2011 ++]

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Beneficiary Advisory Panel: The Department of Defense (DoD) Beneficiary Advisory Panel (BAP) is designed to enhance transparency and provide an opportunity for you to comment on the DoD Pharmacy and Therapeutics (P&T) Committee’s formulary recommendations before they are submitted to the director of TRICARE Management Activity for approval. The BAP meets in a public forum about six weeks after each DoD P&T Committee meeting. BAP members are appointed on an annual basis by the secretary of defense to represent the interests of TRICARE beneficiaries. BAP members come from nongovernment organizations and associations that represent the views of a large number of eligible beneficiaries. These members include contractors responsible for the retail pharmacy network, TRICARE Pharmacy Home Delivery and TRICARE network providers. Members also come from beneficiary organizations such as the Fleet Reserve Association, the Military Coalition, the National Military Family Association, the Military Officers Association of America, the Military Alliance and the National Military and Veterans Alliance.

Information discussed at BAP meetings does not include specific drug pricing or financial information. The meetings focus on the uniform formulary recommendations and prior authorization criteria recommended by the DoD P&T Committee. The BAP does not review Military Treatment Facility Basic Core Formulary/Extended Core Formulary recommendations or quantity limits. A major focus of the BAP is the process of implementing uniform formulary decisions, especially communications with beneficiaries. The BAP has been instrumental in DoD’s decision to send letters that target affected beneficiaries during the implementation period before drugs are designated non-formulary (Tier 3). The Federal Register announces all BAP meetings at least two weeks in advance and provides necessary supplementary information. Meeting information and supporting materials can also be obtained by visiting the BAP Web page on the TRICARE website at <http://www.tricare.mil/pharmacy/BAP>. [Source: Tricare Health Matters North Summer 2011 ++]

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Vet Photos:



Ask a typical person in America to describe a Veteran, and you'll likely hear a combination of the words: Old. Male. White. Riddled with PTSD. Most folks seem to have an image of Vets in their head that rarely escapes the outdated caricatures indelibly linked to pop culture icons like Rambo and the guy from Taxi Driver. The truth is, Veterans are a reflection of society more than most people realize; young and old, folks of all color, yankees and southerners, rich and poor, baseball fans and philanthopists, doctors, lawyers and jazz lovers. One photographer is helping to break down those old prejudices from a VA medical center in South Carolina. Retired Air Force Staff Sergeant Stacy Pearsall is in a constant state of motion. A photographer by trade, Stacy served ten years with the military photojournalism team Combat Camera. She has stayed busy since medically retiring after serious injuries sustained over the course of her four deployments. She owns the Charleston Center for Photography and conducts photography workshops all over the country. She seems to never waste a minute.

Inspiration struck Stacy in an unusual place—while waiting for her appointment at the Ralph H. Johnson VA Medical Center Charleston, South Carolina. To better spend her time in the waiting room, she gathered her camera and lighting equipment and began to photograph willing Vets. At first it was a personal project, but it transformed into a mission to change the misconceptions that everyday folks might have about Veterans. “They think of a Vietnam-era Vet who has PTSD and jumps under a table when they hear a balloon pop,” Stacy said, describing what many civilians have come to believe about Veterans. To turn that notion on its head, Stacy ramped up her project, creating over 300 black and white portraits of Veterans spanning all generations, from World War II to Korea to Vietnam to Iraq and Afghanistan, and everything in between. Men and women. Young and old. Now 88 of those portraits adorn the walls in a permanent exhibition at the Ralph H. Johnson VA Medical Center, and have been featured in national portrait exhibitions. They’re tangible reminders of those who have sacrificed, especially Vietnam Vets—some of whom were not so warmly received upon returning home, Stacy explained. “It’s a tribute to Veterans at large, not just the ones on the walls.”

In a way, Stacy is the personification of her ongoing project, a sharp rebuke of the stereotypical Veteran. Here is a young and female Vet who made art from war, only to use those talents to challenge conventional wisdom and pay tribute to those who served at the same time. Every face a story, told elegantly through light and shadow. Pearsall is one of two women to win the NPPA Military Photographer of the Year Award, and the only woman to receive it twice. Her career has spanned four combat deployments and 40 countries. She was medically retired after injuries sustained in Iraq. To view 40 of her photographs go to <http://www.blogs.va.gov/VAntage/?p=2359#more-2359>. Although you may not have seen the individuals shown you will recognize them if you have ever had to sit in a VA waiting room for an appointment. [Source: Vantage Point blog Alex Horton story 18 Apr 2011 ++]

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COLA 2012 Update 01: Sen. Patty Murray (D-WA) on 5 MAY introduced the Veterans' Compensation Cost-of-Living Adjustment Act of 2011 (S.894) that would boost disability compensation to veterans based on the annual cost-of-living adjustment paid to Social Security recipients. The legislation also would increase dependency and indemnity benefits distributed to surviving spouses and children. The increase would take effect on 1 DEC and could affect as many as 3.5 million veterans and surviving family members in fiscal 2012, according to Murray. "It's been two years since our veterans saw an increase in their benefits through a COLA, and those have been two difficult years," Murray said in a statement. "In a still challenging economy so many of our veterans depend upon the benefits they receive in order to meet their most basic needs, as well as those of their spouses and children," she said. "We have an obligation to the men and women who have sacrificed so much to serve our country and who now deserve nothing less than the full support of a grateful nation." Based on a formula that takes into account increases in the Consumer Price Index for Urban Wage Earners and Clerical Workers, COLAs are designed to offset inflation and other factors that contribute to a rise in the cost of living. If there is no CPI increase,

a COLA will not take effect, said David Autry, spokesman for Disabled American Veterans, noting that this has been the case for the past two fiscal years. Measures introduced in the past that would have given veterans and Social Security recipients a one-time payout when no COLA is warranted have not been enacted, he added. According to a Murray spokesman, the legislation would authorize an adjustment to veterans' benefits only if the CPI were to increase. A bipartisan group of 14 senators has signed on to co-sponsor the bill. [Source: Various 5 May 2011 ++]



Sen. Patty Murray

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Tricare Overseas Program Update 07: International SOS Assistance, Inc. (International SOS) has established a growing network of providers overseas. Network providers are individual or institutional providers who enter into a formal agreement with International SOS to provide medical care or services to TRICARE Overseas Program (TOP) beneficiaries. Network provider performance is monitored on an ongoing basis to help ensure patient satisfaction and quality of care. Because network providers undergo credential reviews, you are assured quality care from providers who can directly or indirectly communicate in English. Participating non-network providers are individual or institutional providers who do not have a contractual relationship with International SOS but agree to file claims for TOP beneficiaries. A participating non-network provider is licensed to practice in the country where he or she works but has not undergone the International SOS credentialing process. A non-network, nonparticipating provider is one who has not agreed to participate in TOP, might not file claims for beneficiaries and might require beneficiaries to pay up front. As the TOP contractor, International SOS is responsible for performing provider countries, you may be required to see an approved provider who meets TOP requirements. For more information or for assistance in finding a network provider, use the provider locator at <http://www.tricare-overseas.com> or contact your TOP Regional Call Center and select option 3 for health care finder assistance.

Approved Providers in the Philippines. As part of the TRICARE Overseas Program (TOP) contract, International SOS Assistance, Inc. requires beneficiaries living in the Philippines and certain other countries to visit approved providers and approved pharmacies. An approved provider is one who is verified to meet required TOP contract standards and is allowed to invoice TRICARE for TRICARE beneficiary claims. To find an approved provider, contact your TOP Regional Call Center or visit <http://www.tricare.mil/tma/pacific>. [Source: The 2011 Publication for Tricare Standard Overseas Beneficiaries May 2011 ++]

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Colon Cancer Update 01: The American Cancer Society (ACS) lists colon cancer as the third-most-common cancer in American men and women. What can you do to prevent colon cancer? Following are the top five foods that can help prevent this disease:

Dairy products (such as yogurt or milk): According to the ACS, several studies have shown that foods high in calcium may help reduce the risk of colon cancer. Dairy products are some of the best sources of calcium.

Broccoli and cauliflower: These veggies belong to a food group called “cruciferous vegetables,” which are part of the cabbage family. The ACS says these foods contain certain compounds that may reduce the risk of colon cancer.

Spinach and asparagus: The American Dietetic Association (ADA) says that spinach and asparagus contain high amounts of folate. Too little folate, according to the ACS, may increase the risk of colon cancer.

Whole-grain breads and pasta: Whole-grain foods are high in fiber, which helps food move faster through the digestive track, according to the ADA. High-fiber foods are also high in antioxidants, which help protect against several cancers, including colon cancer.

Strawberries: Strawberries are packed with fiber, vitamin C and folate—all nutrients that both the ADA and ACS say help reduce the risk of colon cancer. They make a great addition to your breakfast or a snack.

Experts agree that one of the best ways to survive colon cancer is to find it early—through screening. The Centers for Disease Control and Prevention recommend a screening test called a colonoscopy only once every 10 years beginning at age 50. Based on this recommendation, TRICARE covers one colonoscopy every 10 years for beneficiaries age 50 and older who are at average risk of colon cancer. Individuals at increased or higher risk for colon cancer may be covered for more frequent colon cancer screenings. For more information, refer to <http://www.triwest.com/colon>. [Source: Tricare Health Matters Issue 3 : 2011 ++]

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Colon Cancer Update 02: For many older patients, screening for colorectal cancer is performed too often or is more likely to harm than help, researchers said. According to a study published online in Archives of Internal Medicine, nearly half of Medicare patients with negative findings on a colonoscopy underwent repeat exams much sooner than the guideline-recommended interval of 10 years. And another study appearing online in the same journal found that only relatively healthy older patients are likely to see a net benefit from fecal occult blood testing (FOBT). Those in poor health with positive FOBT results were much more likely to die from causes other than colorectal cancer, and many suffered from complications associated with follow-up testing and treatment. Both studies highlighted the downsides of aggressively screening patients for colorectal cancer when risks associated with the disease are either minimal or overshadowed by other, unrelated problems. "Given the increasing public interest and ownership of cancer screening, public information campaigns that emphasize both the necessity for colorectal cancer screening as well as the dangers of overuse may prove beneficial in reducing overuse," wrote James S. Goodwin, MD, of the University of Texas Medical Branch in Galveston, and colleagues, authors of the Medicare study of repeat colonoscopies.

Their analysis examined outcomes of 24,071 Medicare enrollees who had negative colonoscopy findings from 2001 through 2003, derived from a random 5% sample of national records. According to "all relevant authorities," Goodwin and colleagues noted, repeat exams need not be performed for 10 years in such patients. But the Medicare data showed that 46.2% had repeat exams in less than seven years. In just under half of these patients, the records contained "no clear indication for the early repeated examination," Goodwin and colleagues indicated. Even among patients 80 and older -- who, given a negative colonoscopy, would be far more likely to die of something other than colorectal cancer in the near future -- repeat exams within seven years were performed in 32.9%. Goodwin and colleagues found the results especially surprising because, they wrote, "Medicare regulations preclude reimbursement for screening colonoscopy within 10 years of a negative examination result." Even so, their data indicated that only 2% of claims for the repeat exams were denied. But clinicians who perform such early repeat exams should beware, the researchers warned. "Our analyses, when applied to 100% Medicare data (in contrast to the 5% sample used), should be able to identify individual endoscopists with patterns of potential overuse ... Such findings could then trigger audits involving medical chart reviews."

The study of FOBT took a different approach. Christine Kistler, MD, of the University of North Carolina in Chapel Hill, and colleagues, examined outcomes in a cohort of 212 patients at least 70 years old who received a positive FOBT result in VA medical centers in 2001. These patients were followed for seven years. Kistler and

colleagues found that barely half (56%) received follow-up colonoscopies as recommended. Of these 118 patients, 34 had "significant" adenomas and six had bowel cancers. Ten experienced complications from the colonoscopies or subsequent treatment. None died of colorectal cancer, but 20 died of other causes within five years. Yet among the 94 patients who didn't have follow-up colonoscopies, three died of colorectal cancer, whereas 43 died of other causes and 48 survived at least five years. Kistler and colleagues found that the FOBT screening was least likely to benefit those in the poorest health to start with. They defined a benefit of screening, in those with positive results, as a confirmed finding of adenoma or cancer followed by at least five years of survival, which could include complications or additional exams.

All other outcomes -- negative results from follow-up colonoscopies, death from causes other than colorectal cancer, or survival without having obtained a follow-up colonoscopy -- were classed as a net burden on patients. Using those definitions, Kistler and colleagues determined that, among the 30 patients in the whole cohort with the worst life expectancy based on age and comorbidities, 87% experienced a net burden. The researchers acknowledged that the burden in many of these cases was small or even negligible, but they argued that performing FOBT can be uncomfortable and embarrassing and a positive result can cause anxiety. Patients with better life expectancy had lower burden rates: 65% of those with the best survival chances and 70% of those with average life expectancy experienced a net burden from the positive FOBT finding (P=0.048 for trend). Kistler and colleagues suggested that FOBT screening and follow-up be targeted to relatively healthy older adults. They noted that their study had several limitations: it involved a relatively small number of patients in the VA system, and relied on medical chart reviews for outcomes beyond the first year of follow-up. They also acknowledged that their use of five-year survival as the cutoff for benefit versus burden was arbitrary. Likewise, Goodwin and colleagues indicated that their study was limited by lack of information on the quality of the initial negative colonoscopy and the restriction to patients with fee-for-service Medicare coverage. [Source: MedPage Today John Gever article 9 May 2011 ++]

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Tricare Benzocaine Warning: The Food and Drug Administration (FDA) has issued a warning about the use of over-the-counter (OTC) products containing benzocaine, a local anesthetic often given to babies that are teething. Benzocaine products, which come in the form of gels, sprays, liquids and lozenges, are also used to relieve pain in the mouth and gums from a variety of other conditions, like canker sores. Benzocaine has been associated with a rare but serious condition called methemoglobinemia, which reduces the amount of oxygen carried in the bloodstream and can result in death in the most severe cases. Patients who develop methemoglobinemia may experience pale, gray or blue colored skin, lips and nail beds; headache; lightheadedness; shortness of breath; fatigue and rapid heart rate. In some cases, symptoms of methemoglobinemia may not always be evident or attributed to the condition. The signs and symptoms usually appear within minutes to hours of using benzocaine. Conditions such as anemia, heart disease and lung disease may exacerbate the toxicity of methemoglobinemia. Parents and caregivers should not use OTC benzocaine products on children under 2 years of age, except under the advice and supervision of a healthcare professional. If benzocaine products are used, it should be used sparingly and only when needed, but not more than four times a day. If TRICARE beneficiaries or their children have any of these symptoms after receiving benzocaine, they should seek medical attention immediately. Report side effects or medication errors from the use of benzocaine to the FDA MedWatch program, call 1-800-332-1088 or fax 1-800-FDA-0178. [Source: Tricare News Release No. 11028 dtd 9 May 2011 ++]

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GI Bill Update 96: Another round of changes to the GI Bill could jeopardize the entire college tuition program, Veterans Affairs officials warned Congress this week. Education specialists from the department are

panning pending legislation designed to counter a perceived flaw in the previous round of changes and help student veterans who soon could owe thousands of dollars in unpaid tuition. Lawmakers insist the measure could help as many as 30,000 veterans. But Keith Wilson, director of education service for the Veterans Benefits Administration, said that the changes would force claims workers to go back to manual processing of GI Bill payouts, a situation which caused massive delays and confusion when the college tuition program underwent a massive overhaul in 2009. "This will negatively impact our ability to deliver timely benefits during the crucial fall enrollment period," he said in a statement to Stars and Stripes. Undaunted, House lawmakers advanced the legislation on 6 MAY, saying they will work with VA officials to ease the potential problems but still believe that the fixes must become law.

At issue are changes Congress passed to the post-9/11 GI Bill rules late last year that put a \$17,500 cap on tuition and fees for student attending private or out-of-state public universities. Previously, students received payments equal to the most expensive public university in their home state. That led to wide disparities for veterans based on where they were from: Students in Texas could get more than \$47,000 in tuition last semester, while those from Arkansas were limited to about \$7,000. The \$17,500 cap, set to go into effect this August, would end those differences. But students already attending classes at some pricey colleges and receiving more than that in tuition assistance will be suddenly left with bigger tuition bills than they had anticipated. Veterans groups initially backed the fixes but have since urged lawmakers to pass a grandfather clause allowing those students to receive their current tuition payouts, making sure they can complete their college courses.

The bill advanced Thursday, sponsored by House Veterans Affairs Chairman Jeff Miller (R-FL) would keep all student veterans already enrolled in classes at their current 2011 tuition levels until graduation. Committee members called the proposal an important step for student veterans' futures. But Wilson said VA administrators are still finalizing automated systems for GI Bill payouts, and another massive revamp on top of the December changes would jeopardize the entire system. Wilson also testified to the committee earlier this week that the way the bill would pay for the grandfathered tuition rates — by holding housing stipends for all students flat for two years — could have a detrimental impact on students anticipating those cost-of-living boosts. On 6 MAY, veterans committee member Rep. Tim Walz (D-MN) acknowledged the department's concerns and said lawmakers will work closely to ensure the tuition payouts are not disrupted. But, he added, the fixes need to be made. Similar legislation is pending in the Senate, but lawmakers face a tight deadline to pass either measure. If no law is passed, the \$17,500 cap will go into effect in less than three months. [Source: Stars and Stripes Leo Shane article 5 May 2011 ++]

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Vet Toxic Exposure ~ Lejeune Update 19: A congressional Democrat has again introduced legislation to help Marine veterans and family members affected by historic water contamination at Camp Lejeune, N.C. This time, though, Rep. Brad Miller (D-NC) is working to bring more Republicans on board and broaden the base of support to get the bill through a skeptical, budget-conscious, GOP-controlled House of Representatives. "If members of Congress know there are people in their district who were exposed to water and have health issues because of it or are concerned they have health issues because of it, then I think it does make a difference," said Miller, who introduced the bill this week with Rep. John Dingell, a Michigan Democrat. The legislation, the Janey Ensminger Act, would establish a presumptive link between the poisonous water at Lejeune and a variety of cancers and other illnesses thought to be connected to the contamination. The bill would require the Department of Veterans Affairs to pay for the health care not only of veterans but of family members as well. An estimated 1 million people are thought to have been exposed to contaminated water at Camp Lejeune until the mid-1980s, including the spouses and children of Marines who lived on the base.

Advocates for the veterans have been encouraging supporters to write and call their members of Congress to get support across the country. The House bill is named after a girl who died of leukemia in 1985 at age 9. Her father,

former Marine drill instructor Jerry Ensminger has been a driving force behind getting congressional attention on the contamination and its impacts. Ensminger also is the subject of a new documentary, "Semper Fi," that traces his advocacy on the issue. He said the bill might have a better chance in this Congress as the issue drew more attention and high-profile sponsors such as Rep. Bob Filner of California, the top Democrat on the House Veterans' Affairs Committee. "In combination with their support, the fact that this is a veterans issue, that this did happen, that this was a case of negligence by the leadership of our military, which is very, very well spelled out, and in combination with the film, I think that will push it over the edge," Ensminger said. In the last Congress, the bill had nearly 40 co-sponsors but it died in the Veterans' Affairs Committee. This year, there are 15 co-sponsors, but Miller is working on adding more names. He thinks it will get support even though the bill would increase costs significantly for Veterans' Affairs at a time when the GOP-led House is trying to cut the budget. "We are running up against that some, but there is a strong sense that justice requires we do right by these families," Miller said. [Source: McClatchy Newspapers Barbara Barrett article 6 May 2011 ++]

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Tricare User Fees Update 67:

House. On 4 MAY the House Armed Services Military Personnel Subcommittee rejected the Pentagon plan to raise TRICARE Prime 13 percent and approved a 1.6 percent across-the-board pay raise for active duty personnel at a NDAA markup. Subcommittee Chairman Rep. Joe Wilson (R-SC) said, "It is my goal to ensure that we are doing everything possible to ensure that they (service members) have the benefits and support that they deserve." The Subcommittee would bar for one-year any increase in fees for participants in the TRICARE Prime health program. However, the Subcommittee's mark (version of its NDAA personnel and quality of life provisions) faces an uncertain future. House Armed Services Committee Chairman Rep. Howard "Buck" McKeon (R-CA) and Ranking Member Adam Smith are at odds with Rep. Wilson. It is broadly reported that the Committee Chairman and Ranking Member support an amendment that would increase TRICARE Prime 13 percent as the Pentagon proposes and tie future increases to the Cost of Living Allowance increases in retirement pay.

Senate. The Defense Department presented testimony 5 MAY before the Senate Armed Services Personnel Subcommittee on its proposal to increase TRICARE rates. Robert F. Hale, the Pentagon's Chief Financial Officer, told elected Senators that the President's plan would "save" at least \$3.2 billion over the next five years. Describing the plan, Hale said "working age" military retirees under 65 would pay an additional 13 percent monthly for participation in TRICARE Prime, all retirees would pay higher co-payments for prescription drugs, and the Department of Defense would wash its hands of managing TRICARE by attaching automatic yearly fee increases that would likely average, at minimum, 6 percent. According to the Pentagon CFO, the time is right to raise fees because TRICARE enrollment fees have not increased since Congress appropriated funds for the program in 1994. The Senior Official told the panel that if the proposal is enacted, the plan would cost certain retirees an estimated \$430 million over the next five years and all retirees and their families an estimated \$2.5 billion in out-of-pocket costs for pharmaceutical increases

Members of the military community are urged to contact their legislators and express their disapproval of DoD's proposals. An expedited way to do this is to go to <http://capwiz.com/naus/issues/alert/?alertid=45252501> and forward them the preformatted message available there. [Source: NAUS Weekly Update 6 May 2011 ++]

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Tricare User Fees Update 68: Military retirees enrolled in the TRICARE program likely will see a fee increase in the next year, a panel of defense experts and former Pentagon officials said 10 MAY. "The chances

are good" that Congress will agree to raise participant fees modestly starting in 2012 for military retirees eligible for TRICARE health care coverage, said Lawrence Korb, a senior fellow at the Center for American Progress who was an assistant secretary of Defense during the Reagan administration. Korb spoke at an event sponsored by the liberal-leaning think tank that also included David S.C. Chu, former Defense undersecretary for personnel and readiness and currently president of the Institute for Defense Analyses; Rudy deLeon, senior vice president of national security and international policy at CAP and Chu's predecessor at the Pentagon; and Vice Adm. Norbert Ryan, president of the Military Officers Association of America. The House Armed Services Subcommittee Military Personnel earlier this month approved a version of the fiscal 2012 Defense authorization bill that included a provision to prohibit for one year fee increases to TRICARE Prime, one of the options in the military's health care plan. A House Armed Services spokesman said, however, that the full committee's markup will include a fee increase in 2012 and an indexed increase tied to the cost-of-living adjustment beginning in 2013.

The prospects on the Senate side are looking up, too, now that Sen. Jim Webb (D-VA), who had earlier expressed strong reservations about a fee hike, said in his latest statement that he is keeping an open mind about initiatives to improve the efficiency and effectiveness of military health care benefits. The Defense Department had proposed a 13% increase in 2012, indexed thereafter to slightly more than 6%. Defense's fiscal 2012 budget request includes \$52.5 billion for the TRICARE program, a 300% increase from its budget a decade ago. And in April, the military launched the TRICARE Young Adult Program, a provision in the fiscal 2011 Defense Authorization Act that gives unmarried dependents who don't have their own employer-based insurance the option of buying month-to-month health coverage until age 26. Previously, children were eligible for TRICARE until age 21, or 23 if they were full-time students. Defense Secretary Robert Gates has repeatedly called for a fee increase for working-age military retirees enrolled in TRICARE, but it is a politically sensitive subject, with lawmakers and advocates of the military wary of appearing ungrateful for the sacrifices of service members. All four panelists at the CAP event, however, agreed that the time has come to raise participant fees modestly and begin the debate on how to restructure the system to rein in costs while providing enrollees with quality health care that is affordable to them. While fees associated with the cost of health care for most Americans, including federal civilian employees, have spiked over the years, participant fees under TRICARE were set in 1995 and remain at \$460 per year for the basic family plan. The cost for comparable coverage for federal workers is between \$5,000 and \$6,000 annually.

Ryan, whose organization advocates for service members and their families, said he supported a modest fee increase for 2012, and increases tied to the cost of living thereafter. He also said the creation of a mail-order system for pharmaceutical delivery would produce more savings to the department. One of the byproducts of TRICARE's low cost has been that some enrollees who already have employer-sponsored insurance through a civilian job opt for enrollment in TRICARE Prime, which has the lowest out-of-pocket costs in the TRICARE system. Many military retirees are still young enough to have second careers after they leave the service. "We all know when there is no cost, people overuse the system," Korb said. "Some [civilian] employers would pay their employees to take TRICARE," Chu said, criticizing that practice. The former defense undersecretary said TRICARE needs to be revamped, but in a way that "preserves the excellence of the system." Korb argued for even farther-reaching reforms to TRICARE, including increased cost-sharing to encourage responsible use of TRICARE for Life benefits and limiting double coverage for working-age retirees above a certain income level. "I think the TRICARE debate will be part of the federal health care debate," Chu said. [Source: GOVExec.com Kellie Lunney article 10 May 2011 ++]

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Medicare Reimbursement Rates 2012: The House Energy and Commerce Committee Subcommittee on Health received testimony 5 MAY on how to fix the Medicare Physician Payment Formula, called the Sustainable Growth Rate (SGR). The American Medical Association, Academy of Family Physicians and College of Surgeons all called for repeal of the flawed SGR and recommended a variety of plans for transition to

different payment models, including pay-for-performance, bundled payments, accountable care organizations home models and inpatient care. Last year, Congress passed legislation 5 times to block scheduled cuts in physicians reimbursement rates as the SGR scheduled. The current block expires Jan. 1, 2012, at which time the reduction is set to drop payment rates 29.5 percent. NAUS is encouraged by the Committee's movement early in the session to begin a serious process to replace the SGR and improve access to care through the Medicare and TRICARE programs. At this point, all suggestions are under consideration targeted to keep costs down, maintain quality and provide a permanent, sustainable solution. [Source: NAUS Weekly Update 6 May 2011 ++]

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Purple Heart Postage Stamp Update 02: On May 5, 2011, aboard the USS Midway permanently docked in San Diego harbor, Ron Stroman, Deputy Postmaster General of the U.S. Postal Service unveiled the "Purple Heart with Ribbon" forever stamp. In his remarks, Mr. Stroman noted that "with the issuance of this stamp, the Postal Service, along with the rest of our nation, can pay tribute to those whose sacrifices have given all of us, a country that is truly the 'land of the free and the home of the brave. Until now, the only 'forever' stamp has been the Liberty Bell stamp, which is the symbol of our nation's freedom. The significance of the Purple Heart forever stamp is that it now honors the symbol of the cost of our nation's freedom. The Purple Heart Medal on every recipient's chest is a reminder that the bill for freedom is paid in full." The stamp in one design (priced at 44 cents) is issued in a pressure-sensitive adhesive (PSA) pane of 20 stamps. With the issuance of the Purple Heart with Ribbon stamp, the U.S. Postal Service again honors the sacrifices of the men and women who serve in the U.S. military. The Purple Heart is awarded in the name of the president of the United States to members of the U.S. military who have been wounded or killed in action. The new stamp, designed by Jennifer Arnold, Washington, DC, features a photograph taken by Ira Wexler, of the Purple Heart medal awarded during World War II to 1st Lieutenant Arthur J. Rubin (1917-1978). In 2003, the Postal Service issued its first Purple Heart stamp. It featured a photograph, also taken by Wexler, of a Purple Heart awarded to Lt. Colonel James Loftus Fowler (USMC) in 1968 following an action on the border between North and South Vietnam. [Source: MOPH Press Release 5 May 2011 ++]



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Arizona Memorial Update 03: Political assassinations in Tokyo. Censorship and the stifling of dissent. A nation hungry for oil and other natural resources. Kimono-clad women in department stores and boarding street cars. A smiling Babe Ruth posing for photos with Japanese teenage baseball players while on tour with other American all-stars. Visitors to Pearl Harbor are seeing these snapshots of 1930s Japan as they stroll through the National Park Service's new museum devoted to the Dec. 7, 1941, attack that dragged the U.S. into World War II. This is a significant departure from the old collection devoted to one of worst foreign attacks ever on American soil

— what life was like in Japan at the time didn't much figure into it. The center, which officially opened last Dec. 7 and is drawing about 4,000 visitors a day, was built in part because the old one was sinking on reclaimed land. The park service had also outgrown the old facility. The new center is on the same site, but has expanded to cover several times the original area. At the center, a large grassy field overlooks the harbor to the USS Arizona Memorial, which sits above the battleship that sank just off Ford Island at the height of the battle. Benches are placed along the field, outside the exhibit halls and along open-air walkways between buildings — a design element to give people a chance to contemplate or decompress after absorbing what they've read, heard and seen inside.

Planning for the exhibits began five years ago when the park service brought in top historians to brainstorm what the displays should contain. The themes that emerged fit inside two halls, "Road to War" and "Attack." A courtyard is dedicated to Hawaiian history. The end result is a broader, more in-depth view of the Sunday morning attack nearly 70 years ago. The passage of time helped achieve the new vision. So did the efforts of Japanese pilots and American survivors to reach out to each other and overcome deeply ingrained bitterness. Daniel Martinez, the park service's chief Pearl Harbor historian, said it wouldn't have been possible to include the Japanese viewpoint in any official examination of the attack when he first started working at the visitors' center in the 1980s. "It was just too recent and the wounds were still open," Martinez said. "The idea of exploration of history would have been found unsavory by some of the Pearl Harbor survivors who were still dealing with the wounds of that war." The old visitors' center, which was built in 1980, had models of the USS Arizona and of a Japanese aircraft carrier. The small exhibit hall displayed the belongings of sailors then stationed at Pearl Harbor. It was more of a shrine than a place that analyzed a pivotal moment in 20th century history.

Today, with the \$56 million renovation, the park service is allowing visitors to heed the admonition — "Remember Pearl Harbor" — much more thoroughly than before. The museum shows clips from Japanese theater newsreels, including festive scenes of Ruth playing baseball during a tour. The exhibits also show Japan and the U.S. creeping closer to war, with newspaper headlines about Japan's invasion of China and U.S. sanctions against Japan. The enlarged museum allows for more of the U.S. story to be told, as well. There are photos of bodies crowding the Honolulu morgue, coffins being buried at Kaneohe Beach and a burned corpse at Hickam Field. A glass display case shelters a pharmacist mate's bloodied white uniform. Visitors get to hear what civilians went through, including children who carried gas masks to school as Hawaii hunkered down for feared follow-on attacks. The USS Arizona Memorial itself didn't change. To get there, visitors continue to board boats piloted by Navy sailors for a brief ride across the harbor. Once there, they can look down on the rusting hull of the USS Arizona, often seeing see oil droplets that still leak from the battleship. The names of those who died are chiseled into a marble wall. The remains of nearly 1,000 sailors and Marines are entombed on the ship.

Martinez said some survivors have understandably wanted to keep the exhibits as more of a shrine or memorial, as opposed to an interpretation of history. But he said it's important for people to grasp a more complex story. "We have to understand it. Our former enemies are now our closest allies. So how do we reconcile that? Part of reconciling it is trying to tell the story as fair as we can, and allow for those different perspectives to come in there so a broader understanding can take place," Martinez said. He said the park service closely consulted survivors as it planned the new exhibit halls. "We didn't do this recklessly. We did it as cautiously as we could and still be true to that mission where we started out, which was show the layers of history, good and bad," he said. Visitors almost universally applaud the new approach, saying people needed to hear different accounts so they don't repeat history's mistakes. [Source: NY Times AP article 2 May 2011 ++]



Pearl Harbor Visitor Center

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Stolen Valor Update 37: A West Virginia man seeking a six-figure job with an Ohio company pretended to be a major general with the U.S. Army, listed the Army chief of staff as a reference on his resume and claimed to have professional relationships with current and former U.S. defense secretaries, federal authorities allege in documents filed in federal court. A criminal complaint accuses Randall Thomas Keyser of Barboursville, W.Va., of wire fraud. He was arrested 21 APR and at a detention hearing 27 APR Keyser agreed to waive a hearing and was held without bond. In a 1993 ruling involving a probation violation, the Court of Appeals of Alaska portrayed Keyser as a serial faker who misrepresented his background to land jobs in the private and public sectors. "Mr. Keyser has a track record of being 'found out' in communities where he has talked himself into employment that he is not qualified for, and then leaving town, sometimes traveling clear across the country," the court said. "Without measures being taken to correct that behavior, Mr. Keyser is likely to reoffend." That court case stemmed from a probation violation on Keyser's no-contest plea to a theft charge for a fraudulent application to be city manager of Kake, Alaska.

About the same time, he was arrested by Alaska State Troopers on a theft by deception warrant stemming from his application to be city manager in Pikeville, Ky. Keyser agreed to make restitution to both cities and write an apology. His probation was transferred to Washington state when he moved to the Seattle area, according to the appeals court, which said he then was involved in getting a number of apartment-management jobs by using forged military records and Social Security cards issued under aliases. "Keyser's false claims appeared to become increasingly grandiose, almost gratuitously so," the court said. At various times he claimed to have graduated from West Point and to have retired with the rank of major or lieutenant colonel. In reality, Keyser served one or two years in the Army and was discharged as a private. Keyser may have obtained 13 jobs as a police officer or police chief in small communities across the nation in the 1980s including a chief's job in Oak Hill., Fla., where he was convicted of perjury and got one year of probation.

An FBI agent alleged in an affidavit that Keyser defrauded an Akron construction company so he could get a \$175,000 job for which he wasn't qualified and get payment for travel expenses for an interview. "It's kind of outrageous," Assistant U.S. Attorney Robert Bulford told The Akron Beacon Journal. "Anybody who served our country and sees this I think will be outraged." Th Keyser contacted Tri-C Construction in mid-March after it announced a job opening online. Through phone calls, meetings and e-mail from a private, non-government account that included the image of the Department of Defense seal, Keyser convinced company officials his military background was real, the affidavit said. He submitted a resume indicating he'd served in several wars and had supervised 17 multimillion-dollar construction projects around the world. He appeared in military uniform at one meeting, Tri-C president Randy Clarahan told the newspaper. The company also received calls from people identifying themselves as Gen. George Casey, then Army chief of staff, and Gen. Peter Chiarelli, vice chief of staff, the affidavit said. The company became suspicious and contacted the FBI. [Source: Associated Press article 23 Apr 2011 ++]



Randall Thomas Keyser

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VA Claims Backlog Update 51: (Note: Military Times Copyrighted material - Not authorized for reproduction on any website or website accessed newsletter. However, it can be forwarded via email in personal communications.)

A House subcommittee chairman’s idea to let veterans send benefits claims to the Veterans Affairs Department regional office of their choice has veterans groups facing a dilemma. They hate the idea, believing it would do nothing in the long run to reduce VA’s backlog of claims or improve accuracy, according to representatives of several veterans groups. The most likely result would be a flood of claims sent to offices perceived as faster or more generous in awarding disability ratings — easing the load at some offices but overwhelming others. However, they don’t want to offend the plan’s sponsor, Rep. Jon Runyan (R-NJ) — a former professional football player and freshman lawmaker who chairs the House Veterans’ Affairs Committee’s disability assistance and memorial affairs panel. “We don’t support this, but we don’t want to get off on the wrong foot,” said a representative of one major veterans organization who asked not to be identified. “We need to politely, respectfully but firmly let the veterans committee know this is a bad idea.” Runyan’s bill, H.R.1647, was introduced 15 APR and is one of several bills singled out for possible quick passage by House leadership, which likes to approve a handful of veteran-related legislation before Memorial Day so politicians can claim credit for voting on key legislation when meeting with veterans groups.

Called the Veterans’ Choice in Filing Act, the bill would launch a two-year pilot project — limited to the five regions that have the worst record of completing claims — in which veterans could file claims with any regional office rather than the one nearest them. The bill does not say how performance would be measured, leaving that for VA to decide, but claims accuracy and processing time are the primary methods used by VA to monitor claims. The bill is an attempt by Runyan to improve claims handling for those facing the worst problems. The average processing time for a VA claim is expected to be 230 days in fiscal 2012 — up from 165 days in fiscal 2010, he said. “This increase and the continued low quality rating is unacceptable to me,” Runyan said. “It is imperative that VA improve accuracy and timeliness in this area. Congress has provided large sums of money to hire additional claims workers over the past few years, but this is clearly not making a big enough dent.” VA officials say they are making progress on improving the claims process, even as the volume of new claims exceeds 1 million a year and the backlog has grown.

VA has more than 826,000 claims pending, with almost 481,000 of those more than 125 days old, according to a 25 APR status report on claims. Runyan said he believes VA is on a path that “should bring substantial improvements,” but veterans are tired of waiting. Representatives from veterans groups said the effect of Runyan’s bill would be to take money away from the regional offices that have problems and give it to better performing offices, which could keep poorly performing offices from improving. Some of the problem offices are already part of a variety of test projects seeking faster and more accurate claims processes. Taking funding from them could stop or delay those improvement efforts, veterans representatives said. [Source: ArmyTimes Rick Maze article 9 May 2011 ++]

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Funeral Honors: (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.)

The Veterans Affairs Department opposes legislation that would reimburse travel and incidental expenses for military retirees and veterans who volunteer to provide military funeral honors for deceased veterans. The objection comes, in part, because VA does not want to set a precedent of reimbursing volunteers that may end up extending to all other volunteers who regularly help at hospitals and clinics, vet centers and cemeteries. The bill, H.R.811, would require VA to reimburse travel and incidental expenses related to providing burial honors for veterans for members of veterans service organizations or other groups approved by VA to provide a burial detail. Sponsored by Rep. Bob Filner (D-CA) the former chairman and now ranking Democrat on the House Veterans' Affairs Committee, the bill is intended to make up for the fact that the military is no longer able to provide military honors at every veteran's funeral by encouraging volunteers to take on that task. Many veterans groups already provide volunteers.

Veterans organizations generally support the bill, which is pending before the House Veterans' Affairs Committee's disability assistance and memorial affairs panel. "Many of our nation's fallen heroes are going without proper honors at their funerals," said Christina Roof, legislative director for the veterans service organization AmVets, calling it a "poignant reality" that is "unacceptable and avoidable." If travel reimbursement were available for volunteers providing funeral honors, Roof said she believes more veterans would be willing to help. Filner's proposal would "help mitigate costs to military retirees and veterans who are taking it upon themselves to assist in providing military funerals," said Shane Barker, senior legislative associate for Veterans of Foreign Wars. "Ordinarily, this sacred task is the responsibility of our military. However, because of our ongoing commitments overseas, they are often unable to meet the demand for such honors."

VA doesn't like the idea at all. Diana Rubens, VA's associate deputy undersecretary for field operations, said 3 MAY that the proposal raises many potential issues:

- First, reimbursement already is authorized from the Defense Department for a daily stipend or to pay travel and transportation costs, making VA reimbursement unnecessary.
- Second, the administrative burden of managing volunteers and verifying their time and attendance at funerals would fall to VA's National Cemetery Administration, with no provision in the bill to pay for the added staff. As a result, money for the operation and maintenance of cemeteries and national shrines might have to be reduced to support the additional mission.
- Third, reimbursement of some volunteers would create an inequity because other volunteers would not receive benefits. "Volunteers who provide essential services at our VA medical centers, assist families at committal services, place gravesite flags on Memorial Day and perform landscaping at VA national cemeteries may feel their service is less valued because they receive no reimbursement for their expenses," Rubens said.

[Source: ArmyTimes Rick Maze article 9 May 2011 ++]

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VA Million Veteran Program: An unprecedented Veterans Affairs (VA) research program that promises to advance the sophisticated science of genomics went national 5 MAY. "It is my honor," said Secretary of Veterans Affairs Eric K. Shinseki, "to join with so many fellow Veterans in keeping VA at the leading edge of genomics research. This innovative research program will support VA's mission to provide Veterans and their families with the care they have earned." Dr. Robert A. Petzel, VA's Under Secretary for Health said, "The Veterans

Affairs Research and Development Program has launched the Million Veteran Program, or MVP-an important partnership between VA and Veterans to learn more about how affect health, and thus, transform health care for Veterans and for all Americans."

The Million Veteran Program is a trailblazing VA effort to consolidate genetic, military exposure, health, and lifestyle information together in one single database. The database will be used only by authorized researchers with VA, other federal health agencies, and academic institutions within the U.S.-in a secure manner-to conduct health and wellness studies to determine which genetic variations are associated with particular health issues. By identifying gene-health connections, the program could consequentially advance disease screening, diagnosis, and prognosis and point the way toward more effective, personalized therapies. Launched in January at a single VA medical center, MVP is expanding to achieve the goal of national participation by Veterans receiving VA care over the next 5 to 7 years. Among those participating are VA Secretary Eric K. Shinseki, Deputy Secretary W. Scott Gould, and Chief of Staff John R. Gingrich. Patient safety and information security are the top priorities in MVP and all VA research initiatives. To protect Veterans' confidentiality, blood samples containing genetic material and health information collected for MVP will be stored in a secure manner and labeled with a barcode instead of personal information. The researchers who are approved to access samples and data will not receive the name, address, social security number or date of birth of participating Veterans. Importantly, the data will not move to the researchers, but rather researchers will come to the data-through the VA GenISIS computing environment-to increase security.

The program has been developed in close coordination with the VA Genomic Medicine Program Advisory Committee-comprised of private and public health, scientific, legal experts in the field of genetics and Veteran representatives-which advises the Secretary of Veterans Affairs, and partners such as Veterans Service Organizations, the Department of Defense, and the National Institutes of Health. VA is superbly positioned to conduct complex genomics research thanks to its large, diverse, and altruistic patient population and other unrivaled assets. "We have a research establishment that is embedded in an integrated health care system with a state-of-the-art electronic health record, fully equipped genomic laboratories with the latest in technology, and top-caliber investigators-most of whom also provide direct patient care," said Dr. Joel Kupersmith, VA's chief research and development officer. "The merger of these distinct attributes-with the Veteran as a partner-make VA uniquely able to conduct this ground breaking genomic research." By enabling researchers to analyze and compare the DNA and other genetic materials of a population of Veterans potentially a million-strong, MVP represents a powerful tool in genetics research. For more information about MVP-including the stringent safeguards in place to protect the privacy and confidentiality of those Veterans who take part-visit <http://www.research.va.gov/MVP> . [Source: VA News Release 5 May 2011 ++]

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TSP Update 19:

	05/04/11		<u>(Prior Prices)</u>		
Fund	G Fund	F Fund	C Fund	S Fund	I Fund
Price -	13.6236	14.5175	16.3889	22.9398	21.6409
\$ Change -	0.0011	0.0159	-0.1102	-0.2457	-0.3136
% Chg day -	+0.01%	+0.11%	-0.67%	-1.06%	-1.43%
% Chg week -	+0.03%	+0.29%	-1.18%	-2.87%	-1.40%
% Chg month -	+0.03%	+0.29%	-1.18%	-2.87%	-1.40%
% Chg year -	+1.00%	+2.02%	+7.76%	+7.98%	+8.16%

	<u>L Income</u>	<u>L2020</u>	<u>L2030</u>	<u>L2040</u>	<u>L2050</u>
Price -	15.0401	17.8022	18.4295	18.9962	10.5300
\$ Change -	-0.0256	-0.0946	-0.1214	-0.1445	-0.0917
% Chg day -	-0.17%	-0.53%	-0.65%	-0.75%	-0.86%
% Chg week -	-0.26%	-0.83%	-1.06%	-1.24%	-1.41%
% Chg month -	-0.26%	-0.83%	-1.06%	-1.24%	-1.41%
% Chg year -	+2.47%	+5.07%	+5.98%	+6.68%	+5.30%

[Source: <https://www.tsptalk.com> 5 May 2011 ++]

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VA iPad Policy: The Veterans Affairs Department must find a way to allow VA doctors and other field employees to use iPads and other popular electronic devices or those employees will use the devices anyway and find a way to work around VA procedures, the department's chief information officer told a conference audience 4 May. The department now prohibits using the devices for anything that touches veterans' personal information, for fear that Apple's encryption isn't up to snuff and the information could too easily be stolen by a cyber thief. "I've told my folks I don't want to say 'no' to those devices anymore," CIO Roger Baker said. "I want to know how I say yes. Because the [two] big thing[s] you can guarantee for the 100,000 medical residents a year that come in to do training at the VA is that they're carrying a mobile device and they know where all those great Internet websites are that would help them do their jobs better if only that dumb CIO back in Washington wouldn't insist on crazy rules like veterans' information must be encrypted."

Baker was speaking at a conference on federal information technology sponsored by TechAmerica, an industry group. Baker's office has launched a pilot program, handing out iPads to a few select employees to be used in situations where security can be looser. That program is aimed at ensuring the department is sufficiently familiar with the devices by the time security concerns are worked out. One participant is VA Deputy Secretary W. Scott Gould, Baker said. Baker learned the importance of security practices early during his time at VA, he said, when his chief security officer forced him to stop using a Kindle to read office PDFs during his train commute home. "That's one huge unencrypted USB stick with no pin," Baker said she told him. "And that's how you have to think of it," he added later. "If it won't go on a device where you're willing to put all your banking information, your pins, your passwords, [then] don't put veterans' information on it." [Source: <http://techinsider.nextgov.com> Joseph Marks article 4 May 2011 ++]

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VA Caregiver Program Update 07: With major budget cuts headlining the news these days, it's noteworthy to mention that the Veterans Administration (VA) is currently implementing a caregiver support program that is becoming available nationwide. Finally there is a department of our government that has acknowledged that it makes perfectly good sense, morally and fiscally, to invest in the caregivers of our beloved veterans. These American heroes are best served when equipped to live their lives as independently as possible, for as long as possible, surrounded by their devoted family members and friends. A key means to this end is through the education and support of their dedicated caregivers. The other option available is, of course, institutionalization. The cost for this type of care is upwards of \$70,000 per year, per patient. But now, with the creation of this new and valuable program, whether our veterans are hospitalized or living outside of their homes, the VA will be lending caregiver support. Fifty-four million adults in the United States provide unpaid care to an adult family member or

friend. Forty percent say they didn't have a choice in taking on their caregiver role and more than 50 percent have experienced medium to high levels of stress as a result of the demands laid upon them.

This new program known as REACH, an acronym for Resources for Enhancing Alzheimer's Caregivers' Health, has proven to provide stress reducing solutions and furnishes vital resources along with training. It also focuses on personal health. This can give much needed help to caregivers as they struggle to assist their beloved veterans. The REACH pilot program rendered caregivers with 12 individual home and telephone counseling sessions, a Caregiver Quick Guide with 48 behavioral and stress topics, education on safety and patient behavior management along with direction for their own health and well-being. Caregivers have reported that their burdens seemed reduced and noticed a drop in symptoms of depression. Dr. Linda Nichols is with the VA Medical Center in Memphis TN. She is also coauthor of a study on the REACH program. She said, "The intervention provided time for themselves, which caregivers never have enough of. It also improved our caregivers' knowledge to manage care, made them feel more confident and competent as they formed bonds with the VA staff supporting them, and decreased the inevitable feelings of isolation and loneliness that comes from a selfless but very sacrificial duty of care." I believe that since there is no cure for Alzheimer's, educating ourselves is our best defense.

The VA is rolling out REACH on a national basis through home-based primary care. In addition, the program will be modified to assist caregivers of veterans' diagnosed with disabilities besides Alzheimer's, such as, spinal cord injuries and traumatic brain injuries. REACH is the first national clinical exercise in proven behavioral intervention for dementia caregivers. There are local caregiver support coordinators available to assist veterans of all eras, along with their caregivers, in applying and understanding VA's caregiver benefits. This past February, the VA opened a toll-free National Caregiver Support Line, 855-260-3274, which serves as a primary resource/referral center to assist veterans or others seeking this information. Calls will be taken Monday through Friday 8 a.m. to 11 p.m. and Saturday 10:30 a.m. to 6 p.m. Eastern time. Nichols encourages readers to visit the VA's caregiver website at <http://www.caregiver.va.gov>. She would also give a plug for another great program. Members of the military and their families often travel astronomical distances to receive specialized medical care. The Fisher House Foundation donates comfortable housing, which has been built right on the grounds of major military and VA medical centers. These homes are for family members to reside in while their veteran loved ones are hospitalized for illnesses, diseases or injuries. There is absolutely no fee for families and it enables them to stay close at hand during a most stressful time. [Source: Tampa's Hernando Today Gary Joseph LeBlanc article 27 Apr 2011 ++]

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VA Caregiver Program Update 08: On 2 MAY the Department of Veterans Affairs (VA) published the interim final rule for implementing the Family Caregiver Program of the Caregivers and Veterans Omnibus Health Services Act 2010. This new rule will provide additional support to eligible post-9/11 Veterans who elect to receive their care in a home setting from a primary Family Caregiver. "We at VA know that every day is a challenge for our most seriously injured Veterans and their Family Caregivers," said VA Secretary Eric K. Shinseki. "I know many Veterans and their Family Caregivers have been waiting anxiously for this day and I urge them to get their applications in as soon as possible so they can receive the additional support they have earned." On May 9, staff in VA's Office of Care Management and Social Work opened the application process for eligible post-9/11 Veterans and Servicemembers to designate their Family Caregivers.

Additional services for primary Family Caregivers of eligible post-9/11 Veterans and Servicemembers include a stipend, mental health services, and access to health care insurance, if they are not already entitled to care or services under a health care plan. Comprehensive Caregiver training and medical support are other key components of this program. The program builds on the foundation of Caregiver support now provided at VA and reflects what families and clinicians have long known; that Family Caregivers in a home environment can enhance the health and well-

being of Veterans under VA care. Starting 9 MAY, Veterans may download a copy of the Family Caregiver program application (VA CG 10-10) at <http://www.caregiver.va.gov>. The application enables the Veteran to designate a primary Family Caregiver and secondary Family Caregivers if needed. Caregiver Support Coordinators are stationed at every VA medical center and via phone at 1-877-222-8387 to assist Veterans and their Family Caregivers with the application process. "Providing support to Family Caregivers who sacrifice so much to allow Veterans to remain at home surrounded by their loved ones, is very important to us at VA. We offer a range of Caregiver support services including training, counseling and respite care to ensure that our caregivers have the tools and support they need to continue in their care giving role," said Deborah Amdur, VA's Chief Consultant for Care Management and Social Work. "We appreciate the patience, support and assistance we have received from Veterans, Veterans Service Organizations, and the greater Caregiver community in shaping this program and bringing this new VA program to our wounded warriors and their dedicated Family Caregivers."

Caregivers for Veterans of all eras are eligible for respite care, education and training on what it means to be a caregiver, how to best meet the Veteran's care needs, and the importance of self-care when in a care giving role. The full range of VA services already provided to Caregivers will continue, and local Caregiver Support Coordinators at each VA medical center are available to assist Family Caregivers in identifying benefits and services they may be eligible for. The Caregiver Support Coordinators are well versed in VA programs and also have information about other local public, private and non-profit agency support services that are available to support Veterans and their Family Caregivers at home. VA programs for Veterans and their Family Caregivers include

- **In-Home and Community Based Care:** This includes skilled home health care, homemaker home health aide services, community adult day health care and Home Based Primary Care.
- **Respite Care:** Designed to relieve the Family Caregiver from the constant challenge of caring for a chronically ill or disabled Veteran at home, respite services can include in-home care, a short stay in one of VA's community living centers or an environment designed for adult day health care.
- **Caregiver education and training programs:** VA currently provides multiple training opportunities which include pre-discharge care instruction and specialized caregiver programs in multiple severe traumas such as Traumatic Brain Injury (TBI), Spinal Cord Injury/Disorders, and Blind Rehabilitation. VA has a Family Caregiver assistance healthy living center on My HealtheVet, <http://www.myhealth.va.gov>, as well as caregiver information on the VA's main Web page health site; both Websites include information on VA and community resources and Caregiver health and wellness.
- **Caregiver support groups and other services:** Family Caregiver support groups, offered in a face to face setting or on the telephone, provide emotional and peer support, and information. Family Caregiver services include family counseling, spiritual and pastoral care, family leisure and recreational activities and temporary lodging in Fisher Houses.
- **Other services:** VA provides durable medical equipment and prosthetic and sensory aides to improve function, financial assistance with home modification to improve access and mobility, and transportation assistance for some Veterans to and from medical appointments.

[Source: VA News Release 3 May 2011 ++]

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VA Caregiver Program Update 09: The Department of Veterans Affairs (VA) and Easter Seals formally announced a partnership to provide comprehensive Caregiver Training to Family Caregivers of eligible post-9/11 Veterans as authorized by the Caregivers and Veterans Omnibus Health Services Act of 2010. Starting 9 MAY, Family Caregivers and Veterans can apply for services authorized under a VA interim final rule that was published 5 MAY. Eligible Family Caregivers of eligible post-9/11 Veterans will receive comprehensive training developed by Easter Seals in collaboration with VA clinical experts. It is part of a package of new services that also

include a monthly stipend, mental health services and access to medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), if the primary Family Caregiver is not entitled to care or services under a health plan contract.

Easter Seals has been helping people with disabilities and special needs, and their families, live better lives for more than 90 years. From child development centers to physical rehabilitation and job training for people with disabilities, Easter Seals offers a variety of services to help people address life's challenges and achieve personal goals. Through therapy, training, education and support services, Easter Seals assists people with disabilities to live, learn, work and play. For more information on Easter Seals, visit the Easter Seals website at <http://www.easterseals.com>.

Family Caregivers of eligible post-9/11 Veterans will have a choice of how to receive their training. Options will include traditional classroom training, online learning or a correspondence course. All Family Caregivers will be expected to complete training as part of the preparation to start receiving other services under the new program. The first training courses are expected to start in June, and monthly stipends, which are backdated to the day applications are formally submitted, could begin as early as July. Veterans may download a copy of the Family Caregiver program application at <http://www.caregiver.va.gov>. The application enables the Veteran to designate a primary Family Caregiver and secondary Family Caregivers. Caregiver support coordinators are stationed at 153 VA medical centers and available by phone at 1-877-222 VETS (8387) to assist Veterans and Family Caregivers with the application process. Caregivers of Veterans from all eras are also encouraged to use the website and support line to explore more than two dozen other services VA provides Caregivers. [Source: VA News Release 9 May 2011 ++]

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Kidney Disease Update 03: More than 20 million adults have chronic kidney disease and an estimated 16.3 million have heart disease. Over 7.1 million have both. The National Institute of Diabetes and Digestive and Kidney Diseases asks people to consider the link and what they can do to protect their kidney health. Diabetes and high blood pressure can damage the kidneys and lead to kidney disease. Kidney disease is often a chronic disease that typically gets worse over time. It can lead to kidney failure, at which point dialysis or a kidney transplant may be needed. Diabetes and high blood pressure are not the only risk factors for kidney disease. TRICARE beneficiaries should check with their doctor about getting tested for kidney disease if they have cardiovascular (heart) disease or if a mother, father, sister or brother has had kidney failure. "In most cases, early kidney disease has no symptoms," said U.S. Public Health Service Cmdr. Aileen Buckler, TRICARE population health physician. "Right up to the point of kidney failure, many people may feel just fine. The earlier kidney disease is found, the sooner you can start medical treatment and take other steps that can keep your kidneys healthier longer." The National Institutes of Health (NIH) suggests at least 10 things people can do to be kind to their kidneys. Topping the list is getting tested for kidney disease if they have diabetes, high blood pressure or a family history of kidney failure.

Pathology and laboratory services are covered under TRICARE. Coverage and out-of-pocket costs are dependent on the beneficiary's eligibility and may vary according to the program option he or she is enrolled in. A beneficiary should contact his or her regional contractor or TRICARE Area Office for more information. Two tests are used to check for kidney disease. A blood test checks glomerular filtration rate (GFR), which tells how well kidneys are filtering the patient's blood. A urine test checks for albumin in the urine. Albumin is a protein that can pass into the urine when the kidneys are damaged. Other than testing, the NIH also suggests people learn how to keep their kidneys healthy. Some things included on the NIH website that can be done include:

- Keeping blood pressure below 130/80 mmHg
- Maintaining ideal weight

- Being physically active
- Limiting alcohol, caffeine and daily sodium intake
- Keeping blood cholesterol levels in the target range
- Eating healthy – choosing fruits, vegetables, grains and low-fat dairy foods
- Taking all medicines as prescribed

To review the entire list of “Things you can do to protect your Kidney Health,” go to <http://www.nkdep.nih.gov/KidneyMonth>. Source: TMA Sharon Foster article 8 Apr 2011 ++]

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Armed Forces Service Medal: The Armed Forces Service Medal is a military award of the United States military which was created on 11 JAN 96 by President Bill Clinton under Executive Order 12985. The medal is a theater service award which is presented to those service members who engage in "significant activity" for which no other campaign or service medal is authorized. The term "significant activity" is determined by theater commanders and is normally deemed to be participation in a U.S. military operation considered to hold a high degree of scope, impact, and international significance that the operation warrants the presentation of a permanent service medal. Actions to be considered include peacekeeping operations, prolonged humanitarian actions, or military operations in support (or as a member of) NATO or United Nations forces. The Armed Forces Service Medal was originally intended to be a replacement for the Armed Forces Expeditionary Medal, however the two awards are considered separate awards with different award criteria. The primary difference between the two is that the Armed Forces Service Medal is awarded for actions "through which no foreign armed opposition or imminent threat of hostile action was encountered". This definition separates the two medals in that the Armed Forces Expeditionary Medal is normally awarded for combat operations and other combat support missions. Additional awards are denoted by service stars. To qualify for the medal, service members must be bonafide members of a unit participating for one or more days in the operation within the designated areas of eligibility, or meet one or more of the following criteria:

- Be engaged in direct support for 30 consecutive days in the area of eligibility or for 60 non-consecutive days provided this support involves entering the area of eligibility.
- Participate as a regularly assigned crew member of an aircraft flying into, out of, within, or over the area of eligibility in support of the operation.

Department of Defense officials recently approved the Armed Forces Service Medal (AFSM) for personnel assigned to Operation Unified Response who participated in humanitarian relief assistance to the people of Haiti following a 7.0 earthquake 12 JAN 2010. Members must have supported the Operation between 14 JAN and 1 JUN and must provide source documents confirming AFSM entitlement to their unit commander or designated representative. For more information on this and other Air Force recognition programs, visit the Air Force personnel services website or call the Total Force Service Center at 800-525-0102. [Source: Mil.com | Benefits article 2 May 2011 ++]



Medal & Ribbon for the AFSM

Humanitarian Service Medal: The Humanitarian Service Medal is a military service medal of the United States armed forces which was created on 9 JAN 77 by President Gerald Ford under Executive Order 11965. This medal is awarded to any member of the United States military (including Reserve and National Guard members) who distinguish themselves by meritorious participation in specified military acts or operations of a humanitarian nature. This medal is presented as an individual service medal. The activities for which the Humanitarian Service Medal may be authorized are designated by the United States Department of Defense. Such activities include natural disaster relief, evacuation of non-combatants from a hostile area, or humanitarian support to refugees. This medal may not be awarded for services rendered in domestic disturbances involving law enforcement, equal rights demonstrations, or protection of property. This medal may also not be presented if either the Armed Forces Service Medal or Armed Forces Expeditionary Medal was presented for the same period of service. The Humanitarian Service Medal is retroactive to 1 APR 75. Multiple awards of the medal are authorized with service stars denoting additional awards.

The Department of Defense (DoD) recently approved the Humanitarian Service Medal for servicemembers who participated in humanitarian assistance and disaster relief operations in Pakistan following the flooding in Swat Valley on July 31, 2010. Military members must have provided at least one day of humanitarian assistance between 31 JUL and 15 DEC 2010, in the immediate area of operation. Aircrews landing in the areas of operation during this period are also eligible. Members must provide source documents confirming HSM entitlement to their unit commander or designated representative. For more information, Airmen can visit the Air Force personnel services website or call the Total Force Service Center at 800-525-0102. [Source: Mil.com | Benefits article 2 May 2011 ++]



Medal & Ribbon for the HSM

VA Home Loan Update 27: Qualifying standards for VA loans are slightly more relaxed than those of conventional and other types of loan programs. But, when a potential VA borrower has bad credit or even a bankruptcy in his or her history it can sometimes prevent qualification for a VA home loan. The VA recommends that lenders consider a combination of qualifying requirements when approving VA mortgages. Debt-to-income ratios, residual incomes and loan histories, as well as complete credit histories and FICO scores are usually weighed before approving or declining someone for a VA loan. Even though the VA does not publish a minimum credit score in its lender guidelines, individual VA-approved lenders may have their own additional credit score requirements. Veterans Affairs gives VA-approved lenders the flexibility to determine whether a VA-eligible borrower is or is not a satisfactory credit risk. When a VA borrower's current credit situation is preventing the approval of a VA home loan, then the VA home loan professional can offer a few suggestions, based on experience, that may help the borrower turn bad credit around. It underwriting may eventually qualify for a VA mortgage.

If the borrower's bad credit is the result of a bankruptcy, this can also affect the ability to get a VA loan. A potential VA borrower with Chapter 7 bankruptcy may be able to qualify for a VA loan in as little as two years after the discharge date of the bankruptcy. And, a potential VA borrower who has filed for and obtained relief under Chapter 13, and is still paying off the debt according to the approved Plan, may not have to wait as long as someone in Chapter 7 might to be considered for a VA home loan as long as he or she has made 12 months of consistent court-verified payments. Additionally, the court trustee must give written permission to proceed with a loan. Applicants from VA borrowers with bad credit or bankruptcy histories are considered for VA-backed loans on a case-by-case basis. Military members who want to know more about qualifying for VA home loans should contact a VA-approved specialty lender. [Source: Mil.com | Home buying article 2 May 2011 ++]

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Stop-loss Pay Update 11: The deadline for eligible servicemembers, veterans and their beneficiaries to apply for Retroactive Stop Loss Special Pay (RSLSP) has been extended again to Oct. 21. The RSLSP compensates military members for the hardships they encountered when their service was involuntarily extended under Stop Loss Authority between Sept. 11, 2001, and Sept. 30, 2009. Eligible members or their beneficiaries may submit a claim to their respective military service in order to receive the benefit of \$500 for each full or partial month served in a top-loss status. To apply or for more information, visit the Department of Defense Retroactive Stop Loss Special Page http://www.defense.gov/home/features/2010/0710_stoploss/. [Source: Mil.com | Benefits article 2 May 2011 ++]

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VA Rural Access Update 09: Nearly 40 percent of enrolled Veterans live in rural areas of our country. This includes men and women Veterans of all ages, races and ethnic groups. Like other individuals living in rural areas, Veterans have difficulty in obtaining access to quality health care. The reasons for this are multiple and varied, but mainly stem from the need to travel long distances to health care facilities, lack of health insurance, and lack of specialty care providers working in rural areas. As a result, rural populations tend to be in poorer health; in fact, a study by the Office of Health and Human Services estimates that half of the adults living in rural areas suffer from a chronic health condition. With regard to rural Veterans, there are the unique health complications associated with combat exposure such as PTSD, depression, and traumatic brain injury. Over the past decades, VA has transformed itself from an in-patient tertiary care system to an out-patient health care system with an emphasis on prevention and patient-centered care using the electronic health record and patient aligned care teams. The Office of Rural Health (ORH) was created in MAR 07 to bring this model of care to Veterans in rural and highly rural

areas. It's a model that can provide not only the specialty care that can meet the unique health needs of Veterans, but one that can also provide care to meet the needs associated with chronic illness and aging.

ORH has established six strategic goals and associated initiatives to accomplish their mission of increasing access to quality health care for Veterans living in rural areas. They include improved communications and outreach to rural areas, building and staffing community based outpatient clinics and outreach clinics, enhancing tele-health capabilities such home-based tele-health and tele-mental health in rural areas, funding transportation systems to VA facilities from rural areas, and collaborating with non-VA clinicians to provide health care for women Veterans. ORH is making great strides on all of our strategic goals. Using VA data sources, ORH can report the following progress:

- From FY08 to FY10, over 217,000 Veterans from rural areas were enrolled through ORH outreach and communication efforts
- Fifty-one VA community-based outpatient clinics were opened in rural areas
- Thirty-seven VA Outreach clinics have been opened in rural areas
- Within a new telehealth-based program that focuses on obesity, the number of services provided to rural Veterans rose 60% in the past year to 13,035.
- The number of rural Veterans receiving mammograms, by both VA and non VA providers, increased 17% (20,447 in FY10)
- The number of rural veteran outpatient primary care visits increased 18% to 5.5 million in FY10
- From FY09 to FY10, the number of rural Veteran telemental health encounters increased 23%

Although of their progress there is still much to be done to provide rural Veterans with the care they deserve. ORH is committed to fulfilling our mission and will report back here on our progress as well as the impacts our programs and initiatives have made to improve the health and well-being of rural Veterans. [Source: Vantage Point Director of the Office of Rural Health for DVA Mary Beth Skupien article 5 Apr 2011 ++]

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WWII Vets Update 02: You can date Jack Faust by the ink on his shoulders. Tattooed on the left is Clara Bow, the consummate flapper and leading sex symbol of the 1920s. On Faust's right shoulder is Helen Kane, a vaudevillian, who popularized the song, "I Want To Be Loved By You," and provided inspiration for the character Betty Boop. "Boop, boop de doop," Faust said with a smile after talking about the body art he got while in the Navy 83 years ago. Faust, turned 100 last week. Perhaps it's a testament to his graceful aging or the women's enduring sex appeal that they still look pretty, inked onto his loose-skinned shoulders. "I've been very lucky in my life," Faust said. "All I had was the whooping cough. It seems like everything went good for me." Faust was born in Indianapolis and raised in a nearby town before joining the Navy in 1927 at age 16. He served in the South China Yangtze Patrol, battling pirates along the Yangtze River. In 1930, Chinese ruler Chiang Kai Shek boarded his ship, the USS John D. Ford, and awarded all the sailors medals with his image. Faust still has his, and he still remembers exactly what Shek -- who two decades later would be forced off the mainland -- said in excellent English: "The people of China and I thank you for your loyal service." After leaving the Navy in 1931, Faust got married, had a son and went to work for his father, painting steeples, radio towers and other places that required a lot of scaffolding. Immediately after Pearl Harbor, Faust, then 30, re-enlisted and served in a construction battalion, where he helped build dry docks, wharves and barges in the Pacific.

Faust's marriage didn't survive the war. So he decided to stay in the Bay Area, where he had been stationed, and got a foreman job painting the first 500 homes of San Lorenzo Village. He stayed in the painting business, joined a host of fraternal orders and in 1964 married a woman with a large family that quickly became his own. Through that marriage to Opal Faust -- who died in 1986 -- he has great-grandchildren, great-great-grandchildren and great-great-

great-grandchildren, he said. Many of them were among the 240 people in attendance at his 100th birthday party earlier this month at the Fremont Elks Club. The Elks have raised money for Faust to travel to Hawaii in May to compete against other veterans in the National Veterans Golden Age Games, where Faust is the reigning gold medalist at wheelchair bowling in the over-85 division. Faust bowls about once a month in Livermore, where he also sees his buddies at the Veterans Affairs nursing home. He lives in an apartment building full of trinkets and souvenirs, including more than 200 souvenir spoons collected over the course of a century. Faust gets around with a cane, and he still drives. He's not the kind of older man with a lot of opinions. When prodded, he said he hated war, liked Hayward, but that his opinions "never help very much." He chalks up his long life to never smoking, rarely drinking, and, most importantly, driving safely. "I'm very thankful that I got to 100," Faust said. "I'm thankful I've got a good memory, and I pray every night for another day." [Source: Oakland Tribune Matthew Artz article 30 Apr 2011 ++]



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Direct Deposit Update 02: The U.S. Department of the Treasury has stopped sending paper checks to all new recipients of Social Security and other federal payments. Henceforth, anyone applying for Social Security, Veterans Affairs or other federal benefits will be required to choose an electronic payment method. People who currently receive federal benefits by paper check must switch to direct deposit by 1 MAR 2013. For people already receiving payments electronically, no action is required. The Treasury Department touts direct deposit as safer than paper checks. Last year, more than 540,000 Social Security and Supplemental Security Income paper checks were reported lost or stolen. The Treasury Department says the change will save more than \$1 billion over the next 10 years. The GoDirect campaign is sponsored by the Treasury Department and the Federal Reserve Banks. For assistance, consult the website <http://www.GoDirect.org>. [Source: Billings Gazette article 30 Apr 2011 ++]

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Military Funeral Disorderly Conduct Update 21: The U.S. Supreme Court ruled in MAR 2011 that First Amendment rights include the freedom to shout virulent anti-gay chants at military funerals, but that doesn't mean Congress won't try to limit when and where those protests can take place. U.S. Rep. Charlie Bass held a press conference to talk about a bill he is sponsoring to expand the boundaries around military funerals. Bass said he was inspired by a 2007 New Hampshire law, enacted after religious protesters from the anti-gay Westboro Baptist Church in Kansas protested at the funeral of an Army captain from Hampstead, he said. The church uses military funerals and other public events to garner news coverage for their protests of American tolerance for homosexuals. The Supreme Court ruled 8-1 that family members of servicemen and women whose funerals draw the protesters cannot sue the church or its members for damages due to emotional distress. The majority decision did not forbid regulations or restrictions on public protests in their time, place, or manner, which are already on the books in

44 states. Bass's legislation, co-sponsored by Rep. Jim Matheson (D-UT) would expand the existing federal regulations and push protests even farther from funerals.

Current law sets a 150-foot boundary around a service and 300 feet around the access route to the service and calls for an hour of quiet time at the funeral location before and after the ceremony. The Sanctity of Eternal Rest for Veterans Act (H.R.1591) will increase the boundary at the service to 300 feet and along access routes to 500 feet. It would also double the length of quiet time before and after the event. A similar bill is awaiting approval in the Senate. "The brave men and women who have fought and died for our country deserve the greatest dignity and respect, and their families deserve to be able to grieve in peace," Bass said. Several state lawmakers and leaders of veterans groups joined Bass at the event, as did members of the Patriot Guard Riders, who ride motorcycles around the perimeter of military funerals to keep out unwanted protesters, and members of Blue Star Mothers of New Hampshire, a group representing families of servicemen and women. [Source: Concord Monitor Sarah Palermo article 30 Apr 2011 ++]

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PTSD Update 66: Researchers at the Stanford University School of Medicine and the Veterans Affairs Palo Alto Health Care System have launched an imaging study to identify changes that occur in the brains of people with post-traumatic stress disorder during psychotherapy. The results of the trial could give researchers a greater understanding of how the therapy works and could lead to the design of new treatments. "Understanding the brain mechanisms of psychotherapy will allow us to personalize treatment and make treatments better," said principal investigator Amit Etkin, MD, PhD, an assistant professor of psychiatry and behavioral science at Stanford and an investigator at the VA's Mental Illness Research, Education and Clinical Center. "Our study will also create a neural template upon which we can develop novel therapies." The five-year study needs 64 participants with symptoms of PTSD. Participants must be over the age of 18 and can be civilians, veterans or in active military duty; a previous diagnosis of PTSD is not necessary, as study staff will do their own diagnoses. People with bipolar disorder, a psychotic disorder such as schizophrenia or active substance abuse are not eligible for the trial, nor are those for whom MRI is not recommended (because of embedded shrapnel or electronic equipment). Those interested in participating or obtaining more information about the trial should call (650) 725-9510 or e-mail stanfordpsychiatry@gmail.com. Additional information can also be found at <http://etkinlab.stanford.edu/participate.html>.

All participants in Etkin's study will receive a form of this treatment, which involves the patient's recounting and mastering the distress associated with his or her memory of the trauma. While many patients find this helpful, a 2005 study in the American Journal of Psychiatry showed that it was ineffective for 44 percent of patients. What's more, there are no biological markers for predicting who is likely to respond. "The situation is quite dire when you think about it," Etkin said. "There's little evidence showing that medication can help. The only thing that works, when it does, is psychotherapy — and we don't understand it at all from a biological level." One of the goals of this research, Etkin said, is to "bridge the gap between the clinical efficacy of treatments and an understanding of their mechanisms." During the study, all participants will receive a PTSD-specific assessment and undergo functional magnetic resonance imaging scanning. Participants will then be randomized into two cohorts, with one group receiving nine to 12 appointments for 90-minute psychotherapy sessions over the course of five to six weeks, followed by a second MRI scan one month after treatment is completed. The second group will initially receive no treatment before undergoing the second fMRI scan, but subsequently receive five to six weeks of the same therapy and be scanned a third time after treatment is completed. Both groups will receive PTSD assessments at key points in the trial. This work, Etkin said, will enable the researchers to see the patterns of brain activation associated with psychotherapy.

Etkin and his colleagues also seek to pave the way for the development of a treatment for PTSD involving transcranial magnetic stimulation, a noninvasive method of brain stimulation that has been approved by the U.S. Food and Drug Administration for use on patients with treatment-resistant depression. To begin to explore the potential for using this approach to treat PTSD, all study participants will receive simultaneous fMRI and brief TMS stimulation in various places in the brain at the start of the study — in addition to the initial fMRI without TMS simulation. At the end of the study, the researchers will be able to compare the brain patterns associated with psychotherapy with those associated with TMS at different sites in the brain. This process could allow them to identify which regions of the brain a future study might target with TMS as a possible remedy for PTSD. “The findings could form the basis for a future novel, personalized, neuroimaging-guided intervention strategy,” said Etkin, explaining that a future study might involve using multiple, longer sessions of TMS as a potential therapy. Information about the Department of Psychiatry and Behavioral Sciences and the VA’s Mental Illness Research, Education and Clinical Center, which are also supporting the research, is available at <http://psychiatry.stanford.edu/> and <http://www.mirecc.va.gov/vish21/>. [Source: <http://www.HealthNewsDigest.com> Stanford University School of Medicine article 30 Apr 2011 ++]

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North Dakota Legislation 2011: Along with tax cuts and spending on roads and water projects, the Legislature approved hundreds of bills that will change North Dakotans' daily lives. Most of the measures listed below affecting the military community take effect on or before 1 AUG 2011. Bill numbers are listed in parentheses:

- FUNERALS: The distance that demonstrators must stay away from a funeral is lengthened from 300 to 1,000 feet. (HB1234)
- GUARD RECALL: North Dakota's adjutant general has the authority to recall former North Dakota National Guard members to active duty during a disaster or emergency, for the duration of the incident. (SB2071)
- HONOR GUARD: State employees are being allowed up to 24 hours of paid time off each year to take part in an honor guard at a veteran's funeral service. (SB2060)
- KOREA DIPLOMAS: Veterans of the Korean War may apply for honorary high school diplomas if they were honorably discharged. (HB1271)
- WARRIORS: Each year, the state Game and Fish Department may issue four licenses to hunt any type of deer for distribution to wounded war veterans. (HB1415)
- WOMEN VETERANS: March is designated as Women Veterans' Month, and the governor is required to issue a proclamation in honor of women veterans every March 1. (HB1167)
- VET MEDS: Veterinarians will have the ability to legally fill an animal drug prescription that was written by another veterinarian. (SB2088)
- VETERANS' HIRING: North Dakota's law granting hiring preferences to veterans for public jobs does not apply to college athletics coaches, or to assistants to the presidents of North Dakota's public colleges. (SB2211)
- VETERANS' LICENSES: Veterans may ask the Department of Transportation to put a symbol on their drivers' licenses showing their veteran status, if the person provides documentation. (HB1197)

[Source: Associated Press Dan Weitzel article 30 Apr 2011 ++]

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Army Email: The Army is implementing a new email system that will increase storage capacity, but users must clean house before the move. The new Enterprise Email system will give soldiers and civilians one email address for the duration of their career, instead of having addresses that are linked to location or unit. It will also allow a user to look up other users anywhere in the world — not possible with the current system. Michelle Curtis, 5th Signal Command director of plans and engineering, said email storage will increase to 4 gigabytes with the new system, 40 times the current capacity of 100 megabytes. Users will no longer scramble to delete old emails because of a “can’t send because you have exceeded your quota” message. But before the move, “lessons learned” have shown that users will need to reduce their inbox to no more than 50 meg, which will greatly speed the changeover, according to a spokesman for the contractor helping with the switch.

Soldiers and Army civilian workers are scheduled to migrate to the new system by the end of the year. Many Army components stateside have already switched. Other service branches also will move to the new email system, but no time frame has been established, according to Department of Defense officials. Other changes include access from any authorized, Common Access Card-enabled computer and use of Outlook Web Access. With 1.4 million Army unsecured or NIPRNet mailboxes and 200,000 users of the military’s secure network, known as SIPRNet, to migrate, the changes will be implemented in stages. Everyone will have an address that ends in @mail.mil. The first part of an email address will also identify whether a person is a civilian, servicemember or contractor. [Source: Stars and Stripes Mark Patton article 28 Apr 2011 ++]

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Saving Money: If you own a iPhone, laptop, digital camera, or almost any rechargeable device, it probably runs on a lithium ion battery. They pack a ton of power into a small space and do a great job of holding on to that power when not in use. But without proper care, your battery won’t keep its charge as well as it used to. That’s perfectly normal. The capacity of all lithium ion batteries declines over time. When maintained properly, an iPhone 4 battery will keep 80% of its original capacity after 400 full charge-and-discharge cycles. No battery will last forever, and all will eventually have to be replaced. But with proper care, your battery should be able to enjoy a long, healthy life. There are things you can do improve the lifespan of your battery...

1. **Stop running it down:** Stop running it all the way down. In fact, try not to drop below 20%. Think of your battery like a muscle. Working out at a gym for 20 minutes a day will get you into shape, but doing it for 20 hours a day isn’t something you can keep up for very long.

2. **Use it or lose it:** But you also shouldn’t leave your battery fully charged all the time. Like a muscle, your battery will atrophy if you never use it. So unplug it every once in a while and try to run it down by at least 10%. Some manufacturers may also recommend that you fully charge your battery, then completely drain it once a month. This is typically done to recalibrate the device’s internal counter, which is used when estimating how much power you have left. But don’t do it more often than necessary.

3. **Remember: heat = death:** Stay away from heat. Heat is the natural enemy of lithium ion batteries. Even at room temperature, one year of use can permanently reduce your battery’s capacity by as much as 20% – and something like a laptop will run much warmer than room temperature. If you’re going to put a laptop through a period of heavy use, a good suggestion is to plug it in and remove the battery, storing it separately from your laptop in a cooler location. You may also want to invest in an inexpensive cooling pad. It’ll put an extra fan or two underneath your laptop to suck excess heat away. If you use a case with your iPhone, iPad, or other device, make sure that it’s breathable. Long periods of use, especially never-ending cell calls, can generate a lot of extra heat. While a thick, airtight case may offer protection from the elements, it’ll come at the cost of battery life. For iPhone users, Apple has posted a list of tips at <http://www.apple.com/batteries/iphone.html> to optimize your battery life with some great

suggestions for any phone – like keeping it out of the sun or a hot car – as well as some specific to iPhones. RIM has done the same for BlackBerry users at <http://us.blackberry.com/support/blackberry101/tips/saving.jsp> , recommending, among other things, that you charge your BlackBerry as much as possible. These tips should help maximize your battery’s short- and long-term life, no matter what phone you use.

4. **Think long-term storage:** If you’ve got an extra battery that you rarely use, or have decided to run your laptop off its charger and store your battery somewhere else until needed, many manufacturers recommend keeping it in a refrigerator with a 50-percent charge. The refrigerator is a nice, cool place – ideal for longer-term battery storage. But don’t put it in the freezer. Anything below freezing is too cold and will hasten your battery’s demise. [Source: MoneyTalksNews Dan Schointuch article 29 Mar 2011 ++]

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Notes of Interest:

- **Car Rental.** If you think you’re paying a lot at the pump, try renting a car. The price of gasoline has reached more than \$9 a gallon for drivers who don’t pay ahead of time and who return their rental cars without a full tank. USA Today reports. “Hertz customers renting a Ford Club Wagon, which has a 35-gallon fuel tank, would owe Hertz \$325.15 for gas if they returned the wagon with a nearly empty tank.”
- **Asthma.** The number of people diagnosed with asthma in the United States grew by 4.3 million between 2001 and 2009.
- **2010 Top Baby Names.** For all the top baby names of 2010, go to Social Security’s website <http://www.ssa.gov/oact/babynames>. Here are the top 5 boys and girls names for 2010: Boys: Jacob, Ethan, Michael, Jayden, and William; and, Girls: Isabella, Sophia, Emma, Olivia, and Ava.
- **PI Sub.** The Philippine Navy is planning to purchase its first ever submarine. In a phone patch, Navy Philippine Fleet spokesman Lt. Rommel Rodriguez told reporters that experts are now meeting with international counterparts to assess the plan’s feasibility. He said the Navy may acquire the submarine not later than 2020, depending on the political and administrative atmosphere. He said the Navy needs to patrol the country’s territorial waters undetected, thus the need for a submarine.
- **FEMA Online Course.** The Department of Homeland Security announced the availability of a new Independent Study Course titled Active Shooter, What You Can Do. This is a no-cost training course developed to provide the public with guidance on how to prepare for and respond to active shooter crisis situations. The on-line training is available through the Federal Emergency Management Agency (FEMA), Emergency Management Institute (EMI) at <http://training.fema.gov/EMIWeb/IS/IS907.asp> and will take approximately 45 minutes.

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

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Medicare Fraud Update 67:

- **New Orleans LA** - A Federal Grand Jury sitting in New Orleans returned a 31-count indictment on 29 AOR against nine (9) individuals and three (3) corporations charging approximately \$12,500,000 in Medicare and Medicaid fraud. According to the indictment, all of the defendants participated in a criminal organization for the purpose of fraudulently billing Medicare and Medicaid. It is alleged that recruiters were used to find patients to bring to the various medical clinics for medical tests that were not performed or not medically necessary. It is further alleged that the patients were moved between the various clinics in order to repeatedly perform the same unnecessary tests. According to the indictment, the patients were provided with prescription drugs for their cooperation, and the recruiters were provided cash and

prescription drugs for their services. Further, the Government provided notice of forfeiture as to certain property that represents proceeds of the illicit activities contained in the indictment.

- **Miami FL** - Two South Florida corporations have joined their owners in pleading guilty to a \$200 million Medicare fraud scheme. The guilty pleas 3 MAY in Miami federal court came from American Therapeutic Corporation and Medlink Professional Management Group. Both are out of business and their assets frozen. But they could be forced to pay up to \$80 million in penalties. ATC President Marianella Valera and Medlink President Lawrence Duran previously pleaded guilty to numerous charges including health care fraud conspiracy, money laundering and illegal health care kickbacks. Among other things, they admitted falsifying patient files for mentally ill people to make them appear to qualify for Medicare sleep studies. They paid kickbacks to operators of assisted living facilities to deliver ineligible patients. They also used various transfers to hide the Medicare payouts.
- **St. Louis MO** - Sparks Stone, 37, and his wife Keisha Stone, 34, pleaded guilty 4 MAY to fraud charges involving their creation of and use of false patient medical and billing documents, and filing false reimbursement claims for services not provided. The defendants each pleaded guilty to one felony count of health care fraud and four felony counts of making false statements concerning healthcare benefit programs. According to court document, the pair owned and operated The Home Team Home Health Services, LLC, from 2007 through 2009. It was established to provide healthcare services and daily living assistance to home-bound patients. The couple admitted recruiting ineligible people, lied about them being home-bound, and submitted patient claims on their behalf even though doctors indicated they did not need said services. The healthcare fraud charge carries a maximum sentence of 10 years in prison and/or fines up to \$250,000. Each of the other charges carries a maximum sentence of five years and/or fines up to \$250,000. The Stones will be sentenced on 1 AUG.
- **Houston TX** - Four people have been convicted of conspiring to defraud the Medicare program out of \$5.2 million over a three-year period. A Justice Department statement identifies the four convicted Wednesday as 46-year-old Ezinne Ubani (eh-ZEEN' oo-BAH'-nee), 45-year-old Caroline Njoku (un-JOH'-koo) and 47-year-old Terrie Porter, and 55-year-old Mary Ellis. The federal jury in Houston acquitted 62-year-old Estella Joseph of Houston, all after a 15-day trial before U.S. District Judge Nancy Atlas. Sentencing is scheduled for July 20-21. Ubani and Ellis could receive up to 20 years in prison, Njoku could get up to 15 years in prison, while Porter could get up to 10 years in prison. Seven others had previously entered guilty pleas.
- **Detroit MI** - Martin Tasis and Joaquin Tasis were each convicted 9 MAY of one count of conspiracy to commit health care fraud, one count of conspiracy to pay health care kickbacks and three counts of health care fraud. Martin Tasis was also convicted of one count of conspiracy to commit money laundering and one count of money laundering, and found not guilty on one money laundering count. Alayon was convicted of one count of conspiracy to commit money laundering and two counts of money laundering. Martin and Joaquin Tasis were owners of Dearborn Rehabilitation and Medical Center (DMRC), a fraudulent HIV-infusion therapy clinic located in Dearborn, Mich. The Tasis brothers oversaw the payment of kickbacks to patients whose Medicare information was then used by DMRC to fraudulently bill Medicare for treatments they never received. Evidence showed that DMRC, an outpatient clinic that purported to specialize in infusion and injection therapy, was established for the sole purpose of defrauding Medicare. Between November 2005 and March 2007, DMRC billed approximately \$9.1 million in claims to Medicare for injection therapy services that were never provided and were not medically necessary. Medicare paid approximately \$6 million of those claims. The Tasis brothers used Alayon and a bogus "research" company to launder hundreds of thousands of dollars in proceeds of the fraud. Including these guilty verdicts, 12 individuals involved with DMRC have been convicted for their roles in the DMRC scheme.
- **Romeoville IL** - Roland Borrasi, MD, has been convicted of Medicare fraud after the U.S. Court of Appeals for the Seventh Circuit in Chicago used the "one purpose test" to determine the legality of payments Dr. Borrasi received from an Illinois hospital. Dr. Borrasi owned Integrated Health Centers, a

corporate group of healthcare providers in Romeoville, Ill. Between 1999 and 2002, Dr. Borrasi accepted payments from Rock Creek Center, a licensed inpatient psychiatric hospital in Lemont, Ill., in exchange for Medicare patient referrals. Over that time span, \$647,204 was paid to Dr. Borrasi and others by Rock Creek, and in 2001 alone, Dr. Borrasi referred approximately 484 Medicare patients to the facility. To conceal the payments, he was placed on the Rock Creek payroll and named "service medical director." Dr. Borrasi claimed the payments were compensation for bona fide services provided. Using the one purpose test, the court determined that even if the hospital's payments compensated the doctor's professional services, the Medicare fraud statute was violated because a portion of the payments were intended to induce patient referrals.

- **Martinsburg WV** - Dr. Danine Rydland has been sentenced to a year in federal prison for defrauding state and federal health care programs. A federal jury convicted her in February on 34 counts of health care fraud. Prosecutors say the 55-year-old Rydland devised a scheme to defraud Medicare, Medicaid, the Public Employees Insurance Agency and Unicare. She submitted false claims to those agencies between JUN 04 and DEC 08. She billed for services at higher levels than she provided and for services that weren't provided. Rydland has been ordered to pay \$76,000 restitution to Medicaid, \$38,000 to Medicare, \$11,400 to Unicare, and \$7,000 to PEIA.

[Source: Fraud News Daily 1-15 May2011 ++]

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Medicad Fraud Update 39:

- **Buena Park CA** - Dr. Bayardo Cruz faces discipline by the California Medical Board for implanting birth control devices that were not approved by the Food and Drug Administration and then overbilling Medi-Cal. Cruz initially purchased intrauterine devices or IUDs for \$300 to \$400 each. But he told investigators from the FDA that he lost money because Medi-Cal only reimbursed him \$250 per device. In 2004, Universal Services, a medical supply company, approached him with an IUD made in Mexico that cost only \$30. Cruz examined the IUD and determined that it looked similar to the more expensive kind. However, the documents say the safety was unknown because it wasn't approved by the FDA. After Cruz started using the Mexican-made IUDs, his office continued billing Medi-Cal for the devices that cost 10 times as much, the documents say. He inserted about 110 Mexican IUDs into patients and received \$38,000 from Medi-Cal over two years. In 2009, the state sued his medical corporation. Cruz pleaded guilty on behalf of his corporation and was ordered to reimburse the state. He was also put on probation and given 150 hours of community service. Tony Cava, a spokesman for the state Department of Health Care Services, said Medi-Cal fraud costs the state roughly \$400 million a year. Currently, 7.5 million low-income Californians are covered by Medi-Cal at a cost of \$40 billion a year. Cruz could face discipline ranging from a public reprimand to probation to loss of his medical license. To check a doctor's disciplinary record, visit medbd.ca.gov.
- **Augusta ME** - Dawn L. Solomon, 43, after pleading guilty 17 DEC 2010 was sentenced 5 MAY for stealing more than \$4 million from the MaineCare Program. Solomon is to eight years imprisonment, with all but 42 months suspended, as well as three years of probation. Solomon was ordered to pay full restitution. The fraud scheme exhibited a complete disregard for the disabled children who were used to commit it. In SEP 09, DHHS Division of Audit made a referral to the Office of the Attorney General Healthcare Crimes Unit questioning expenses claimed on cost reports submitted by Solomon's business, Living Independence Network Corporation who provided behavior management and physical and social development services to children with mental retardation, autism and certain other disabilities. The HCU investigation revealed numerous schemes used by Solomon that resulted in MaineCare paying for services that were not rendered and reimbursing costs and expenses that were false or unauthorized. Solomon consistently inflated LINC's billings starting in 2006 with an average \$87,000 in false billings per month.

The overbilling ballooned to an average of \$134,000 per month in 2008. Solomon put people on LINC's payroll who were not LINC employees, including her children's nanny, her father-in-law, and handymen who worked on her rental properties and personal residences. False invoices and expense reports were reportedly fabricated for mileage, training, equipment and services. Solomon also failed to disclose relationships with related business entities and paid those entities for services or rentals at an inflated cost. In addition to the inflated billings, Solomon funneled personal expenses for travel, tuition, vehicles, gifts and other items, as well as expenses related to three other business entities owned by her through LINC.

- **Columbia S.C.** - Dr. C. Lynwood Bramlett pleaded guilty 6 MAY to nine counts of an original 74-count indictment that accused him of millions of dollars of financial fraud. Bramlett, who called himself "the credit doctor of North Carolina, was accused of submitting claims for children's dental procedures between 2008 and 2010 that were never performed. Circuit Court Judge Casey Manning placed him on probation for one year and ordered him to perform 150 hours of community service. Manning also fined Bramlett \$50,000 and ordered him to repay the \$800,000 which he immediately paid.
- **Monroe N.C.** - Dr. Latika Patel, 59, a gynecologist who owns Carolina Obstetrics and Gynecology, will pay \$750,000 to settle allegations that she defrauded the state Medicaid program for six years by billing for services she did not provide. The government investigated billings from 2003 through 2008 also finding false claims for 1,009 patients. Patel acknowledged mistakes were made and accepted responsibility for the bills that went out under her name. She said she was focused on the patient side of the practice, which led to problems on the business side when her staff made coding errors. The staff believed they had been billing correctly. Investigators said Patel knowingly billed Medicaid for more extensive services than she provided, a practice known as "upcoding," according to the agencies. Upcoding allows someone to be reimbursed for significantly more than they would otherwise get for the work. Patel also allegedly regularly billed Medicaid for services at Carolinas Medical Center-Union when she was not at the Monroe hospital and did not attend patients, and sometimes billed for unnecessary procedures, government officials said. The \$750,000 settlement represents double the amount of the billings in question. Patel also is required to enter into an "integrity agreement" with the U.S. Department of Health and Human Services where she must hire a government-approved auditor to ensure that neither she nor her clinic commit offenses against government health programs. And her billing practices will be monitored for five years.
- **Jacksonville NC** - Janet Johnson-Hunter, 51, was sentenced 9 APR to 28 months in prison followed by three years' supervised release, a fine of \$10,000 and restitution of \$428,924 to Medicare and \$46,165 to Medicaid for concealing information in medical records to seek reimbursement from Medicare and Medicaid. He pleaded guilty on 10 DEC to conspiring to conceal material facts in connection with the delivery of and payment for health care benefits, items and services, in violation of Title 18, United States Code, Section 371, according to a U.S. Department of Justice press release. From JAN 02 to AUG 05, Johnson-Hunter instructed employees of her private ambulance service to rewrite medical records that indicated patients using the service could sit upright, stand, walk or ride in a wheelchair to maximize the likelihood of reimbursement, according to the release. In most instances, if a beneficiary can walk or ride in a wheelchair, Medicare and Medicaid will not pay for transportation via ambulance.
- **Newark NJ** - Hamid Bhatti, 33, entered his guilty plea to a charge of conspiracy to commit health care fraud before in Newark federal court on May 9. Bhatti posed as a licensed physician at the direction of Yousuf Masood, the doctor who ran the practice. Masood and his wife, Maruk Masood – the practice's office manager – pleaded guilty on 21 APR, admitting that they used unlicensed individuals to treat patients and billed Medicaid and Medicare as if Yousuf Masood provided the services. At the hearing, Bhatti explained that he had responded to an advertisement the Masoods had placed on Craigslist. Although Bhatti told them he had not passed required tests and was not licensed to practice, they directed him to treat, diagnose, and prescribe medication for patients, introducing himself to patients as "Dr. Bhatti." Bhatti admitted that he worked six days per week and regularly saw and treated 30 to 40 patients each day. Over the course of the scheme, more than 20,000 patient visits were conducted by unlicensed individuals, including Bhatti, but billed to Medicaid and Medicare as if he had examined the patients. Masood was the

top prescriber of drugs to Medicaid patients in New Jersey in 2009, prescribing more than \$9 million in Medicaid drugs that year. The next-highest prescribing doctor in New Jersey prescribed less than \$6 million. Masood provided Bhatti with pre-signed, blank prescription forms to write prescriptions in his name for patients he was improperly examining and treating. Bhatti admitted that he wrote prescriptions for a wide variety of drugs, including medications used to treat schizophrenia, bipolar disorder, anxiety, insomnia, and other illnesses. On some days, more than 100 patients visited the medical practice for treatment, and the majority were treated only by unlicensed individuals. Bhatti stated that while he and other unlicensed individuals were diagnosing and treating patients, Yousuf Masood was frequently either not in the office at all, or was in his personal office watching television.

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

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

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

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Military History: During the spring of 1941 before the United States entered World War II, German U-boats were patrolling the seas of the Atlantic Coast, disrupting U.S. shipping supply lines to Britain and France. The U-boats targeted some ships off the North Carolina coast, where there were no Marine Corps air patrols. That began to change when Lt. Col. Thomas J. Cushman landed the first plane at Cherry Point on March 18, 1942. Three months later, U.S. Army Air Corps pilots were flying Lockheed A-29 Hudsons from Cherry Point on patrols off the coast, searching for German submarines. It didn't take long for the patrols to pay off. Lt. Harry J. Kane spotted a German U-boat on July 7, 1942, and sent it to the bottom of the ocean, marking the first time a Cherry Point plane, or any American plane, had sunk a German U-boat. "The sinking of the U-701 by Lt. Harry Kane and his air crew was a very significant event during the Battle of the Atlantic," said author Ed Offley, who is currently writing the book "U-701: The U-boat that brought the Battle of the Atlantic to America's Shore. "For the first five months when the United States and Germans were at war, the U.S. Navy and the U.S. Army air forces failed to create an effective anti-submarine defense along the entire U.S. East Coast. The result was the massacre of civilian shipping. The catastrophe along the East Coast was sometimes as bad as the attack on Pearl Harbor."

During the first six months of the war, the battle brewing in the Atlantic was not lost on military officials. "The losses by submarines off our Atlantic seaboard and in the Caribbean now threaten our entire war effort," Gen. George Marshall is quoted as saying on June 19, 1942. In an oral history interview from the East Carolina manuscript collection from 1981, Kane, who died in 1990, recalled coming to Cherry Point and his role in the sinking of the U-701. "Yes, it was a new base; in fact, there were hardly any paved streets. The runways were paved, the streets, as I recall, were all dirt," Kane said. "The ranking Marine Corps officer at Cherry Point was a lieutenant colonel. There were no Marine Corps pilots at Cherry Point. There were two Navy squadrons and one Army squadron manning the whole base, the whole Marine Corps Station at Cherry Point. Kane's squadron covered the

offshore waters of the Carolina coast looking for German U-boats. He said the planes would fly 25 miles off Cape Lookout and then head north or southwest, patrolling the ocean from north of Cape Hatteras to near Charleston, S.C. The missions were about 5 to 5 1/2 hours and there were three each day, which, between all the planes, covered the coast 17 out of 24 hours. "We would go out and fly and we could hear them talking to each other on the radio in German," Kane said. "We kept on flying that patrol which got quite boring, because you never would see anything, see freighters and so forth like that and convoys and we had instructions of what to do about convoys and how to patrol over them. I saw an awful lot of ships being sunk or right in the act of sinking."

On July 7, 1942, Kane and his five-man crew took off from Cherry Point at 10:15 a.m. with duty to patrol south of Cape Lookout to Charleston, S.C. Ordinarily the planes would fly low, about 100 feet over the water, but on this day Kane was flying at about 1,500 feet in and out of the clouds. "I was mostly in them we'll say for two or three minutes and I'd break out for 30 seconds and then be back in them for two or three minutes," Kane said. "So on one of these that we broke out we saw something on the water that was actually closer to shore than we were." He estimated it was seven to 10 miles closer to shore than his plane. "We broke out of the clouds a number of times and by this time, I'd gotten everybody in the crew to try to help me decide what it was and finally we thought, well, it might be a submarine, and, we weren't sure, so we turned to a heading of almost due west and stayed up in the clouds, and I remember that I throttled back the airplane to try to cut down on the noise," Kane said. He said he stayed in the clouds for about five miles. "I broke out of the clouds, diving down from about 1,500 feet," he said. "By this time, I was only maybe four or five miles away from this object on the water. By now it began to look like it might very well be a submarine.

"About this time the people on the boat, which was a submarine, must have seen me, because suddenly it submerged. Course, as soon as we saw this, we knew it was a submarine, there was no doubt then, and so we pushed the throttles all the way forward on the airplane and then proceeded as fast as possible to the point where the submarine had gone down. "I yelled at the bombardier to get down there underneath and get ready to go and get the bomb doors open and all this excitement and everything and we were moving pretty fast that time. I think in my report I said something like 225 miles an hour." Kane's plane dived toward the sub at 50 feet and dropped three depth charges. "I think that the first one missed, I'm not sure. I think the second one was a very good shot, and I think the third one was a very good shot," Kane said. "Well, I pulled up slightly and made an abrupt turn and I could see this terrific explosion. Might have been the last one of the three depth charges. It was like a great big enormous bubble, and I'm just going to guess that it was 50 feet high and, of course, at this time we knew it was a submarine, but we didn't know whether we'd definitely gotten it or not." Kane circled back and saw men coming to the surface and eventually counted 17 Germans. "I threw out all my life preservers and the life raft that we had, and, of course, we were still about, you know, 20, 25 miles out," Kane said. The U-701 came to rest on the ocean bottom 10 miles east of the Diamond Shoals Light Tower. Seven members of U-701 survived.

That Kane had sunk a U-boat was, at first, not believed. "Well, first of all, nobody would give me credit for sinking the submarine," he said. "I hate to say this, but evidently there's an awful lot of rivalry between the different branches of the service, and I was in the Army Air Corps. Of course I was attached to the Marine Corps because I was at Cherry Point, which was a Marine Corps station. The Navy was there and the Navy, to my knowledge, didn't care to say that the Army had sunk the submarine, or the Army Air Corps had sunk the submarine, and, they wouldn't say, you know, even though I told them that I'd sunk one and all that; they wouldn't believe me. "And until they found the seven survivors two days later, they wouldn't. Then they had to give me credit. It wasn't the case that they wanted to, they had to." Kane returned to the skies but later the squadron commander sent him and his crew to Norfolk, Va., and didn't tell them why. When he arrived, he was taken into a building where civilian men were armed with machine guns. Kane was introduced to the captain of the U-701. "I don't remember exactly what they said, 'This is the captain of the German submarine; this is the pilot that was responsible for sinking you' or whatever," he said. "And this is the part I love. He was very badly sunburned," Kane said. "That was the worst thing. See their head and shoulders were out in the sun all the time, but he stood up the best he could and came to attention

and threw me a salute and said, 'Congratulations, good attack.' "And really, I mean it's just something that you just can't ever forget. So that was the story and that's all there was to it back in 1942, and until I started looking in 1979, and found Horst Degen."

Kane would later become friends with Capt. Horst Degan through correspondence. In one of the letters, Degan told Kane of the attack from the sub's perspective. "He tells me the story from his point of view, which is quite something, and he has a little aside written in there where he says 'Thanks Harry for the life preservers that you threw.' So, I mean it sort of means something," Kane said. Adm. Adolphus Andrews had recommended Kane be decorated with the Navy Flying Cross for his actions on July 7, 1942. "Now the humorous part is there ain't no such thing as a Navy Flying Cross, and therefore I never got one, but I did get the Distinguished Flying Cross," Kane said. "No, the Distinguished Flying Cross is Navy, Marine Corps, Army, whatever. It's a quite high decoration. But, it's the same for any branch of the service. It has to do with flying, of course, you know." Four months after the first planes arrived at Cherry Point, the base proved its importance with Kane's sinking of the U-701. It wasn't long after that air patrols, and British and American Navy ships began to win what has been called the Battle of the Atlantic, and crucial supplies for the war effort were safely arriving in England and other allied ports. "Cherry Point was a vital air base in terms of patrols for German U-boats," Offley said. "What made it effective was the various services breaking down and doing effective anti-submarine patrols. That's what finally drove the U-boats offshore." [Source: Havelock News Drew C. Wilson article 30 Apr 2011 ++]

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Military History Anniversaries: Significant 16-31 May events in U.S. Military History are:

- May 16 1940 - WWII: Germany occupies Brussels, Belgium and begins the invasion of France.
- May 17 1987 - An Iraqi missile hits the American frigate USS Stark in the Persian Gulf. 37 sailors die
- May 18 1863 - Civil War: The Battle of Vicksburg begins.
- May 18 1917 - WWI: The Selective Service Act of 1917 is passed, giving the President of the United States the power of conscription.
- May 18 1944 - WWII: Battle of Monte Cassino - Conclusion after seven days of the fourth battle as German paratroopers evacuate.
- May 19 1848 - U.S Mexican War: Mexico gives Texas to U.S., ending the war
- May 19 1967 - Vietnam: U.S. planes bomb Hanoi for the first time.
- May 20 1864 - Civil War: Battle of Ware Bottom Church - in the Virginia Bermuda Hundred Campaign, 10,000 troops fight in this Confederate victory.
- May 20 1902 - Latin America Interventions: U.S. military occupation of Cuba (since Jan 1, 1899) ends
- May 20 1969 - Vietnam: US troop capture Hill 937/Hamburger Hill
- May 20 1951 - Korea: U.S. Air Force Captain James Jabara becomes the first jet air ace in history.
- May 21 1941 - 1st U.S. ship sunk by a U-boat (SS Robin Moore)
- May 21 1951 - Korea: The U.S. Eighth Army counterattacks to drive the Communist Chinese and North Koreans out of South Korea.
- May 23 1900 - Civil War hero Sgt. William H. Carney becomes the first African American to receive the Medal of Honor, 37 years after the Battle of Fort Wagner.
- May 25 1915 - WWI: 2nd Battle of Ypres ends with 105,000 casualties
- May 25 1953 - The first atomic cannon is fired in Nevada.
- May 26 1940 - WWII: Battle of Dunkirk - In France, Allied forces begin a massive evacuation from Dunkirk, France.
- May 26 1945 - WWII: U.S. drop fire bombs on Tokyo

- May 26 2004 - The U.S. Army veteran Terry Nichols is found guilty of 161 state murder charges for helping carry out the Oklahoma City bombing.
- May 27 1813 - War of 1812: In Canada, American forces capture Fort George
- May 27 1944 - WWII: American General MacArthur lands on Biak Island in New Guinea.
- May 27 1965 - Vietnam: American warships begin the first bombardment of National Liberation Front targets within South Vietnam.
- May 29 1916 - U.S. forces invade the Dominican Republic, stay until 1924.
- May 29 1945 - WWII: U.S. 1st Marine division conquerors Shuri-castle Okinawa
- May 29 2004 - The World War II Memorial is dedicated in Washington, D.C.
- May 30 1868 - Memorial Day begins when two women place flowers on both Confederate and Union graves.
- May 30 1912 - U.S. Marines are sent to Nicaragua to protect American interests.
- May 30 1965 - Vietnam: Viet Cong offensive against U.S, base Da Nang, begins
- May 31 1900 - U.S. troops arrive in Peking to help put down the Boxer Rebellion.
- May 31 1912 - U.S. Marines land on Cuba

[Source: Various May 2011 ++]

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Military Trivia 28: Nicknames

- The nickname of the 2nd Armored Division was Hell on Wheels. In the Battle of the Bulge, the 2nd Armored defeated the 2nd Panzer division at Celles.
- The nickname of the 5307th Composite Unit (Provisional) was Merrill's Marauders . So called because of its CO, Brig.-Gen. Frank Merrill.
- The operational name of the 5307th Composite Unit was Galaghad . It was the first US army unit in the CBI theater.
- The nickname of the 101st Airborne Division was Screaming Eagle. The 101st Airborne was one of the most elite and excellent units of all-time.
- The nickname of the 7th Armored Division was Lucky Seventh. CCB of the 7th Armored helped defend St.Vith along with the 106th Division.
- The nickname of the 10th Armored Division was Tiger. CCB of the 10th helped defend Bastogne along with the 101st Division.
- The nickname of the 1st Infantry Division was Big Red One. The 1st Infantry was one of the veteran units of the First Army. Its first campaign was in North Africa.
- The nickname of the 82nd Airborne Division was All-American. The 82nd was the first ever Airborne Division in the US Army.
- The nickname of the 4th Infantry Division was Ivy. The 4th was responsible for the attack on Utah Beach on D-Day.
- The nickname of the 29th Infantry Division was Blue and Gray. The 29th Division was one of the divisions that made the assault force on the Normandy beaches.
- The nickname of 30th Infantry Division was Ol'. The 30th Division helped the 1st, 4th and 9th Divisions achieve the breakthrough at St. Lo (Operation Cobra).
- The nickname of the 104th Infantry Division was Timberwolf. The 104th's CO, Gen. Terry Allen, was first thought by Bradley to be an inferior infantry commander but when he commanded the 104th, he proved to be an excellent leader.

- The nickname of the 28th Infantry Division was Keystone. The 28th Division helped take the Hurtgen Forest with a high number casualties. It was sent to the Ardennes for the men to rest but soon the Germans attacked in that area.
- The nickname of the 2nd Infantry Division was Indianhead. The 2nd Division was the reinforcements on Omaha Beach after the 1st and 29th Divisions captured it.
- The nickname of the 25th Infantry Division was Tropic Lightning. The 25th Division reinforced the 1st Marine Division on Guadalcanal.

[Source: <http://www.funtrivia.com/submitquiz.cfm?quiz=192968> May 2011 ++]

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Tax Burden for Arizona 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 Arizona:

Sales Taxes

State Sales Tax: Arizona Transaction Privilege Tax (sales) and Use tax rates generally are 6.6%. Currently, all fifteen counties levy a tax. County rates range from .5% to 1.125%. The state rate on transient lodging (hotel/motel) is 5.5%. The state of Arizona does not levy a state tax on food for home consumption or on drugs prescribed by a licensed physician or dentist. However, some cities in Arizona do levy a tax on food for home consumption. City rates range from 1% to 4.25%.

Gasoline Tax: 19 cents/gallon

Diesel Fuel Tax: 19 cents/gallon

Cigarette Tax: \$2.00/pack of 20

Water Use Tax: 65 cents per 1,000 gallons of water used.

Personal Income Taxes

Tax Rate Range: Low - 2.59%; High - 4.54%

Income Brackets: 5. Lowest - \$10,000; Highest - \$150,000 (For joint returns, the taxes are twice the tax imposed on half the income)

Number of Brackets: 5

Personal Exemptions: Single - \$2,100; Married - \$4,200 with no dependents, \$6,300 with one dependent; Dependents - \$2,300; 65 years or older - \$2,100

Standard Deduction Single: - \$4,677; Married filing jointly - \$9,354

Medical/Dental Deduction: Allows deductions for all qualified medical and dental expenses.

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security and Railroad Retirement benefits are exempt. Up to \$2,500 total of military, civil service, and Arizona state/local government pensions are also exempt. All out-of-state government pensions are fully taxed. Go to <http://www.azdor.gov/About/FAQs/Individual.aspx> for Frequently asked Tax Questions.

Retired Military Pay: Up to \$2,500 of retired pay and/or survivor benefits excluded. For information on veteran's services, refer to <http://www.azdvs.gov>.

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

There is no state property tax. Tax jurisdictions set tax rates, which may vary considerable from one area to another. Property tax is administered by county assessors. Single homeowners 65 and older who earn less than \$3,750 and married couples who earn less than \$5,500 are eligible for a tax credit of up to \$502. With the exception of centrally valued properties such as airlines, railroads, and mines, property tax in Arizona is assessed and administered in each individual county by the county assessor. For a list of links to county websites refer to http://az.gov/government_county_statemap.html.

Persons at least 65 years old who have resided in their primary residence for at least two years and have total income not more than four times the Social Security supplemental security income (SSI) benefit rate may apply to the assessor by September 1 to have the valuation of the primary residents and up to 10 acres of adjoining undeveloped land frozen at the full cash value when the application is filed.

Arizona also taxes personal property, which is defined as all types of property except real estate. Taxable personal property includes property used for commercial, industrial and agricultural purposes. Personal property is considered to be movable and not permanently attached to real estate. For details refer to <http://www.azdor.gov/Portals/0/Brochure/AZ-Personal-property-Manual.pdf>.

A personal property manual is available which contains information regarding the identification and valuation of locally assessed personal property, taxpayer reporting requirements, valuation tables, and descriptions of the methods of making value adjustments that are used in the assessment of many kinds of personal property. The manual describes a wide variety of personal property items, including information on the identification and valuation of mobile home and manufactured housing units. An explanation of the personal property appeal process (which differs in some respects from the real property appeal process) is also included. For details, [click here](http://www.azdor.gov/Portals/0/Brochure/AZ-Personal-property-Manual.pdf). refer to <http://www.azdor.gov/Portals/0/Brochure/AZ-Personal-property-Manual.pdf>.

In lieu of a personal property tax on automobiles, the state imposes an annual motor vehicle license tax. There is a \$4.00 title fee; an \$8.00 registration fee; plus an air quality research fee of \$1.50; and a vehicle license tax (VLT) assessed in place of a personal property tax charged by other states. There may also be a weight fee and commercial registration fee, if the vehicle is registered as commercial. The VLT is based on an assessed value of 60% of the manufacturer's base retail price reduced by 16.25% for each year since the vehicle was first registered in Arizona (15% before 8/1/98). Then, as of the Dec. 1, 2000 reduction, the rate is calculated as \$2.80 (new vehicles)/\$2.98 (used vehicles) for each \$100 of the assessed value. For example, for a new vehicle that costs \$25,000, the first year assessed value would be \$15,000 and the VLT would be \$420.00. The second year the assessed value would be \$12,562.50 and the VLT would be \$363.06. For a mobile home the title fee is \$7.00 per section or unit. Call 800-251-5866 for details. For information on property tax relief for seniors refer to <http://www.azdor.gov/Portals/0/Brochure/AZ-Personal-property-Manual.pdf>.

Inheritance and Estate Taxes

There is no inheritance or gift tax and the estate tax does not apply to decedents whose date of death is on or after January 1, 2006.

For further information, visit the Arizona Department of Revenue site <http://www.azdor.gov/About/FAQs/MovingtoAZ.aspx>. (Parts of this state brochure may be out of date.) For other tax questions, call 602-255-3381.

[Source: www.retirementliving.com May 2011 ++]

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Veteran Legislation Status 13 MAY 2011: For a listing of Congressional bills of interest to the veteran community introduced in the 112th Congress refer to the Bulletin's "**House & Senate Veteran Legislation**" attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d111/sponlst.html>.

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

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Hell

Have You Heard?

An explosion killed a wild-living Navy boilerman and he found himself in hell. Being used to stoking fires and extremely hot temperatures, he found hell actually quite comfortable. When Satan went to check out the new arrival, he found him sitting in his room smiling.

"You like this?", Satan asked.

"Yes, sir", said the sailor, "this feels like a spring day to me." Not wanting the new guy to be too comfortable, Satan turned up the heat a bit. When he went back the next day to see how his new arrival was doing, the sailor was still happy; he hadn't even broken a sweat.

"I like this kind of weather", he told Satan.

For the next few days in a row, Satan again turned up the heat, but each day the Sailor looked as comfortable as ever. Finally, Satan decided to try something different. Rather than turn up the heat even more, he turned it off. Icicles formed in the sailor's room! When he checked on the guy, the room was icy and he was shivering, but he had a grin from ear to ear, bigger than ever. Satan was exasperated!

"Why are YOU so happy?" he demanded from the sailor. "It's FREEZING in here!"

"Well, I'm from Denver," said the sailor. "And evidently the Broncos just won the Super Bowl!"

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"Politics is supposed to be the second oldest profession. I have come to realize that it bears a very close resemblance to the first."

--- **Ronald Reagan** [Remarks at a business conference in Los Angeles 1977]

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